231-206-007-484

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF [redacted]

County of Blaine

City of Soldier

No. ..... St.

Hospital .....

Registration District No. 21 File No. [redacted]

Primary Registration District No. 2023 Registered No. 29

FULL NAME OF CHILD Pauline Blackman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	June 6 1906 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Blackman	FULL MAIDEN NAME	Rebecca Dyme
RESIDENCE	Soldier, Idaho	RESIDENCE	Soldier, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Tailor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 AM M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt C Driggs
Physician
(Physician or midwife)

Address Soldier Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan. 1 19 12 Robert H Dwight Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

DELAYED

386-101-028-764

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenia

City of Post-Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 28657

Primary Registration District No. 2050 Registered No. 767

FULL NAME OF CHILD William Venning Lyon.

Sex of Child	~~Twin Triplet~~ or other?	and ~~Number in order~~ of birth	Legitimate?	Date of Birth
Male	1	1	yes,	Sept. (Month) 1 (Day) 1906 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leverett V. Lyon.	FULL MAIDEN NAME	Florence N. Pomeroy
RESIDENCE	Rural Post-Falls	RESIDENCE	Rural Post-Falls.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	St. Joe New Brunswick	BIRTHPLACE	Erie Co. Pennsylvania
OCCUPATION	Diaryman and Rancher	OCCUPATION	H's wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

~~I hereby certify that I attended the birth of this child, who was~~ I send this in at the request of parents (Born alive or stillborn) at ..... M. on the date above stated.

but did not attend mother at birth

(Signature) B. F. Campbell M.D.

The ages of parents given above correspond to time of birth (Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Address Post Falls

Filed 3/10 1915 [signature] Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 4/23/41. wh

DELAYED

Inform[illegible] received by Dr F. S. Hawley

PLACE OF [illegible] 8/9/15

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Can[illegible]

City of Nampa

296-231-014-857 Registration District No. _____ File No. 32264

No. _____ St.

Primary Registration District No. _____ Registered No. 45

Hospital _____

FULL NAME OF CHILD Ruth Elizabeth Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Oct 31 1906

FATHER		MOTHER	
FULL NAME	Karl Elliott Brown	FULL MAIDEN NAME	Ida Herrington
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	New Hampshire	BIRTHPLACE	Michigan
OCCUPATION	Clerk	OCCUPATION	H Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M
(Born alive or ~~stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Miller Physician

Helen Stewart (nurse)
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed Aug 9 1915 Ruth McDonald Deputy Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

DELAYED
BOTH

dup 001906-D73-074

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613 [illegible]

PLACE OF [illegible]

Form V. S. No. [illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35526

[illegible]y of Canyon

City of Caldwell

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2007

Registered No.

Hospital

FULL NAME OF CHILD Eila Dean Waldrop

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	June 9 1906 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm E Waldrop	FULL MAIDEN NAME	Lulu Stockton
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Idaho
OCCUPATION	M.D.	OCCUPATION	H W

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William E. Waldrop, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Jan 4 1916 Lulu Waldrop

Registrar

S-Y CO. 24656

DEC 4 1970

335-106-014

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 1118 Cleveland Blvd.

Registration District No. 3 File No. 36247

Primary Registration District No. 1005 Registered No. 199

Hospital

FULL NAME OF CHILD Donald Louis Cleaver.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Sept 6 1906

FATHER	MOTHER
FULL NAME: Herbert R Cleaver	FULL MAIDEN NAME: Clara Mable Adams
RESIDENCE: Caldwell	RESIDENCE: Caldwell
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Marshalltown Iowa	BIRTHPLACE: Del Norte Colo.
OCCUPATION: Lumber Dealer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John S. Meyer M.D.

(Physician or midwife)

Address Caldwell - Idaho.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 1-6-1916 John S. Meyer
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 15 1942

NOV 7 1969

413-201-044-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. _____ File No. 41957

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Katie Waldrop

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
female				yes	April 1 (Month) 1906 (Day) (Year)

FATHER	MOTHER
FULL NAME Jacob Waldrop	FULL MAIDEN NAME Florence Bennett
RESIDENCE Weiser Idaho	RESIDENCE Weiser Idaho
COLOR light	COLOR light
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Willow Creek Oregon
OCCUPATION Farming	OCCUPATION

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive Sunday (Born alive or stillborn) at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jacob Waldrop

(Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report.

..... 19....

Filed April 1923

Registrar

Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-113-006-912

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. R. Roille 4 St.

Hospital No

Registration District No. 121 File No. 42231

Primary Registration District No. 2194 Registered No. 150

FULL NAME OF CHILD not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	June 13 1906 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hans Jensen	FULL MAIDEN NAME	Martha Rasmussen
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Danemark	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2-40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Sept 4 1916 W. E. Patrie
Registrar

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

693-110.003-646

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

77613

County of Bannock

City of Pocatello

No. 618 N. Johnson St

Hospital

Registration District No. 84

File No. 57

Primary Registration District No. 2161

Registered No. 3027

FULL NAME OF CHILD ~~Frank~~ Frank Richard Fitzen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 10 1906 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph P. Fitzen	FULL MAIDEN NAME	Susie O'Donnell
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Utah.
OCCUPATION	Laborer	OCCUPATION	Hswf.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Pocatello, Idaho.

Filed Apr 3, 1920 O. B. Steele Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

712-119-001-712

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise, Idaho.

No. ..... St.

Hospital .....

Registration District No. ..... File No. 92844

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Jesus Gabicagogeascoa

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	no	2d.	yes	Augst 19/1906

FATHER	MOTHER
FULL NAME: Miguel Gabigogeascoa	FULL MAIDEN NAME: Anastasia Gabicagogeascoa
RESIDENCE: Boise, Idaho.	RESIDENCE: Boise, Idaho.
COLOR: White AGE AT LAST BIRTHDAY: 37 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Ereño, Vizcaya, Spain	BIRTHPLACE: Ereño, Vizcaya, Spain.
OCCUPATION: Sheep man.	OCCUPATION: Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) Miguel Gabicagogeascoa
The Father
(Physician or midwife)

Address 1620 North 13th, St. Boise, Idaho

Filed ~~Sept~~ Sept 12 19 21 R. H. Pratt Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 26 1967
APR 12 1974

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193-119-001-134

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. ..... File No. 92849

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Juan Bautista Achabal

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	No		2d.	Yes	July 19/1906

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Juan Bautista Achabal	FULL MAIDEN NAME	Benedicta Aldecoa
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Yspaster, Vizcaya, Spain	BIRTHPLACE	Nachitua, Vizcaya, Spain
OCCUPATION	Sheep man	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Archabal

The Father
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address 218 E. Idaho, St. Boise, Idaho.

Filed Sept 2 1921 R. H. Pratt
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

291-131-009-313

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Westmond

No. Farm House St.

Registration District No. _____ File No. 98039

Hospital _____ Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD William Edward Bradley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec 31 1926

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Geng Wellington Bradley	Ethel Blanche Locklin
RESIDENCE	Westmond Idaho	Westmond Idaho
COLOR	Fair	Fair
AGE AT LAST BIRTHDAY (Years)	47	27
BIRTHPLACE	Minnesota	Ontario
OCCUPATION	Barber	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Westmond Idaho, at December 31 1926
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. W. Bradley
Father
(Physician or midwife)

Address Westmond Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 2/15 1927 F. W. Almond
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1 copy made 10/25/40 L.B.

154-105-001-712

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102944

County of Ada

City of Boise

Registration District No. _____ File No. 12447

No. 216 North 9th St. St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Pedro Anduiza

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	1	Yes	June 5th 1906

FATHER	MOTHER
FULL NAME: Juan Cruz Anduiza	FULL MAIDEN NAME: Juana Josefa Gabiola
RESIDENCE: 216 North 9th St. Boise, Idaho.	RESIDENCE: 216 North 9th St. Boise, Idaho.
COLOR: White	COLOR:
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Spain	BIRTHPLACE: Spain
OCCUPATION: Prop. Rooming House	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ____ M. on the date above stated.

(Born alive or stillborn)

(Signature) Fred Gallusha M.D.

Physician
(Physician or midwife)

Address Boise, Idaho.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 21 1922 F. W. Almand M.D. State Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

942-11-016-652

PLACE OF BIRTH

RECEIVED
JUL 31 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Sublett

No. ..... St.

Registration District No. .....

File No. 103166

~~Hospital~~ Home

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD David G. Russell

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy	Single		2	yes	Aug. 11 1906

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	David Gilmer Russell	FULL MAIDEN NAME	Etta Margaret Webb
RESIDENCE	~~Kentucky~~ Sublett	RESIDENCE	Sublett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Rockland
OCCUPATION	Farming	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Etta M. Russell
MOTHER

(Physician or Midwife)

Address Emmett, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed July 31 1922 F.W. Almquist, MD
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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GE ATLA
BIRTHDA

ERTIFICATE

OR

I hereby certify that I attended the birth o... this child, who was ... M.
on the date above stated.

Signature

MOTHER

tts Idaho.

ental report

19

238-205-025-248

PLACE OF BIRTH

RECEIVED AUG 18 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Boise

No. ..... St. Registration District No. ..... File No. 103441

Hospital Misses Parker and Dr. Beck. Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Adolphine Marie Schaad
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
~~Girl~~ Female	1 (To be answered only in event of plural births)	and		6 (Month) IV (Day) 1926 (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Adolf Schaad	FULL MAIDEN NAME	Anna Marie Schaad-Buhholzer
RESIDENCE		RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Boise City	BIRTHPLACE	Boise City
OCCUPATION	Portier	OCCUPATION	Dressmaicker

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Beck M.D

(Physician or midwife)

Address Boise Ida

Filed Aug 18 1922 H Wadsmund M.D
State Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

065-177-018-255

PLACE OF BIRTH

County of Idearwater

City of Pierce

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 107131

Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Yuke Hong
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Apr. 27, 1906

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Hong Sing	FULL MAIDEN NAME	Hong See
RESIDENCE		RESIDENCE	
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	China	BIRTHPLACE	China
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / ~~Stillborn~~ at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Reichenbach [illegible]

(Physician or midwife)

Give names added from a supplemental report.

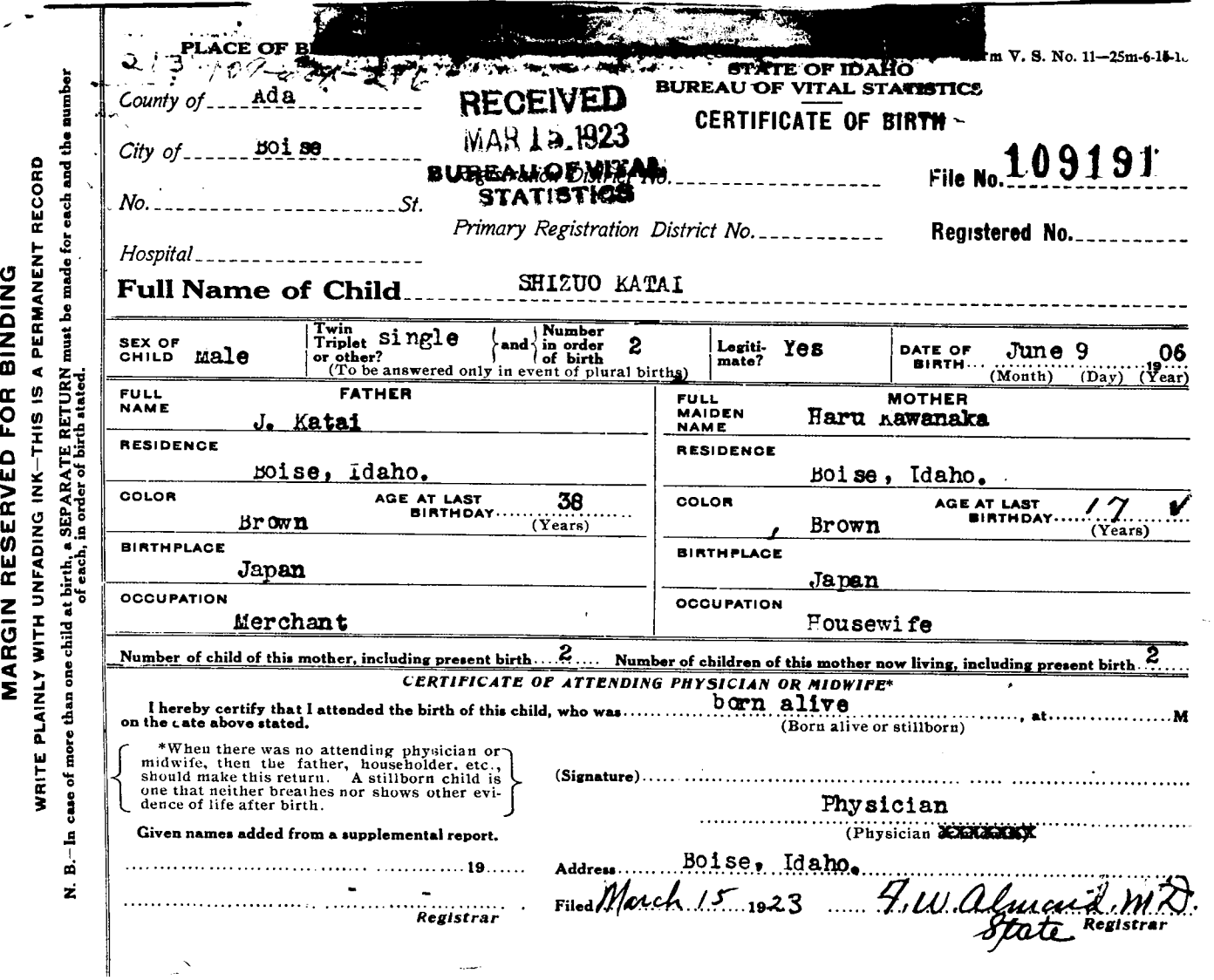
Address .....

....., 192....

Filed Jan 2 1923 T. Walmond, State Registrar.

Registrar.

APR 20 19
JUN 7 1950
DELAYED



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF B[redacted]

213 109-[illegible]

[redacted]m V. S. No. 11—25m-6-15-1[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAR 15 1923
BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 109191

Registered No. .....

Full Name of Child SHIZUO KATAI

SEX OF CHILD Male	Twin Triplet or other? single and Number in order of birth 2 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH June 9 1906 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME J. Katai	FULL MAIDEN NAME Haru Kawanaka
RESIDENCE Boise, Idaho.	RESIDENCE Boise, Idaho.
COLOR Brown AGE AT LAST BIRTHDAY 38 (Years)	COLOR Brown AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician
(Physician ~~XXXXXX~~)

Given names added from a supplemental report.

..... 19.....

Address Boise, Idaho.

Filed March 15 1923 F. W. Almond, M.D. State Registrar

..... Registrar

Affidavit for Correction of Certificate of Birth of Shizuo Katai of record in office of County Recorder of Ada County, State of Idaho.

State of California,
County of Santa Clara, SS.

J. KATAI, being first duly sworn, depose and say: That the facts are not correctly stated in the Certificate of Birth of Shizuo Katai, No. 432x, heretofore registered in the Office of the County Recorder of the County of Ada XXXXX, State of Idaho on the day of 19 , that affiants have knowledge of the facts, and that the following changes in said certificate are necessary in order to make the record correct, to wit:

Correct name of said child is Shizuo Katai

Correct name of the father of said child is as stated

Correct name of the mother of said child is Haru Katai

Correct maiden name of the mother of said child is Haru Kawanaka

Subscribed and sworn to before me, this 12 day of August 1922.

H. W. Melomas

Notary Public in and for the County of Santa Clara, State of California.

J. Katai

W. J. Aburo[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 29 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai
City of Harrison Id
No. 747 221 028 7th St. Registration District No. State File No. 11 4568
Hospital Primary Registration District No. Local Registrar's No.
FULL NAME OF CHILD Frances Evelyn Pugh
(Certificate of no value without full name of child)

Sex of Child Female | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? | Date of birth May 21 1906 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth Number of child of this mother now living, including present birth

FATHER

FULL NAME John Judson Pugh
RESIDENCE Harrison Id
COLOR Dark AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Union Mo
OCCUPATION Lumberman

MOTHER

FULL MAIDEN NAME Mary Elizabeth Pugh
RESIDENCE Harrison Id
COLOR light AGE AT LAST BIRTHDAY ~~50~~ 33 (Years)
BIRTHPLACE Palo Mich
OCCUPATION Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

.....
Registrar.

(Signature) Dr Jas Busby
(Physician ~~or midwife~~)
Address Spokane Wn

Filed AUG 29 1923 192... J. W. Almond, M.D.
State Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of De Smet

No. 356-115 C28-243 St.

Hospital —

RECEIVED NOV 1 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 115844

Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Chester Ray Lewis
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
MALE		YES	Aug 15, 1906

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jesse C Lewis	FULL MAIDEN NAME	Stella Pearl Kutch
RESIDENCE	De Smet – Ida	RESIDENCE	De Smet – Ida
COLOR	WHITE	COLOR	WHITE
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	FARMINGTON – WASH	BIRTHPLACE	CARLTON – Oregon
OCCUPATION	LABORER	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ALICE KUTCH
MIDWIFE
(Physician or midwife)

Address De Smet Idaho

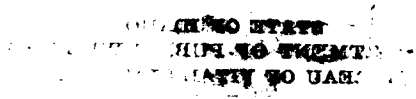
Give names added from a supplemental report.

....., 192....

Registrar.

Filed NOV 1 1923 192....

F. W. Almond, M.D.
State Registrar.



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DELAYED

DUP OF 1906-328824

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Genesee

No. 263-228 (29) 693 St.

ST[redacted]AHO
DEPARTME[redacted]IC WELFARE
BUREAU [redacted] STATISTICS

RECEIVED
MAY 7 1924
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

120668-B

Registration District No. ..... State File No. 120668-B

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Mabel Henrietta Bottjer
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
girl		yes	Oct. 28. 1906

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	John William Bottjer	FULL MAIDEN NAME	Meta Mabel Filbert
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Calif.	BIRTHPLACE	Mibank S. D.
OCCUPATION	farmer.	OCCUPATION	house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

..... Registrar.

(Signature) Meta M. Wagner
nee Bottjer
(Physician or midwife)

Address Kirkford Ore.

Filed May 7 1924 F. W. Almond M.D.
State Registrar.

APR 2 0 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
234 103 009 962
County of Bonner
City of Sagle
No. ..... St. ..... Registration District No. ..... State File No. 132340
Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 10 1925
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Gilbert Ray Studebaker
(Certificate of no value without full name of child)

Sex of Child: Boy
Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births)
Legitimate? yes
Date of birth: March 3rd, 1906 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Ray George Studebaker	FULL MAIDEN NAME: Norah Sylvia Rose
RESIDENCE: Sagle, Idaho	RESIDENCE: Sagle
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Menomonie, Wisc.	BIRTHPLACE: Maconsville, Mo.
OCCUPATION: Timberman	OCCUPATION:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 6 o'clock A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) Mrs. R. G. Studebaker

~~(Physician or midwife)~~

Address .....

Filed JUL 10 1925 192.... J. W. Almond M.D. State Registrar.

NOV 1 ? 1969

25-224-629-632

PLACE OF BIRTH

RECEIVED
OCT 19 1925
BUREAU OF VITAL STATISTICS

STATE [redacted] DEPARTMENT O[redacted] WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

State File No. 135062

County of Latah

City of Troy

No. ..... St. Registration District No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Edna Elizabeth Beal

(Certificate of no value without **full name of** child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes	May 24 1906

What bactericidal solution was used in eyes? none

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Irvin Ellis Beal	FULL MAIDEN NAME	Edna Amelia Olsen
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Arcadia Wis.
OCCUPATION	Farmer.	OCCUPATION	Home making

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) mother Mrs I. E. Beal
midwife is dead.
(Physician or midwife)

Address Troy Route Ohio

Filed Oct. 1925 David Burrell Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OF IDAHO

493-124-028-493

PLACE OF BIRTH

RECEIVED NOV 23 1925 BUREAU OF STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d' Alene

No. ..... St. Registration District No. 30 State File No. 135947

Hospital Home Primary Registration District No. 1051 Local Registrar's No. 721

FULL NAME OF CHILD ELLIOTT-Wood. Michener

(Certificate of no value without full name of child)

Sex of Child MALE | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? YES. | Date of birth 8 (Month) 24 (Day) 1926 (Year)

What bactericidal solution was used in eyes? Boric

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Clarence David Michener	FULL MAIDEN NAME	Nate Ashley Michener
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d' Alene Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Pennsylvania U.S.A.	BIRTHPLACE	N. London England
OCCUPATION	Machinist. Supervisor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. T. Wood

(Physician or midwife)

Address Coeur d'Alene

Filed Nov 20 1925 D. D. Doerner

Registrar.

Give names added from a supplemental report.

....., 192...

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE

PLACE OF BIRTH
555-12025-556

RECEIVED
JAN 27
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Freedom

No. ..... St.

Registration District No. ..... State File No. 138251

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD GEORGE WILLIAM NEVIN
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE			Yes	Oct. 12 1906

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: JOHN NEVIN (Naturalized cit of U.S.)	FULL MAIDEN NAME: JENNIE ROSALIE NEWMAN
RESIDENCE: Freedom, Idaho	RESIDENCE: Freedom, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: near Ballygan, Co Antrim, Ireland	BIRTHPLACE: Dayton, Wash.
OCCUPATION: Merchant	OCCUPATION: Home-maker

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive} at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) Mrs. Jennie Newman Nevin
MOTHER

Address Clarkston, Washington.

Filed Jan 27 1926 David Burrell
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
654 2D3 014-493

RECEIVED
APRIL 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 139383

County of Canyon

City of Parma

No. ..... St. Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Doris Evelyn Fouch
(Certificate of no value without full name of child)

Sex of Child Female | Twin Triplet or other? and Number in order of birth Fifth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth November 3 1906 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5th Number of child of this mother now living, including present birth 5th

FATHER	MOTHER
FULL NAME Frank R. Fouch	FULL MAIDEN NAME Altha Elizabeth Mitchell
RESIDENCE Parma, Idaho.	RESIDENCE Parma, Idaho.
COLOR White AGE AT LAST BIRTHDAY ..... (Years)	COLOR White AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE Star, Idaho.	BIRTHPLACE Knoxville, Iowa. Marion Co.
OCCUPATION Farmer	OCCUPATION Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) Frank R. Fouch Father
Altha E. Fouch
(Mother.

Address Parma, Idaho.

Filed Jan 1925 David Burrell State Registrar.

MAY 15 1948
JAN 7 1966

DELAYED

699-121-010-699

PLACE OF BIRTH

RECEIVED MAY 20 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of ~~Bingham~~

City of Idaho Falls,

No. 371 Ridge Avenue St.

Registration District No. 13 State File No.

Hospital Primary Registration District No. 215 Local Registrar's No. 15-3

CERTIFICATE OF BIRTH

141248

FULL NAME OF CHILD Joseph Odell Wright

(Certificate of no value without full name of child)

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of birth Nov. 21, 1906 192 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth four Number of child of this mother now living, including present birth four

FATHER		MOTHER	
FULL NAME	Gilbert George Wright	FULL MAIDEN NAME	Matilda Ellen Wright
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ogden, Utah	BIRTHPLACE	Ogden, Utah
OCCUPATION	Merchant	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thomas C. Willson

(Physician ~~or midwife~~)

Address 124 Eastern Avenue Idaho Falls Idaho

Filed May 18 192 6 Wm Finnaind Registrar.

Give names added from a supplemental report.

, 192

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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PLACE OF BIRTH

RECEIVED AUG 3 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

143580

CERTIFICATE OF BIRTH

County of Shoshone

City of Wyse Idaho

No. 434 225 040 818 St. Registration District No. ..... State File No. 143580

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Mildred Isabelle McMillan

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	1	Yes.	11-25-1906

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	John Thomas McMillan	FULL MAIDEN NAME	Edna Alice Hayes
RESIDENCE	Mace Idaho	RESIDENCE	Mace, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Nova Scotia.	BIRTHPLACE	Missouri
~~OCCUPATION~~	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... **Registrar.**

(Signature) Mrs Kenzie McMillan

..... (~~Physician or~~ midwife)

Address Centreville Nova Scotia.

Filed 8/4 192 6 David Burrell Registrar.
State

case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED SEP 18 1926

PLACE OF BIRTH 336-124-014-295 SEP 14 1926

County of Canyon

City of Caldwell Idaho

STATE OF [redacted]
DEPARTMENT OF PU[redacted]ARE
BUREAU OF VITA[redacted]S

CERTIFICATE [redacted]TH 144444

No. ..... St. Registration District No. ..... State File No. 144444

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Alvin Curtis Close

(Certificate of no value without full name of child)

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth November 24 1906 (Month) (Day) (Year)

What bactericidal solution was used in eyes? ~~Do not know~~

Number of child of this mother, including present birth Five Number of child of this mother now living, including present birth Five

FATHER		MOTHER	
FULL NAME	John Close	FULL MAIDEN NAME	Phebe King Close
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Goldstone Ontario Canada	BIRTHPLACE	Streator Illinois
OCCUPATION	Farmer	OCCUPATION	Farmer's wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at alive M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Mrs N. E. Rees

~~(Physician or~~ midwife)

Address Payette, Idaho

Filed Sept. 1926 David Burrell

Registrar.

..... , 192...

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 24 1970

NOV 25 1942

APR 6 1954

DELAYED

635-113 001 473

AMENDED

United States Department of Commerce Bureau of the Census 7-26-48

(Be sure the information is as of date of birth of THIS child.)

State File No. 3[illegible]817
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 310 Front St
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 3 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 310 Front St.
   (e) How long has **MOTHER** lived in Idaho? 45 Months yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Donald Edmund Fletcher

5. Date of Birth of Child (Month, day, year) March 13, 1906

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Earnest Albert Fletcher
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace South Hero (City or town) Vermont (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business General Contractor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Francis Miller
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Calmar (City or town) Iowa (State or foreign country)
20. Exact Occupation House Work
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum not Known
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born Alive (Born alive, stillborn) at 2:00 P M. on the date and at the place stated above, and that personal particulars were furnished by Minnie (First name) Fletcher (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Mary Callaway Joslin M.D. ~~Midwife~~ Address 308 State Boise Idaho Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 26, 1948 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 622-2100 1799

County of Ada

City of Boise

No. Near Foundry St.

Hospital

RECEIVED NOV 26 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 State File No. 146824

Primary Registration District No. 2008 Local Registrar's No. 1424

FULL NAME OF CHILD Irene Mary Osborne
(Certificate of no value without full name of child)

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth 10 (Month) — 10 (Day) 1926 (Year)

What bactericidal solution was used in eyes? 2 % Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Thos. Osborne	FULL MAIDEN NAME	Gertrude Gribble
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	—	AGE AT LAST BIRTHDAY (Years)	—
BIRTHPLACE	Eng.	BIRTHPLACE	~~Ohio~~ Mich
OCCUPATION	Laborer	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) M. Callaway Joplin
Physician
(Physician or midwife)

Address Boise Idaho

Filed 11-18 1926 R. H. Pratt
Registrar.

AUG 7 1968

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 281·200-001·231

County of Ada

City of Boise

No. ..... St. ..... Registration District No. 2 State File No. 146889

Hospital ..... Primary Registration District No. 1004 Local Registrar's No. filed

RECEIVED NOV 26 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Francis Luella Shaft

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	1926

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jack W. Shaft	FULL MAIDEN NAME	Myrtle Slater
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	Idaho
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ky	BIRTHPLACE	Idaho
OCCUPATION	Blacksmith	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / ~~Stillborn~~ at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

..... Registrar.

(Signature) M. Calloway Japlin

Physician

(Physician or midwife)

Address Boise Idaho

Filed 11-8 1926 R. H. Pratt

Registrar.

DELAYED

369-130-035-391

PLACE OF BIRTH RECEIVED FEB 2[redacted] OF IDAHO
[redacted] PUBLIC WELFARE 149168
[redacted]ITAL STATISTICS

County of Neg Perce

City of

CERTIFICATE OF BIRTH 149168

No. St. Registration District No. State File No.

Hospital Home Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Willie Lorang.
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan. 30 1906

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Frank P Lorang	FULL MAIDEN NAME	Elizabeth Grace Craig
RESIDENCE	Neg Perce Reservation	RESIDENCE	Neg Perce Reservation
COLOR	White	COLOR	Neg Perce
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Fondalike Wis	BIRTHPLACE	Lewiston, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Mrs Anna Lorang.

~~(Physician or~~ midwife)

Address Spokane N. 20 17

Filed Feb 26 1927 David Burrell
State Registrar.

, 192

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

235-128-
014165

PLACE OF BIRT[redacted]

County of Cany[redacted]

City of Rosw[redacted]

APR 9 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

149870

CERTIFICATE OF BIRTH

No. ..... St. Registration District No. ..... State File No. .....

~~Hospital~~ Home Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD James William Stevens
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	May 28 1906

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4" Number of child of this mother now living, including present birth 3"

	FATHER		MOTHER
FULL NAME	William Stevens	FULL MAIDEN NAME	Winifred Jones
RESIDENCE	Roswell Idaho	RESIDENCE	Roswell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Albion Illinois	BIRTHPLACE	Madelia Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at about midnight on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Julia R McCormick
neighbor nurse
(Physician or midwife)

Give names added from a supplemental report.

Present Address 1620 Blaine Caldwell Idaho

....., 192...

Filed Apr 9 1927 David Burrell
State Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 1947

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 16 1927

CERTIFICATE OF BIRTH 1

County of Shoshone

City of Wallace

No. 508 Hiawatha St. 313 137 040-319

Hospital

Registration District No. 71 State File No.

Primary Registration District No. 1911 Local Registrar's No.

FULL NAME OF CHILD William Robert Calloway

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
M				yes	Oct	31	1906

(To be answered only in event of plural births)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Frederick William Calloway	FULL MAIDEN NAME	Bessie Edith Cain
RESIDENCE	Wallace Idaho	RESIDENCE	Wallace Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Indiana
OCCUPATION	Mining Engineer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 8.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

.....
Registrar.

(Signature) Chas. R. Mowery

(Physician or ~~Midwife~~)

Address Wallace Ida

Filed Mar 30 1927

Registrar.

[redacted]

BOTH DELAYED

DUP OF 06-340545

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

857-214-031-718 RECEIVED JUL 30 1927

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Lewis

City of Woodside

CERTIFICATE OF BIRTH 153312

No. ..... St. Registration District No. 50 State File No. .....

Hospital Home Primary Registration District No. 2179 Local Registrar's No. 33

FULL NAME OF CHILD Gladys Elizabeth Hegel
(Certificate of no value without full name of child)

Sex of Child female 8½ lbs. Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) Legitimate? yes Date of birth July (Month) 14 (Day) 1906 (Year)

What bactericidal solution was used in eyes? none

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Edward Semore Blair Hegel	FULL MAIDEN NAME	Cordelia Em Wayne
RESIDENCE	Woodside Idaho	RESIDENCE	Woodside Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Euclair Wishconsin	BIRTHPLACE	Silverton Oregon
OCCUPATION	farmer	OCCUPATION	farmers wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ alive at 3⅓ a m 3-30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Mrs. E. McLaughlin

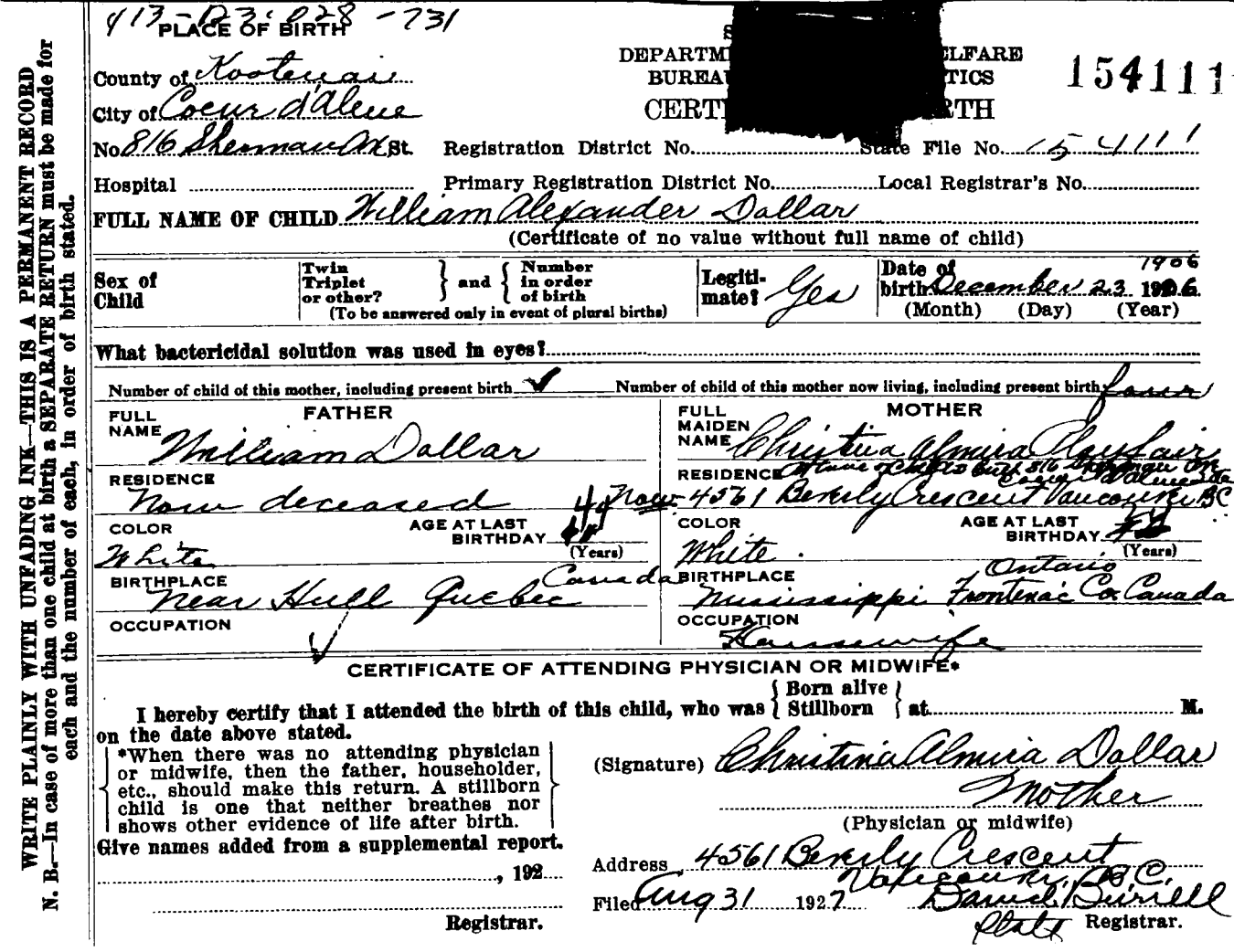
Woodside (Physician or midwife) Midwife

Address

Filed 7/27 1927 R. A. Dunlap Registrar.

....., 192...

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-B3:028-731

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 816 Sherman Ave. St.

Hospital

S[redacted]

DEPARTM[redacted]ELFARE

BUREA[redacted]TICS

CERT[redacted]RTH

154111

Registration District No. State File No. 154111

Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD William Alexander Dallar

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth December 23 1906 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth ✓ Number of child of this mother now living, including present birth four

FATHER		MOTHER	
FULL NAME	William Dallar	FULL MAIDEN NAME	Christina Almira Clayfair
RESIDENCE	Now deceased	RESIDENCE	At time of child's birth 816 Sherman Ave Coeur d'Alene Ste Now 4561 Beverly Crescent Vancouver B.C.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Near Hull Quebec Canada	BIRTHPLACE	Mississippi Frontenac Co. Ontario Canada
OCCUPATION	✓	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

(Signature) Christina Almira Dallar

Mother

(Physician or midwife)

Address 4561 Beverly Crescent Vancouver B.C.

Filed Aug 31 1927 David Burrell State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED SEP 2 1927

656-111-022-213

County of Fremont

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

154114

CERTIFICATE OF BIRTH

154114

Registration District No. 100 State File No. .....

Primary Registration District No. 2178 Local Registrar's No. 176

FULL NAME OF CHILD Susumu Ono

(Certificate of no value without full name of child)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of birth Feb 11th 1906 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Fukutaro Ono	FULL MAIDEN NAME	Kin Katano
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 10:00 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

.....
Registrar.

(Signature) James Blake
City Clerk
deceased (Physician or midwife)

Address George E Hyde Rexburg Ida

Filed Aug 31 1927 J. Young
A. Richardson Registrar.

RECEIVED DEC 3

MAIL OR DELIVER THIS CERTIFICATE TO YOUR LOCAL REGISTRAR, NOT TO THE STATE BOARD OF HEALTH.

PLACE OF BIRTH

County of Shoshone

City or Town of Burke

[redacted] State Board of Health

Record No. 156489

Bureau of Vital Statistics

Registered No.

CERTIFICATE OF BIRTH

Registration Dist. No. ..... Place of Birth Burke

FULL NAME OF CHILD John Joseph McLeod

{ If child is not yet named make supplemental report, as directed.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth?	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	August 8, 1906

FATHER	MOTHER
Full Name Neil J McLeod	Full Maiden Name Sophie Miller
Residence Burke Idaho	Residence Burke Idaho
Color White	Color White
Age at last Birthday [illegible] (Years)	Age at last Birthday [illegible] (Years)
Birthplace (State or Country) French Channel Island Canada	Birthplace (State or Country) Colorado
Occupation Engineer	Occupation Housewife

Number of child of this mother 2 Number of children, this mother, now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was { born alive / stillborn }† and that it occurred on August 8, 1906, at 2 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.....

(Signature) Mrs Sophie McLeod

3690 45 St Seattle Wn

(Physician or Midwife)

Address Mrs Sophie McLeod Mother

RECEIVED DEC 3 1927, 192 David Burnell State Registrar.

Registrar.

† Indicate which by drawing line through superfluous word.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

S. F. No. 517—1921. Approved as to Form by Dept. of Efficiency. 2250.

V. S.—No. 8—30,000—5-26-26.

FEB 9 1967

CERTIFICATE
OF HEALTH

[redacted]

DEC 24 1953

513-129 003-595

PLACE OF BIRTH RECEIVED MAR 9 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

158937

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello Idaho
No. 455 South Arthur St.

(If born in hospital or institution give name.)

Registration District No. 28 State File No. 158937

Prim. Registration District No. 2161 Local Registrar's No.

FULL NAME OF CHILD Carl August Valentine Jr
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? X | Date of birth December 29 1906 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth first (a) Born alive and now living

Born alive but now dead Stillborn

FATHER		MOTHER	
FULL NAME	Carl August Valentine	FULL MAIDEN NAME	Elvira Pearl Nielson
Residence (Usual place of abode)	605 So 7th Ave	Residence (Usual place of abode)	605 So 7th Ave
If nonresident, give place and State	Pocatello Ida	If nonresident, give place and State	Pocatello Idaho
Color or race	White	Color or race	White
Age at last Birthday	31 (Years)	Age at last Birthday	20 (Years)
Birthplace (City and State or Country)	Rönne Bornholm Denmark	Birthplace (City and State or Country)	Ogden Utah
Occupation	Banking	Occupation	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

Dec 29. 1906

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 18 A.M. M. on the date above stated.

(Signature) C A Valentine
Father
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Pocatello Idaho

Filed MAR 9 1928 19 David Burrell
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-218001-284

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 State File No. 162866

Primary Registration District No. 1004 Local Registrar's No. .....

FULL NAME OF CHILD Mabel Louise Bruce
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov. 18th 1906

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William Linda Bruce	FULL MAIDEN NAME	Minnie May Hulet
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Newfoundland
OCCUPATION	Teamster	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 1 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) William J. Bruce

Physician Deceased
(Physician or midwife)

Address 1268-15th Ave. San Francisco

Filed July 14 1908 David Evans State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 13 1971

MAR 5 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of RECEIVED AUG 3 1928

City of Mohler

No. 419-118-031 418 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

163209

CERTIFICATE OF BIRTH

Registration District No. State File No.

Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD GEORGE MAYBEE MARTIN
(Certificate of no value without full name of child)

Sex of Child Male

Twin Triplet or other? and Number in order of birth
(To be answered only in event of plural births)

Legitimate? Yes

Date of birth June 18 1906.
(Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	George S. ~~Mohler~~ Martin	FULL MAIDEN NAME	Janet D. Maybee
RESIDENCE	Mohler, Idaho	RESIDENCE	Mohler, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Lee County, Iowa	BIRTHPLACE	Agnes City, Kansas
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at early morning M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

(Signature) R. E. Dunlap M.D.

(Physician or midwife)

Address Mohler Idaho

Filed AUG 3 1928 192 David Burrell State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Warren

No. ..... St.

663 123025 456

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 163937

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 16 [illegible]

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD LESLIE OTTO WOLFF

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	June (Month) 23 (Day) 1906 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead 0 Stillborn 0

FATHER

FULL NAME Otto Wolff

Residence (Usual place of abode) Warren

If nonresident, give place and State .....

Color or race White Age at last Birthday 26 (Years)

Birthplace Breman, Ind. (City and State or Country)

Occupation Miner

MOTHER

FULL MAIDEN NAME Merle Dewell

Residence (Usual place of abode) Warren

If nonresident, give place and State .....

Color or race White Age at last Birthday 26 (Years)

Birthplace Canada, Clark Township (City and State or Country)

Occupation Housewife,

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) Otto N. Wolff Father

Merle Wolff Mother

(Physician or midwife)

Address 2210 N. Normandie St

Filed June 1935 Spokane Wash.

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Mr Arnold Wolff

Mr John Hand. Spokane Wash Ter Del.

Mrs Toney Riggin Idaho

Mr James Hand Spokane Wash. Ter Del.

FEB 16 1968

419,230044-845

PLACE OF BIRTH SEP 27 1928

County of

City of Weiser

No. St.

Josephine Hospital
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

164632

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Martha Jane March
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Girl		yes	Sept. 30th 1906 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth First (a) Born alive and now living First & only child

Born alive but now dead none Stillborn none

FATHER	MOTHER
FULL NAME Harry A. March	FULL MAIDEN NAME Grace Hunter
Residence (Usual place of abode) Weiser	Residence (Usual place of abode) Weiser
If nonresident, give place and State	If nonresident, give place and State
Color or race White Age at last Birthday 36 (Years)	Color or race White Age at last Birthday 28 (Years)
Birthplace Clarkson, Ohio (City and State or Country)	Birthplace New Waterford Ohio (City and State or Country)
Occupation Bookkeeper	Occupation Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ? M. on the date above stated.

(Signature) Joseph R. Nimmer M.D.
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Boise, Idaho

Filed Sept 27 1928 David Burrell
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

769-12-028-113

RECEIVED DEC 26 1928

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Farm

No. ..... St. At Home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

166747

Registration District No. ..... State File No. 17

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD George Henry Porret

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		fourth	yes	Oct 21 1906

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth fourth (a) Born alive and now living yes

Born alive but now dead none Stillborn none

FATHER	MOTHER
FULL NAME Charles Edward Porret	FULL MAIDEN NAME Olga Estelle Jacot Porret
Residence (Usual place of abode) farm	Residence (Usual place of abode) farm
If nonresident, give place and State	If nonresident, give place and State
Color or race white Age at last Birthday 38 (Years)	Color or race white Age at last Birthday 32 (Years)
Birthplace Noiraigue, Switerland (City and State or Country)	Birthplace Chaux-du-Milieu, Switzerland (City and State or Country)
Occupation farmer	Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

(Signature) Chas. Edward Porret

father
(Physician or midwife)

Address St. Maries, Idaho

Filed Dec 26 1928 C. K. Macey
State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE-PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED APR 3

County of Lincoln

City of Hagerman

No. 969-12-032-693 St.

Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

169155

Registration District No. ..... State File No. 169155

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD William Vaughn Iorns
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
male		yes	June (Month) 27 (Day) 1906 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME William Vaughn Iorns	FULL MAIDEN NAME Hattie M Williams
Residence (Usual place of abode) Glenns Ferry Idaho	Residence (Usual place of abode) Glenns Ferry Ida.
If nonresident, give place and State	If nonresident, give place and State .....
Color or race White Age at last Birthday 37 (Years)	Color or race White Age at last Birthday 30 (Years)
Birthplace Lebanon Ohio (City and State or Country)	Birthplace Blandenville Ill (City and State or Country)
Occupation Locomotive Supply-man	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

(Signature) ~~W. Vaughn I.~~ William Vaughn Iorns

(~~Physician or midwife~~) Father.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Glenns Ferry, Idaho

Filed APR 3 1929 19 C. K. Macey State Registrar.

MAY 15 1962

BOTH DELAYED

dup 061906-179012

319-265-016-466

PLACE OF BIRTH — JUN 26 1929

County of Cassia

City of Oakley

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

171697

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Erma Louisa Larson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				Oct 5 1926

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living living

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	John August Larson	FULL MAIDEN NAME	Mary Edna Moss
Residence (Usual place of abode)	Oakley	Residence (Usual place of abode)	Oakley
If nonresident, give place and State	Idaho	If nonresident, give place and State	Idaho
Color or race	White	Color or race	white
Age at last Birthday	31 (Years)	Age at last Birthday	23 (Years)
Birthplace (City and State or Country)	Grantsville, Utah	Birthplace (City and State or Country)	Farmington Utah
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Dr. Emerson

..... (Physician or midwife)

Address .....

Filed June 1929 ..... Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

108-117-001962

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

172722

County of Ada

City of Boise

Registration District No. 2 File No.

No. 427 S. 10th St.

Primary Registration District No. 1004 Registered No.

Hospital

FULL NAME OF CHILD Arthur Leroy Johns

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 17 1906

FATHER		MOTHER	
FULL NAME	Fred Johns.	FULL MAIDEN NAME	Mabel Florence Roberts
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Boise	BIRTHPLACE	Council Grove, Kansas
OCCUPATION	Electrician	OCCUPATION	—

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.
(Born alive or stillborn)

(Signature) Geo Callister

(Physician or midwife)

Address

Filed 8-3 1929 W. N. Rhodes
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar.

. . . order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF Idaho)
) SS.
COUNTY OF Ada)

AFFIDAVITS FOR CORRECTION OF A RECORD

Mabel F. Johns of Boise, Idaho

Being first duly sworn, deposes and says that she is mother (if related, specify degree, if friend or otherwise, so state) of Arthur LeRoy Johns

who was born (was born, died) in the city of Boise, County of Ada

on the 17th day of June, 1905, as stated in a certificate of Birth (birth or death) filed by Geo. Collister (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Boise, County of Ada Idaho, on the 3 day of August 1929.

That the following facts set forth in said certificate are not correctly stated therein, to wit: that Arthur LeRoy Johns was born June 17th, 1905

That affiant upon her (his, her) own knowledge states the true facts to be, and the changes necessary to make the record correct are, as follows:

that Arthur LeRoy Johns was born June 17, 1906

(Seal)

Affiant Mabel F. Johns

Address 1805 Idaho St. Boise

Subscribed and sworn to before me this ____ day of _____ 19___

_____
Notary Public

STATE OF Idaho)
) SS.
COUNTY OF Ada)

Fred M. Johns of Boise, Idaho

being first duly sowrn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Fred M Johns

Address Boise, Idaho

Subscribed and sworn to before me this 2 day of Aug. 1940

(Seal)

Otto F. Peterson
~~CLERK OF THE DISTRICT COURT~~
Notary Public
By Geraldine Higgins
~~DEPUTY~~

VS 44

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH — RECEIVED SEP 14 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

173989

County of Canyon
City of Caldwell
No. Rur. 2 St. Registration District No. 3 State File No.
Hospital Primary Registration District No. 2005 Local Registrar's No. 168

FULL NAME OF CHILD Birdie Marie Bowman
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 9 1929

What bactericidal solution was used in eyes? Boric acid Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Mounce Bird Bowman	FULL MAIDEN NAME	Mary Uretta Marrs.
RESIDENCE	Caldwell. Idaho.	RESIDENCE	Caldwell. Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	~~Boise~~. Caldwell Idaho.	BIRTHPLACE	Council Bluffs. Iowa.
OCCUPATION	Farmer.	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 6.00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

(Signature) John S. Meyer M.D.
(Physician or Midwife)
Address Caldwell Idaho
Filed 9-12-1929 John S. Meyer
Registrar.

295-109-001-759

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St. .....

St Lukes

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 State File No. 174428

Prim. Registration District No. 10 S.C. Local Registrar's No. .....

FULL NAME OF CHILD Laurence King

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 9th 1906

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth One (a) Born alive and now living ✓

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Ed L King	FULL MAIDEN NAME	Louise Kate Perrault
Residence (Usual place of abode)	Boise	Residence (Usual place of abode)	Boise
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)		Age at last Birthday (Years)	18
Birthplace (City and State or County)	Tennessee	Birthplace (City and State or County)	Boise Idaho
Occupation	Electrician	Occupation	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 8 A M. on the date above stated.

(Signature) Kate A Perrault

Grandmother

(Physician or midwife)

Address Boise Idaho

Filed 9-20 1929 W. H. Rhodes

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

JUL 28 1971

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

City of .....

No. ..... St. .....

Registration District No. ..... State File No. .....

(If born in hospital or institution give name) Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD .....

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child ..... Legitimate ..... Date of birth ..... (Day) ..... (Year)

What property the was used to prevent Ophthalmia Neonatorum? .....

Number of [illegible] of this mother, including present birth ..... (a) Born alive and now living .....

Born alive but now [illegible] ..... Stillborn .....

FULL NAME ..... FATHER ..... MOTHER

Residence (Cited [illegible]) ..... Residence (Cited place of abode) .....

Is [illegible] ..... Is [illegible] give place and state .....

Color or race ..... Age at last Birthday ..... (Years) Color or race ..... Age at last Birthday ..... (Years)

Birthplace ..... (City and State or County) Birthplace ..... (City and State or County)

Occupation ..... Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at ..... M. on the date above stated.

(Signature) .....

Physician or midwife .....

Address .....

Filed ..... 19 .....

Registrar .....

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Custer
City of Challis, Idaho
No. ..... St.
141-211 & 19-162
(If born in hospital or institution give name.)

RECEIVED SEP 23 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

175531

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Mary Anne Adamson
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	October 11 1906

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living 2
Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME William Ward Adamson	FULL MAIDEN NAME Mabel Jose
Residence (Usual place of abode) Challis, Idaho	Residence (Usual place of abode) Challis, Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday ~~[illegible]~~ 29 (Years)	Color or race White Age at last Birthday ~~[illegible]~~ 24 (Years)
Birthplace Boise, Idaho (City and State or County)	Birthplace Challis, Idaho (City and State or County)
Occupation Attorney	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at Six P. M. on the date above stated.

(Signature) Mrs Holly Elder
midwife
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed Sept 1929 .....
Registrar.

SEP 23 1969

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED JUN 9 1930

County of Bannock

City of Pocatello

No. 241 So. Arthur St.

852-103 063-714

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

180929 180929

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Harold Grant Hess

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	Jan. 9 1906

What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 2nd (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Grant V. Hess	FULL MAIDEN NAME Mary Annette Gump
Residence (Usual place of abode) 241 So. Arthur St.	Residence (Usual place of abode) 241 So. Arthur St.
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 33 (Years)	Color or race White Age at last Birthday 23 (Years)
Birthplace Gladbrook Iowa (City and State or County)	Birthplace Alma Arkansas (City and State or County)
Occupation Clerk - Railroad Office	Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 7:00 A. M. on the date above stated.

(Signature) Mary Agnes Gump

(Physician or midwife)

Address 1203 So. Brenda St. Los Angeles, Calif.

Filed June 9 1930 Bessie N Lepper State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH AUG 1 1930

County of Latah

City of Moscow

No. ..... St.

313 215 029 891

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 182781

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Virgie Marie Collins,
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth March 15 1906 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Lysol

Number of child of this mother, including present birth 3 (a) Born alive and now living Yes

Born alive but now dead 0 Stillborn 0

FATHER	MOTHER
FULL NAME George Huse Collins	FULL MAIDEN NAME Daisy Mamie Frazier
Residence (Usual place of abode) Moscow, Idaho	Residence (Usual place of abode) Moscow, Idaho,
If non-resident, give place and State	If non-resident, give place and State
Color or race white Age at last Birthday 29 (Years)	Color or race white Age at last Birthday 25 (Years)
Birthplace Elk Point, South Dakota (City and State or County)	Birthplace Moscow, Idaho (City and State or County)
Occupation Farmer,	Occupation Housewife,

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 4 A. M. on the date above stated.

(Signature) X Hattie E Collins

(~~Physician~~ or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Moscow, Idaho.

Filed Aug. 1 1930 Bessie N Lepper State Registrar.

231-218-001-343

186658

PLACE OF BIRTH

County of Ada

City of Boise

No. 1307 Ress. St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Gladys Lucille Flagle
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
X		yes	Jan. 18th 1906

What prophylactic was used to prevent Ophthalmia Neonatorum? Cred. sol.

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead — Stillborn —

FATHER		MOTHER	
FULL NAME	Lee Flagle	FULL MAIDEN NAME	Lucy J Luttrell
Residence (Usual place of abode)	1307 Ress.	Residence (Usual place of abode)	1307 Ress.
If non-resident, give place and State	Boise Ida	If non-resident, give place and State	Boise Ida
Color or race	W	Color or race	W
Age at last Birthday	29 (Years)	Age at last Birthday	21 (Years)
Birthplace (City and State or County)	Siloam Spgs Ark.	Birthplace (City and State or County)	Colville Wash
Occupation	Firemaker	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 3 P. M. on the date above stated.

(Signature) John Bank

(Physician ~~or midwife~~)

Address Boise Ida.

Filed 12-26-1930 Bessie A. Lipper State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BOTH DELAYED

dwp 081906-367279

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ____ St.

669-104-016-713

(IF BORN IN HOSPITAL OR INSTITUTION GIVE NAME.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 189207

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

FULL NAME OF CHILD William Mark Worthington

(IF STILLBORN, SUBSTITUTE THE WORD "STILLBIRTH" FOR NAME OF CHILD)

Sex of Child male | Twin Triplet or other? | and | Number in order of birth (TO BE ANSWERED ONLY IN EVENT OF PLURAL BIRTHS) | **Legitimate?** yes | **Date of birth** March 4th (MONTH) (DAY) 1906 (YEAR)

What prophylactic was used to prevent Ophthalmia Neonatorum? silver nitrate solution.

Number of child of this mother, including present birth 1st (a) Born alive and now living yes.

Born alive but now dead ____ Stillborn ____

FATHER	MOTHER
Full Name William Moultrie Worthington	Full Maiden Name Effie C. Bates.
Residence (Usual place of abode) Oakley, Idaho	Residence (Usual place of abode) Oakley Idaho.
If non-resident, give place and State ____	If non-resident, give place and State ____
Color or race white Age at last Birthday 26 (YEARS)	Color or race white Age at last Birthday 24 (YEARS)
Birthplace Grantsville, Utah (CITY AND STATE OR COUNTY)	Birthplace Erda, Utah (CITY AND STATE OR COUNTY)
Occupation Druggist.	Occupation Druggist

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 11:00 A.M. on the date above stated.

(Signature) Dr. Frank Emerson.

(PHYSICIAN OR MIDWIFE)

Address Oakley Idaho.

Filed Mar 20 1931

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

JAN 7 1949

DELAYED

763-227003-997

RECEIVED APR 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

188215

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Bannock
City of 3½ mi, N. of Pocatello,
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Esther Elizabeth Goldwater
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child: Female
Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth:
Legitimate? yes
Date of birth: March 27, 1906 (Month) (Day) (Year) 19

What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Ag NO 3

Number of child of this mother, including present birth: 1 (a) Born alive and now living: 1
Born alive but now dead: 0 Stillborn: 0

FATHER	MOTHER
FULL NAME: Mandel Goldwater	FULL MAIDEN NAME: Linda C. Rippingale
Residence (Usual place of abode): Pocatello, Idaho	Residence (Usual place of abode): Pocatello, Idaho
If non-resident, give place and State:	If non-resident, give place and State:
Color or race: White Age at last Birthday: 29 (Years)	Color or race: White Age at last Birthday: 23 (Years)
Birthplace: London, England (City and State or County)	Birthplace: Mania, New Zeala (City and State or County)
Occupation: Merchant	Occupation: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 4:25 A. M. on the date above stated.

(Signature) William T. Howard
(Physician or ~~midwife~~)

Address Pocatello, Idaho

Filed apr 1931 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

A495-212-014-694

189218

189218

PLACE OF BIRTH

County of Canyon.

City of Nampa

No. R Route I. St.

(If born in hospital or institution give name.)

RECEIVED APRIL 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Dieffenbach, Esther Marie

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Aug. 12 1906

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 5 (a) Born alive and now living 4

Born alive but now dead 1 Stillborn 0

FATHER	MOTHER
FULL NAME Martin E. Dieffenbach	FULL MAIDEN NAME Elizabeth Widmer
Residence (Usual place of abode) Nampa, Ida. R.R.	Residence (Usual place of abode) Nampa, Ida., R.R.
If non-resident, give place and State 38	If non-resident, give place and State 37
Color or race White Age at last Birthday (Years)	Color or race White Age at last Birthday (Years)
Birthplace Pulaski, Iowa (City and State or County)	Birthplace Switzerland (City and State or County)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

[Born alive] 6 P.M.

STATE OF OREGON,)
)ss
County of Marion.)

I, ELIZABETH DIEFFENBACH, being first duly sworn on oath state that I reside in Salem, Marion County, Oregon; that I am the mother of Esther Marie Dieffenbach; and that the statements contained in the foregoing affidavit of birth are true and correct.

Dated this 13th day of November, 1930.

Elizabeth Dieffenbach

Subscribed and sworn to before me this 13th day of November, 1930.

[signature]

Notary Public for Oregon, Residing at Salem
My Commission Expires Feb. 20, 1931

...LY WITH UNFADING INK—THIS IS A PERMANENT RECORD
...more than one child at birth a SEPARATE RETURN must be made
...ch and the number of each, in order of birth stated.

DELAYED

[redacted]

Z

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 365-208 091-231

County of Ada

City of Boise, Idaho

No. 5th St.

at home

(If born in hospital or institution give name.)

STATE OF IDAHO — RECEIVED APR 20 1931

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS 1900 HP

CERTIFICATE OF BIRTH

190051

Registration District No. ..... State File No. .....

Prim. Registration District No. 2 Local Registrar's No. .....

FULL NAME OF CHILD Gertrude Ethel Connors

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes	Nov 8 — 1930

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4th (a) Born alive and now living 5

Born alive but now dead ..... Stillborn 1

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John M Connors	Marion L Stallman Connors
Residence (Usual place of abode)		Red Deer Alta.
If non-resident, give place and State	Red Deer, Alberta.	
Color or race	White	White
Age at last Birthday (Years)	47	38
Birthplace (City and State or County)	Nova Scotia Co. Lunebee	Eau Claire, Wisconsin
Occupation	Teamster	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Marion L. Connors

(Physician or Midwife) Midwife

Address Veradale, Wash.

Filed Apr 1931 .....

Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 312-15th Ave S. St.

364-105 014-319

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 190388

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Frank Edward Compton

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	None	3rd	Yes	Nov. 5th 1906

What prophylactic was used to prevent Ophthalmia Neonatorum? Arg. N. O3

Number of child of this mother, including present birth 3rd (a) Born alive and now living .....

Born alive but now dead ..... Stillborn 0

FATHER	MOTHER
FULL NAME Addison Bronaugh Compton	FULL MAIDEN NAME Bertha Lulah Carter
Residence (Usual place of abode) Nampa Idaho	Residence (Usual place of abode) Nampa Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday (Years) 35	Color or race White Age at last Birthday (Years) 30
Birthplace Missouri (City and State or County)	Birthplace Idaho (City and State or County)
Occupation Lineman	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 2 A. M. on the date above stated.

(Signature) H. P. Ross M.D.

Physician

(Physician or midwife)

Address Nampa, Idaho

Filed 4/4 1931 John S. Meyer

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED MAY 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

190534

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho
City of near Cottonwood
No. 639 203 025 4469 St.
(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Bonnie Marie Oliver

3. Sex: Female
If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term yes
7. Legitimate? yes
8. Date of birth July 3 1906 (MONTH, DAY, YEAR)

FATHER

9. Full name Bert Howard Oliver
10. Residence (usual place of abode) (If non-resident, give place and State) _____
11. Color or race white
12. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or country) Holt County Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____, 19___
17. Total time (years) spent in this work 16

MOTHER

18. Full maiden name Laura Lucinda Morrison
19. Residence (usual place of abode) (If non-resident, give place and State) _____
20. Color or race white
21. Age at last birthday 26 (years)
22. Birthplace (city or place) (State or country) Osborne Co Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work _____, 19___
26. Total time (years) spent in this work 9

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks
29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3 P. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

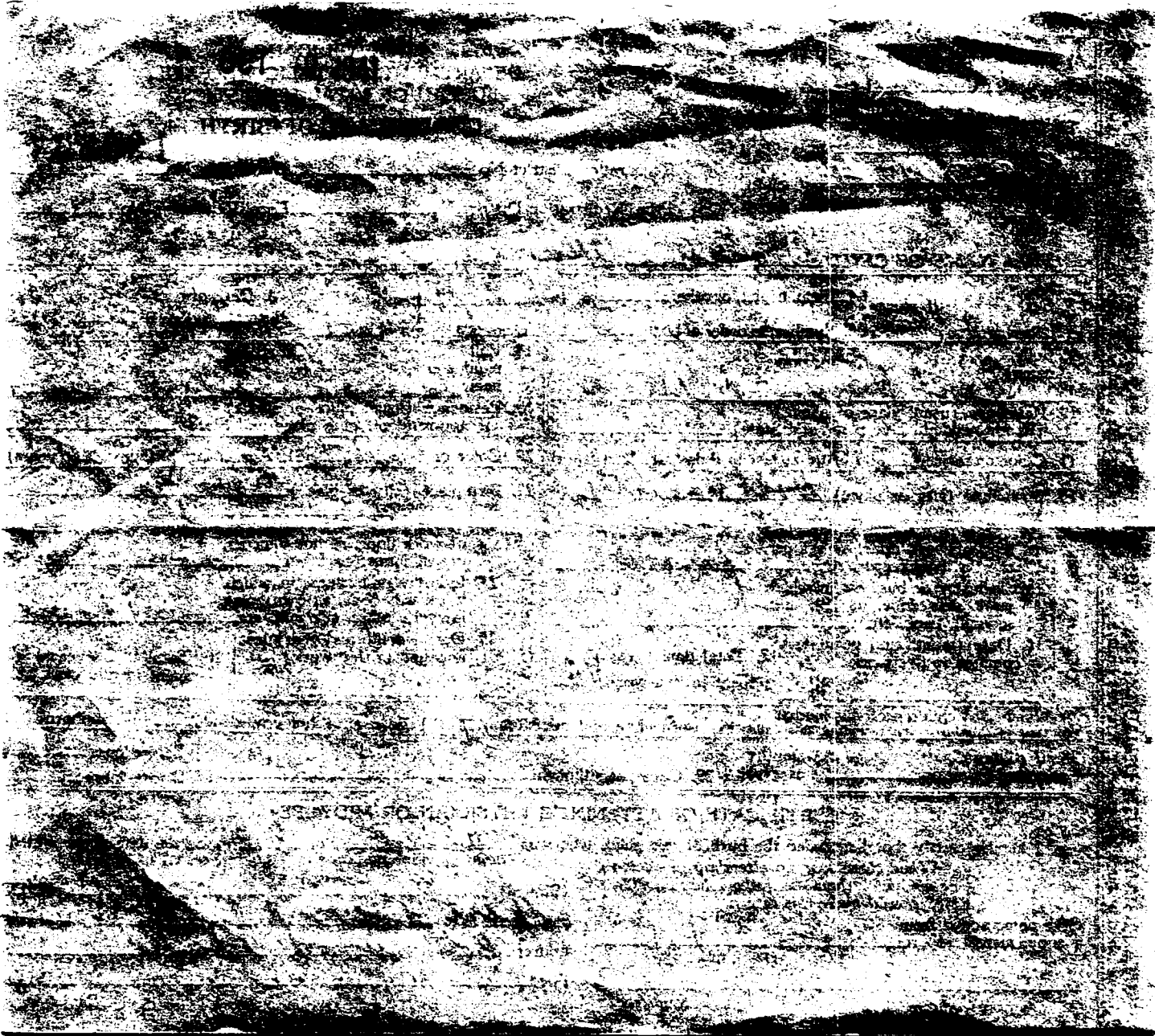
(Signed) _____, M. D.
or Bert Howard Oliver, Midwife
Address Cottonwood Idaho

Give name added from a supplemental report _____ (DATE OF)

_____ Registrar.

Filed May, 1931

_____ Registrar.



355 220.025 [illegible]

190826

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH—
County of Idaho (State)
City of Wardner
No. _____ St.
_____
(IF BORN IN HOSPITAL OR INSTITUTION GIVE NAME.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

190826

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Margaret Annie Tenby
(IF STILLBORN, SUBSTITUTE THE WORD "STILLBIRTH" FOR NAME OF CHILD)

Sex of Child: Female | Twin, Triplet or other? | and Number in order of birth
(TO BE ANSWERED ONLY IN EVENT OF PLURAL BIRTHS)
Legitimate?
Date of birth: December 20th 1906 (MONTH) (DAY) (YEAR)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth One (a) Born alive and now living Yes
Born alive but now dead _____ Stillborn _____

FATHER	MOTHER
Full Name: George Tenby	Full Maiden Name: Annie Bell Richards
Residence (Usual place of abode): Coronado Wn.	Residence (Usual place of abode): Wardner
If non-resident, give place and State: _____	If non-resident, give place and State: Idaho
Color or race: White Age at last Birthday: 50 (YEARS)	Color or race: White Age at last Birthday: 29 (YEARS)
Birthplace: California (CITY AND STATE OR COUNTY)	Birthplace: Sutter Creek California (CITY AND STATE OR COUNTY)
Occupation: Miner	Occupation: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / [illegible]} at 2 A M. on the date above stated.

(Signature) T. R. Reason
(PHYSICIAN OR MIDWIFE)
Address Kellogg Ida.
Filed Jan 1936

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WHY 1936 FILE DATE IN June 1931

DELAYED

RECEIVED JUL 8 1931

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

453 109 010-659

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 192035

Registration District No. 73 State File No. .....

Prim. Registration District No. 2150 Local Registrar's No. 234

FULL NAME OF CHILD Arnold Ernest Metzener
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate	Date of birth
Male				Yes	March 9 1906 (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth four (a) Born alive and now living four

Born alive but now dead none Stillborn none

FATHER		MOTHER	
FULL NAME	Jacob Metzener	FULL MAIDEN NAME	Rosa Weibel
Residence (Usual place of abode)	Coltman, Ida.	Residence (Usual place of abode)	Coltman, Ida.
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday	32 (Years)	Age at last Birthday	34 (Years)
Birthplace	Switzerland (City and State or County)	Birthplace	Switzerland (City and State or County)
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I am the mother of this child, who was Born alive at ..... M. on the date above stated.

(Signature) Mrs Rosa Metzener

Subscribed & sworn to before me this 6th (Physician or Midwife) 1931

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed 6/17/31 19.....

Registrar.

BOTH
DELAYED

dwp001906-192661

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of m
one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stat

City of Coeur d'Alene

No. _____ St.

(If born in hospital or institution give name.)

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 193520

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Beryl Elizabeth Toney

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Female	4. ~~Twin, triplet, or other~~ _____ 5. Number, in order of birth _____	Full term X	Yes	Dec. 24, 1906 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name: Frederick Alvin Toney	18. Full maiden name: Lucy Ann Senk
10. Residence (usual place of abode) (If non-resident, give ~~place and State~~): Coeur d'Alene	19. Residence (usual place of abode) (If non-resident, give place and state): Coeur d'Alene
11. Color or race: White 12. Age at last birthday: 42 (years)	20. Color or race: White 21. Age at last birthday: 39 (years)
13. Birthplace (city or place) (State or country): Berrien County Michigan	22. Birthplace (city or place) (State or country): Nita Missouri
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: School Teacher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Lumbering	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Schools
16. Date (month and year) last engaged in this work: Dec., 1906	17. Total time (years) spent in this work: 2 yrs.
25. Date (month and year) last engaged in this work: June, 1896	26. Total time (years) spent in this work: 10 yrs

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 5 (b) Born alive but now dead: 1 (c) Stillborn: _____

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, ~~who~~ was born alive at 5 A m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Frederick Alvin Toney (Father) ~~or Householder~~.

or _____, Midwife

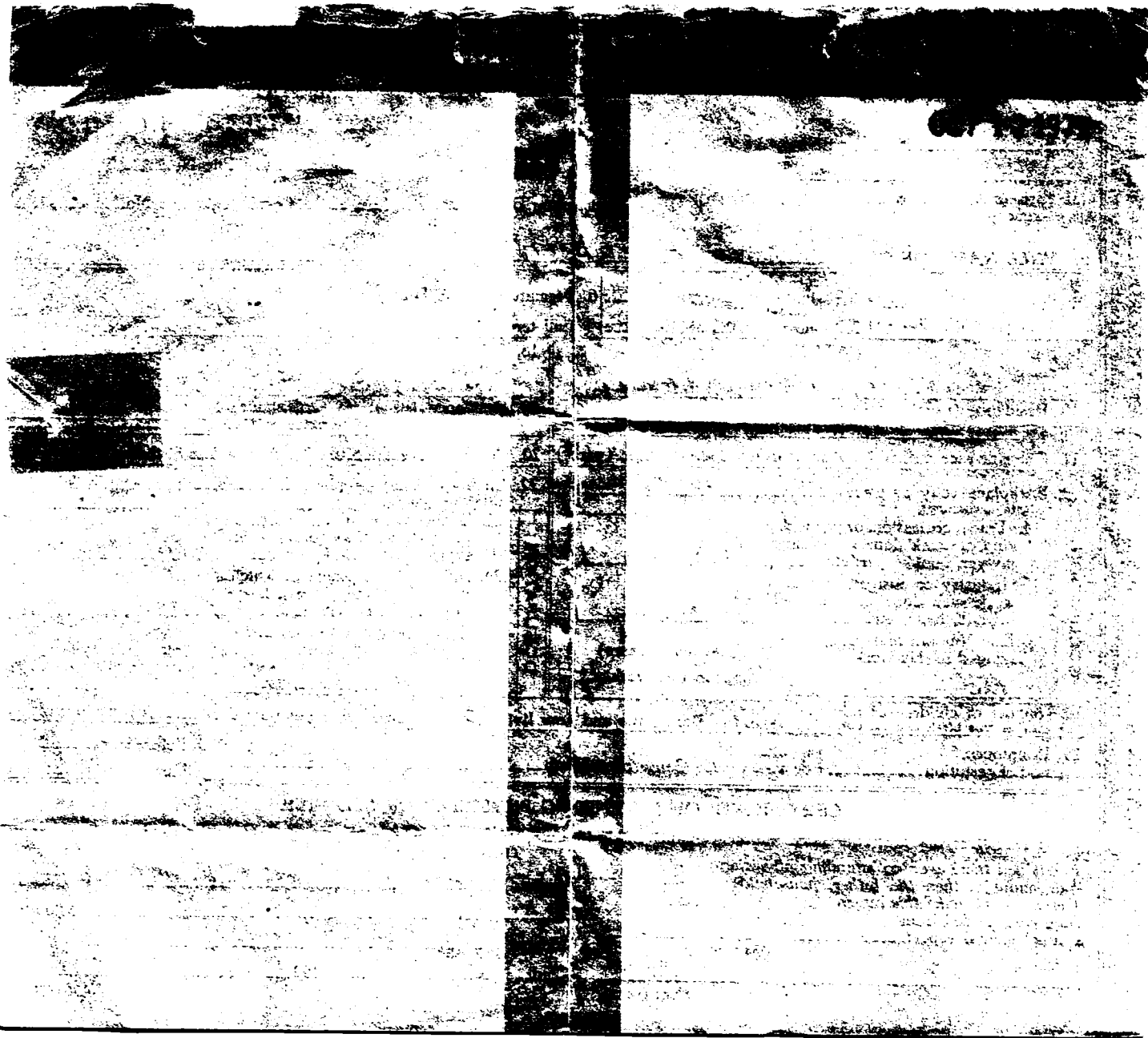
Address _____

Give name added from a supplemental report _____
(DATE OF)

Filed Sept., 1931

_____ Registrar.

_____ Registrar.



613-205 044655

194376 C

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Washington

City of Weiser

No. 430 W Com St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 194376

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ursula Mildred Waldo.

3. Sex F | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term _____ | 7. Legitimate? Yes | 8. Date of birth Dec 5, 1906 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name: William Herbert Waldo.	18. Full maiden name: Mae Weltzheimer
10. Residence (usual place of abode) (If non-resident, give place and State): Weiser	19. Residence (usual place of abode) (If non-resident, give place and state): Weiser
11. Color or race: W; 12. Age at last birthday: 22 (years)	20. Color or race: W; 21. Age at last birthday: 19 (years)
13. Birthplace (city or place) (State or country): Oregon	22. Birthplace (city or place) (State or country): Ill.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sheet Metal Worker.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work _____, 19__	25. Date (month and year) last engaged in this work _____, 19__
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1. (b) Born alive but now dead 0. (c) Stillborn 0.

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

(Signed) Mrs. Mae Waldo, M. D.

or Mother, Midwife

Address 430 W Com.

Filed Sept, 1931

_____ Registrar.

Registrar.

NOV 25 1966

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

319 219 016 319

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 194698

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Annie Laura Larson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl				Sept 19 1906

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living .....

Born alive but now dead dead Stillborn .....

FATHER

FULL NAME Frederic William Larson

Residence (Usual place of abode) Oakley

If nonresident, give place and State Ida

Color or race White Age at last Birthday ..... (Years)

Birthplace Grantsville Utah (City and State or Country)

Occupation .....

MOTHER

FULL MAIDEN NAME Mary Alice Larson

Residence (Usual place of abode) Oakley

If nonresident, give place and State Ida

Color or race White Age at last Birthday 45 (Years)

Birthplace Oakley Ida. (City and State or Country)

Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / [illegible]} at Oakley M. on the date above stated.

(Signature) ~~Mary~~ Mary Alice Larson

(Mother)

(Physician or midwife)

Address Oakley Ida

Filed Jan 1920

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 219 219 001 395 St.

Episcopal Hospital

(If born in hospital or institution give name.)

RECEIVED OCT 23 1931

STATE OF IDAHO 195183

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 195183

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Kathryn Anna Bailey

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female				Yes	MAY (Month) 19 (Day) 1906 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? —

Number of child of this mother, including present birth first (a) Born alive and now living one

Born alive but now dead — Stillborn —

FATHER		MOTHER	
FULL NAME	Harry Charles Bailey	FULL MAIDEN NAME	Theresa Tietjen
Residence (Usual place of abode)	San Francisco Boise	Residence (Usual place of abode)	San Francisco Boise
If non-resident, give place and State	Idaho Calif	If non-resident, give place and State	Idaho Calif
Color or race	White	Color or race	White
Age at last Birthday	32 (Years)	Age at last Birthday	25 (Years)
Birthplace	Prairie du Chien, Wis (City and State or County)	Birthplace	Worcester Mass (City and State or County)
Occupation	Accountant Cigar Clerk	Occupation	Dress Maker Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / ~~Stillborn~~ at ..... M. on the date above stated.

(Signature) Father's signature

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed Oct 1931

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED OCT 26 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

198350

1. PLACE OF BIRTH
County of Kootenai
City of Bellgrove
No. _____ St.
236-203-028-319
(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Carol Stone

3. Sex Female | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term yes | 7. Legitimate? yes | 8. Date of birth Dec 3, 1906 (MONTH, DAY, YEAR)

FATHER

9. Full name Edwin Clinton Stone
10. Residence (usual place of abode) (If non-resident, give place and State) Route 5 Spokane, Wash.
11. Color or race White
12. Age at last birthday 53 (years)
13. Birthplace (city or place) (State or country) Wisconsin Maine

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Any industry or business where work can be found
16. Date (month and year) last engaged in this work October, 1926
17. Total time (years) spent in this work 23 years

MOTHER

18. Full maiden name Grace Mabel Larsen
19. Residence (usual place of abode) (If non-resident, give place and state) died June 1, 1910
20. Color or race White
21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or country) United States

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. her own home
25. Date (month and year) last engaged in this work June 1, 1910
26. Total time (years) spent in this work four years

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living one (b) Born alive but now dead none (c) Stillborn none

28. If stillborn, period of gestation — { months or weeks
29. Cause of stillbirth — { Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (BORN ALIVE OR STILLBORN) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

(Signed) Edwin Clinton Stone father M. D.
or _____ Midwife
Address Route 5 Spokane, Wash.
Filed Oct 1, 1931

_____ Registrar.

_____ Registrar.

Dr J. Clat Larsen (Grandfather)
Seattle Wash.

Mr Herman Ikes
Bellgrove Idaho.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 3-19-32

County of Latah

City of Idaho

No. ..... St.

247-227-029-213

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 200816

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Bernice Ballard Suppiger
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	March 27 1906

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth two (a) Born alive and now living two

Born alive but now dead none Stillborn none

FATHER	MOTHER
FULL NAME George W Suppiger	FULL MAIDEN NAME Eleanor Ballard
Residence (Usual place of abode) Kendrick, Idaho	Residence (Usual place of abode)
If non-resident, give place and State	If non-resident, give place and State
Color or race white Age at last Birthday 36 (Years)	Color or race white Age at last Birthday 36 (Years)
Birthplace Highland, Illinois (City and State or County)	Birthplace Warren, Illinois (City and State or County)
Occupation Lawyer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at ..... M. on the date above stated.

(Signature) G W Suppiger
father
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Moscow, Idaho

Filed Mch 19 1932

Registrar.

DELAYED
BOTH

dep 081966-3498941

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each add the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of St. Maries

No. ..... St.

269-210028-458

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

201108

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Mary Elizabeth Swisher

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Feminine				Yes	9 - 10 1906

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth one (a) Born alive and now living one

Born alive but now dead none Stillborn none

FATHER

FULL NAME Arthur F. Swisher

Residence (Usual place of abode) St. Maries, Idaho

If non-resident, give place and State .....

Color or race White Age at last Birthday 32 (Years)

Birthplace Wausau, Wisconsin (City and State or County)

Occupation Timber cruiser

MOTHER

FULL MAIDEN NAME Josie M. Meyer

Residence (Usual place of abode) St. Maries, Idaho

If non-resident, give place and State .....

Color or race White Age at last Birthday 28 (Years)

Birthplace Dprchester, Wisconsin (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 9:15 P.M. on the date above stated.

(Signature) Arthur F. Swisher (Father)

(Physician or midwife)

Address .....

Filed May 1932

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

MAY 26 1971

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

713 · 116 028 · 796

(If born in hospital or institution give name.)

STATE OF IDAHO 201852
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **201852**

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Clair Edward Gale
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	May 16 1906

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Harry Andrew Gale	FULL MAIDEN NAME Harriet Gray Gale
Residence (Usual place of abode) Harrison	Residence (Usual place of abode) Harrison
If non-resident, give place and State	If non-resident, give place and State .....
Color or race white Age at last Birthday 25 (Years)	Color or race white Age at last Birthday 19 (Years)
Birthplace Superior Michigan (City and State or County)	Birthplace Harrisville Michigan (City and State or County)
Occupation Electrician at Box Factory	Occupation house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } **at** 9 15 a M. **on the date above stated.**

(Signature) John Busby MD

(Physician ~~or midwife~~)

Address Spokane Wn

Filed May 23 1937 .....

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

469 215 003993

(If born in hospital or institution give name.) X

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **202691**

Registration District No. 98 State File No. .....

Prim. Registration District No. 2176 Local Registrar's No. .....

FULL NAME OF CHILD Dorothy Marcia Morgan

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female					Jan. 15th 1926

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 7th (a) Born alive and now living 4 yes

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Edward Thomas Morgan

Residence (Usual place of abode) Pocatello Idaho

If non-resident, give place and State .....

Color or race White Age at last Birthday 35 (Years)

Birthplace Salt Lake City Utah (City and State or County)

Occupation Rail Road Labor

MOTHER

FULL MAIDEN NAME Violet Merle Richardson

Residence (Usual place of abode) Pocatello Idaho

If non-resident, give place and State .....

Color or race White Age at last Birthday 30 (Years)

Birthplace Richmond Utah (City and State or County)

Occupation Home maker

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } **at** 10:00 A. M. **on the date above stated.**

(Signature) Edward Thomas Morgan (Father)

..... (Physician or midwife)

Address Edward Thomas Morgan

Filed Jan 15 1932 Pocatello Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

266-215-014-165

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Caldwell

No. 1102 Cleveland St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

20 5928

CERTIFICATE OF BIRTH 205928

Registration District No.____ State File No.____

Prim. Registration District No.____ Local Registrar's No.____

2. FULL NAME OF CHILD Kathryn Boone

3. Sex: Female

If plural births: 4. Twin, triplet, or other____ 5. Number, in order of birth____

6. Premature____ Full term ✓

7. Legitimate? ✓

8. Date of birth Nov 18, 1926 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name: Ernest Boone	18. Full maiden name: Edna Jones
10. Residence (usual place of abode) (If non-resident, give place and State): Caldwell	19. Residence (usual place of abode) (If non-resident, give place and State): Caldwell
11. Color or race: White 12. Age at last birthday: 36 (years)	20. Color or race: White 21. Age at last birthday: 29 (years)
13. Birthplace (city or place) (State or country): Caldwell Ida	22. Birthplace (city or place) (State or country): Holton Kans.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dry Goods Business	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Teacher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housewife
16. Date (month and year) last engaged in this work ____, 19__	25. Date (month and year) last engaged in this work ____, 19__
17. Total time (years) spent in this work____	26. Total time (years) spent in this work____

27. Number of children of this mother (At time of this birth and including this child) one (a) Born alive and now living 1 (b) Born alive but now dead____ (c) Stillborn____

28. If stillborn, period of gestation____ months or weeks

29. Cause of stillbirth____ Before labor____ During labor____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (BORN ALIVE OR STILLBORN) at 10 a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ernest Boone (Father)

or ____, Midwife

Address Caldwell Idaho

Give name added from a supplemental report____ (DATE OF)

Filed 9/19, 1932

Registrar. Registrar.

BOTH DELAYED

DELAYED

864-108-014-433

207491

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

207491

1. PLACE OF BIRTH
County of ~~Ada~~ Canyon
City of NAMPA
No. _____ St.
_____
(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. *FULL NAME OF CHILD* EVAN · McLAREN · HOUSEMAN

3. Sex MALE | *If plural births* 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term _____ | 7. Legitimate? _____ | 8. Date of birth JANUARY 8, 1906 (MONTH, DAY, YEAR)

FATHER

9. Full name EVAN · GALUSHA · HOUSEMAN
10. Residence (usual place of abode) (If non-resident, give place and State) NAMPA
11. Color or race WHITE 12. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or country) BURBANK · OHIO ·

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. OSTEOPATHIC
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. PHYSICIAN
16. Date (month and year) last engaged in this work _____, 19__
17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Blanche Margaret McLaren
19. Residence (usual place of abode) (If non-resident, give place and State) NAMPA
20. Color or race WHITE 21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or country) MARIETTA · OHIO ·

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. OSTEOPATHIC
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. PHYSICIAN
25. Date (month and year) last engaged in this work _____, 19__
26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) ~~Born alive but now dead~~ _____ (c) ~~Stillborn~~ _____

28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (BORN ALIVE OR STILLBORN) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

_____ *Registrar.*

(Signed) Blanche M. Houseman, ~~M.~~ D.O.
or _____ Mother, ~~Midwife~~
Address _____
Filed Jan, 1932 _____ *Registrar.*

MAR 11 1954

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED JAN 17 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 209083

1. PLACE OF BIRTH
County of Shoshone
City of Mullan
No. 168 203 040-123 St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. 209083
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Lillian Louisa Johnson

3. Sex Girl | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth April 3, 1906 (MONTH, DAY, YEAR)

FATHER

9. Full name Edward Johnson
10. Residence (usual place of abode) (If non-resident, give place and State) Mullan Ida
11. Color or race White 12. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or country) Finland

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work 1904. April 19__
17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Alli Gustava Astrom
19. Residence (usual place of abode) (If non-resident, give place and State) Mullan Ida
20. Color or race White 21. Age at last birthday 30 (years)
22. Birthplace (city or place) (State or country) Finland

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work April, 1906
26. Total time (years) spent in this work 3

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation ____ months or weeks
29. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

We have known this child from birth which was April 3rd 1906.

We hereby certify that ~~I attended the birth of this child, who was~~ ____ at ____ m. ~~on the date above stated.~~
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) X [illegible] M.D.
or X [illegible] ~~Midwife~~
Address Mullan Ida

Give name added from a supplemental report ____ (DATE OF)

Filed Jan 14, 1933

Registrar.

Registrar.

This was brought to me Jan 14 1933. — over —

Doctor Alexander (a lady doctor of this town at that time) took care of this party at birth - but Dr. Alexander is now dead. I am quite certain that I am the only person now that can give light on this party

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 534 119 014 437

County of Canyon

City of Nampa

No. ..... St.

Residence

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 1 1933

CERTIFICATE OF BIRTH 209089

Registration District No. ..... State File No. 209089

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Harry McGee Elder

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male

Twin / Triplet / or other? ..... and ..... Number in order of birth
(To be answered only in event of plural births)

Legitimate? Yes

Date of birth July (Month) 19 (Day), 1906 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1st (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME David Clyde Elder	FULL MAIDEN NAME Mary Phyllis McGee Elder
Residence (Usual place of abode) Nampa Ida	Residence (Usual place of abode) Nampa Ida
If non-resident, give place and State Salt Lake City, Utah.	If non-resident, give place and State Salt Lake City, Utah.
Color or race White Age at last birthday 25 (Years)	Color or race White Age at last birthday 24 (Years)
Birthplace Warsaw, Ohio (City and State or County)	Birthplace Indiana Peoma (City and State or County)
Occupation Salesman	Occupation Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 4 P. M. on the date above stated.

(Signature) David Clyde Elder Father
Mary Phyllis Elder Mother
(~~Physician or midwife~~)

Address .....

Filed Feb. 1933 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Dr H. P. Ross attended but
can not be located at this time

Mrs M. E. McGee Grandmother
369 So 13th East S.L. City, Ut.

Mrs J. D McCall [illegible]
McCall, Idaho.

315-227-014-235

RECEIVED FEB 20 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

210386

1. PLACE OF BIRTH
County of Canyon
City of Parma
No. ..... St.
Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Margaret Christine Lannan

3. Sex Female | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature — Full term x | 7. Legitimate? yes | 8. Date of birth June 27, 1906 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name Henry Martin Lannan	18. Full maiden name Frances Katherine ~~Cordier~~ Stewart
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race white 12. Age at last birthday 4 (years)	20. Color or race white 21. Age at last birthday 3 (years)
13. Birthplace (city or place) (State or country) Nevada	22. Birthplace (city or place) (State or country) Olney, Illinois
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work ....., 19..	25. Date (month and year) last engaged in this work ....., 19..
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead — (c) Stillborn —

28. If stillborn, period of gestation — months or weeks | 29. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (BORN ALIVE OR STILLBORN) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ..... (DATE OF)

(Signed) Mrs. H. M. Lannan, ~~M. D.~~ Mother
or ....., ~~Midwife~~
Address Sierra Madre, California
Filed Feb, 1933

..... Registrar. ..... Registrar.

(over)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

Gordier was my birth name
Stewart adopted name by
Rich. I was married

Frances Katherine Lannan

JUN 7 1976

Names and addresses of persons who knew of birth

I moved away in 1907
to Mar Knowaddress
of any one
connected with
Events.
Mrs. O.M. Lannan
Frances Katherine
Lannan
(Mother)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED MAR 18 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

210387

County of Latah

City of Avon Idaho

No. 966 222 029 866 St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Elva Paul

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
female					Feb 22nd (Month) (Day), 1906 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth ..... (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	John Paul	FULL MAIDEN NAME	Elva Hoffman
Residence (Usual place of abode)	Avon Idaho age at birth of child 26	Residence (Usual place of abode)	Avon Idaho age at birth of baby
If non-resident, give place and State		If non-resident, give place and State	
Color or race	white	Color or race	White
Age at last birthday	49 (Years)	Age at last birthday	46 (Years)
Birthplace	Iowa (City and State or County)	Birthplace	Hillsboro Oregon 1906 (City and State or County)
Occupation		Occupation	Laundress

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Mother Mrs Elva Paul

2-4-W-40 Avon Idaho

(Physician or midwife)

Address .....

Filed Mar 1933

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED APR 10 1933

PLACE OF BIRTH

County of ADA

City of BOISE

No. 2109 ELLIS St.

843 1100 01 753

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 210470

Registration District No. 2 State File No.

Prim. Registration District No. 1004 Local Registrar's No. 100

FULL NAME OF CHILD ALVIN STANLEY HULTGREN
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE				YES	10 10 1906

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1st (a) Born alive and now living YES

Born alive but now dead Stillborn

FATHER	MOTHER
FULL NAME PER ALBERT HULTGREN	FULL MAIDEN NAME ANNA EMELIA PETERSON
Residence (Usual place of abode) 2109 ELLIS	Residence (Usual place of abode) 2109 ELLIS
If non-resident, give place and State	If non-resident, give place and State
Color or race WHITE Age at last Birthday 24 (Years)	Color or race WHITE Age at last Birthday 23 (Years)
Birthplace SWEDEN (City and State or County)	Birthplace SWEDEN (City and State or County)
Occupation LAUNDRYMAN	Occupation N. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 1-10 P. M. on the date above stated.

(Signature) Allen Brock
(Physician or midwife)

Address Boise Idaho

Filed 2-6 1933 W. H. Rhodes
Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

OCT 4 1974

Idaho 795-101035-265

~~Oregon~~ State Board of Health
Division of Vital Statistics

Certificate of Birth

State Registered No. .....
Local Registered No. .....

1. Place of Birth
County Nez Perce State Idaho 212568
Township ..... or Village .....
City Sweetwater No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its name instead of street and number)
(If in country, give distance and direction from nearest town)

2. Full name of child Clinton Arthur Pierce
If child is not yet named, make supplemental report, as directed

3. Sex of child M | To be answered ONLY in event of plural births. | 4. Twin, triplet or other ..... 5. Number in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? yes | 8. Date of birth Jan 1 - 1906 (Month, day, year)

FATHER	MOTHER
9. Full name Arthur H. Pierce	18. Full maiden name Ethel Lile
10. Residence (Usual place of abode) Sweetwater If nonresident, give place and state Idaho	19. Residence (Usual place of abode) Sweetwater If nonresident, give place and state Idaho
11. Color or race White 12. Age at last birthday 26 (years)	20. Color or race White 21. Age at last birthday 17 (years)
13. Birthplace (city or place) Dallas (State or country) Oregon	22. Birthplace (city or place) Asoton (State or country) Wash
Occupation: 14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	Occupation: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work Jan, 1906 17. Total time (years) spent in this work 6 yrs	25. Date (month and year) last engaged in this work Jan, 1933 26. Total time (years) spent in this work 1 yr

27. Number of children of this mother (Taken as of time of birth of child herein certified and including this child) Were precautions taken against ophthalmia neonatorum? .....
(a) Born alive and now living 1 (b) Born alive but now dead none (c) Stillborn none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.

Signature Thos H Alley
Physician
(Physician or midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give name added from a supplemental report ..... (Month, day, year)

Address U. S. Tacoma Hospital
Cushman Station
Tacoma, Wash.
2002 East 28th St

Filed Jan, 1936

.....
Registrar.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated. This certificate must be filed by the attending physician or midwife with the local registrar within 10 days after birth.

POSTOFFICE ADDRESS OF MOTHER Sweetwater, Idaho

UNITED STATES STANDARD CERTIFICATE OF BIRTH

Why births should be registered—There is hardly a relation of life, social, legal, or economic, in which the evidence furnished by an accurate registration of births may not prove to be of the greatest value, not only to the individual but also to the public at large. It is not only an act of civilization to register birth certificates but good business, for they are frequently used in many practical ways, some of which are listed below:

(1) As evidence to prove the age and legitimacy of heirs;

(2) As proof of age to determine the validity of a contract entered into by an alleged minor;

(3) As evidence to establish age and proof of citizenship and descent in order to vote;

(4) As evidence to establish the right of admission to the professions and to many public offices;

(5) As evidence of legal age to marry;

(6) As evidence to prove the claims of widows and orphans under the widows' and orphans' pension law;

(7) As evidence to determine the liability of parents for the debts of a minor;

(8) As evidence in the administration of estates, the settlement of insurance and pensions;

(9) As evidence to prove the irresponsibility of children under legal age for crime and misdemeanor, and various other matters in the criminal code;

(10) As evidence in the enforcement of law relating to education and to child labor;

(11) As evidence to determine the relations of guardians and wards;

(12) As proof of citizenship in order to obtain a passport;

(13) As evidence in the claim for exemption from or the right to jury and military service.

Statement of occupation—Make some entry in this section for each parent. For a woman whose only occupation is that of home housework, write "housework" in answer to question 23 and "own home" in answer to question 24. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as "housekeeper—private family," "cook—hotel," etc. For a person who has no occupation whatever write "none."

To be complete, an occupation return must state:

(14) and (23) The trade, profession, or particular kind of work done.
(15) and (24) The industry or business in which the work is done.
(16) and (25) The month and year the person last worked at the occupation.
(17) and (26) The number of years the person followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employe," "worker," "operative," etc. Find out the particular kind of work done and return that, as "spinner," "weaver," etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as "grocery store," "soap factory," "cotton mill," etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as "civil engineer," "mechanical engineer," "mining engineer," "stationary engineer," etc. Avoid the term "laborer" when a more precise statement of occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as "carpenter," "painter," "machinist," etc. Distinguish carefully between "retail merchants" and "wholesale merchants." A person who sells goods should be called a "salesman" and not a "clerk."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

493-127-033-692

(If born in hospital or institution give name.)

RECEIVED JUL 11 1933

STATE OF IDAHO 212706

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 212706

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Emil Josef Wihler

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Nov. 27, 1906 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 5 (a) Born alive and now living 5

Born alive but now dead none Stillborn none

FATHER	MOTHER
FULL NAME Jacob Wihler	FULL MAIDEN NAME Marie Christen Wihler
Residence (Usual place of abode) Rexburg, Idaho	Residence (Usual place of abode) Rexburg, Idaho
If non-resident, give place and State	If non-resident, give place and State
Color or race White Age at last birthday 39 (Years)	Color or race White Age at last birthday 41 (Years)
Birthplace Biberist Switzerland (City and State or County)	Birthplace Lommerwil Switzerland (City and State or County)
Occupation Engineer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 1 A M. on the date above stated.

(Signature) Marie Christen Wihler

Mother

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed July 1933 .....

Registrar.

Mrs Brenner

Midwife in attendance at birth to my knowledge not living now, was a local woman of Rexburg.

People in attendance at birth are as follows.

Mrs. Blaser, Rexburg.

Mrs. Wolfersperger Rexburg

Mrs. John Keller now living at Salt Lake City Utah

None Written Mr. Keller.

RECEIVED JUN 28 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 213111

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. 155-109 St. 014-469

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Stanley Wallace Jenkins
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
male				yes	May (Month) 9th (Day), 1906 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10%

Number of child of this mother, including present birth Two (a) Born alive and now living two

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Michael Reed Jenkins

Residence (Usual place of abode) Caldwell Idaho

If non-resident, give place and State .....

Color or race White Age at last birthday 26 (Years)

Birthplace Middleton, Idaho (City and State or County)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Clara Morrow

Residence (Usual place of abode) Caldwell, , Idaho

If non-resident, give place and State .....

Color or race White Age at last birthday 24 (Years)

Birthplace Kirksville, Mo (City and State or County)

Occupation House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 12 A.M. on the date above stated.

(Signature) Clara M. Jenkins

Mother (Physician or Midwife)

Address Grand View, Idaho.

Filed June 1933

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

APR 22 1968

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.— In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

49-124-014-433

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 213681

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Theo McCann Merrell

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male | Twin / Triplet / or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of birth August 24, 1906 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3rd (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Egra Jay Merrill	FULL MAIDEN NAME Mary McCann
Residence (Usual place of abode) Pocatello Ida	Residence (Usual place of abode) Pocatello Ida
If non-resident, give place and State Nampa	If non-resident, give place and State Nampa
Color or race American Age at last birthday 32 (Years)	Color or race American Age at last birthday 54 (Years)
Birthplace Richmond Utah (City and State or County)	Birthplace Smithfield Utah (City and State or County)
Occupation	Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Egra J Merrill Father

Gordon Apte (Physician or midwife)

Address Pocatello Ida

Filed 7/6 1933 Earl Dellinger Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

2 8 1942

MAY 2 8 1971

RECEIVED SEP 15 1933

2-5-113

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 215113

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Emmett

No. Washington St.

853-11-2-014466

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Otto Josef Helfert

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term _____

7. Legitimate? Yes

8. Date of birth Dec 12 1906 193___ (MONTH, DAY, YEAR)

FATHER

9. Full name: Josef Helfert

10. Residence (usual place of abode) (If non-resident, give place and State) Emmett Ida.

11. Color or race: White 12. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or country) Austria

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Jewelry Store

16. Date (month and year) last engaged in this work: Still at it, 1933

17. Total time (years) spent in this work 39

MOTHER

18. Full maiden name: Clara Moore

19. Residence (usual place of abode) (If non-resident, give place and State) Emmett

20. Color or race: White 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or country) Wieser Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. At home

25. Date (month and year) last engaged in this work: Still at it, 1933

26. Total time (years) spent in this work 27

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

Clara Moore Helfert Mother, Midwife

Address _____

Give name added from a supplemental report _____

(DATE OF)

Filed Sept 15, 1933 Pearl Dillingham
State Registrar.

_____
Registrar.

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

MAY 31 1940

State of CALIFORNIA } ss.
County of VENTURA. }

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Clara Moore Helfert being first duly sworn says that she is the mother (Relationship of child)* of Otto Josef Helfert born December 12th 1906 (Date of birth) at EmmettIdaho, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Otto Josef Helfert No. 215113. hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Green, M. D., was the Midwife medical attendant at the birth of said Otto Josef Helfert and that the said medical attendant is or was at Hagerman Idaho. (Now deceased (or) cannot be located)

Name of Affiant Clara Moore Helfert

P. O. Address Box 609 Santa Paula, California.

Subscribed and sworn to before me this 25th day of May, 19 40

M. E. Snider
Notary Public.

Residing at Santa Paula, California, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

432 110 040 895

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of SHOSHONE

City of MULLAN

No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 216436

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD CHARLES ARCHIE McKINLEY

3. Sex M | If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ } | 6. Premature _____ Full term X | 7. Legitimate? yes | 8. Date of birth March 10, 1906, 193___ (MONTH, DAY, YEAR)

FATHER

9. Full name ROY McKINLEY

10. Residence (usual place of abode) (If non-resident, give place and State) MULLAN

11. Color or race W | 12. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or country) Colfax, Wash

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mine train

16. Date (month and year) last engaged in this work _____, 19___ | 17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name ADDIE VOOR HIES

19. Residence (usual place of abode) (If non-resident, give place and State) MULLAN

20. Color or race W | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or country) Johnson, Neb.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19___ | 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ { months or weeks } | 29. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (BORN ALIVE OR STILLBORN) at 11:00 Pm. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. A. E. Keys, M. D.

or _____, Midwife

Address W 524 - 19th Ave Spokane, Wn.

Give name added from a supplemental report _____ (DATE OF)

_____ Registrar.

Filed Sept 3rd, 193 2 C. E. Stone Registrar.

JUL 15 1942

791-205-00 FEB 15 1934

1. PLACE OF BIRTH

County of Ada

City of Boise, Idaho

No. 1408 E Jefferson St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

218173

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Charlotte Albertena Gralow

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? Yes | 8. Date of birth July 5, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name William F. Gralow	18. Full maiden name Mabel Ann Barr
10. Residence (usual place of abode) (If non-resident, give place and State) Boise Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Boise Idaho
11. Color or race W	20. Color or race W
12. Age at last birthday 25 (years)	21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or country) Wausaw, Wisc.	22. Birthplace (city or place) (State or country) Bloomfield, Wis.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Lumberman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work Now, 19	25. Date (month and year) last engaged in this work Now, 19 .....
17. Total time (years) spent in this work 4	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1 (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 4 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W F Gralow Father

or 1408 East Jefferson, ~~Midwife~~

Address ~~1149 East State~~ Str

Give name added from a supplemental report .....
(Date of)

Filed 2-15, 1934

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED BIRTH MAY 2 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 220679

County of Adams
City of Meadows Idaho
No. St.
295 111 002 343
(If born in hospital or institution give name.)

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD John Roosevelt Kenzur
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth July (Month) 11 (Day), 1934 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth Three (a) Born alive and now living yes

Born alive but now dead Stillborn

FATHER	MOTHER
FULL NAME Marques Edward Kenzur	FULL MAIDEN NAME Alice Henriette Luly
Residence (Usual place of abode) Meadows Ida	Residence (Usual place of abode) Meadows, Idaho
If non-resident, give place and State	If non-resident, give place and State
Color or race White Age at last birthday 36 (Years)	Color or race White Age at last birthday 29 (Years)
Birthplace Cottage Grove (Oregon) (City and State or County)	Birthplace Brainard Kansas (City and State or County)
Occupation Merchant	Occupation Teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at M. on the date above stated.

(Signature) Marques Edward Kenzur Sr
FATHER
(Physician or midwife)

Address R 3 Nampa Idaho

Filed May 1934

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Reference

Ian S. Mitchell
New Meadows, Idaho

Ida M. Hull
2106 W. Jefferson St.
Boise, Idaho

Mrs Grace Rowell
2112 W. Jefferson St.
Boise, Idaho

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No 841-215 001-693 St.

W. S. Ave, nr. Natatorium

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 221513

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Thursa Dora Quarles

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	Sept. 15, 1906

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Horace H. Quarles	FULL MAIDEN NAME	Thursa Marguerite Wilson
Residence (Usual place of abode)	Boise	Residence (Usual place of abode)	Boise
If non-resident, give place and State		If non-resident, give place and State	
Color or race	W	Color or race	W
Age at last birthday (Years)	34	Age at last birthday (Years)	26
Birthplace (City and State or County)	McCracken Co. Ky	Birthplace (City and State or County)	Boise
Occupation	Laborer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 1:05 A M. on the date above stated.

(Signature) Horace H. Quarles

Father
(Physician or midwife)

Address .....

Filed 5-23 1934 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

OCT 29 1963
JUN 28 1971

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

299-114-022-792

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 221901

Registration District No. ..... State File No. .....

Prim. Registration District No. 1 Local Registrar's No. .....

FULL NAME OF CHILD George Gibb Bird

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
M				Yes	Feb. 14, 1906 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

Number of child of this mother, including present birth 1st (a) Born alive and now living —

Born alive but now dead — Stillborn —

FATHER

FULL NAME Charles Henry Bird

Residence (Usual place of abode) Teton Idaho

If non-resident, give place and State .....

Color or race W. Age at last birthday 40 (Years)

Birthplace Minden Utah (City and State or County)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Mary Agnes Gibb

Residence (Usual place of abode) Teton Idaho

If non-resident, give place and State .....

Color or race W. Age at last birthday 36 (Years)

Birthplace Bloomington Ill. (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 6 P. M., on the date above stated.

(Signature) Mary Agnes Gibb Bird
mother
(Physician or midwife)

Address Teton Idaho

Filed June 6 1906

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

A. M. Bird, Teton, Idaho,
Sadie Munk Teton, Idaho,
Harriet M. Bird, Teton, Idaho

DEC 24 1941

595-102-010-243

222323

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 State File No. 222323
Prim. Registration District No. 2-1-0 Local Registrar's No. .....

2. FULL NAME OF CHILD Theodore Roosevelt Nielson

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male					X		JUNE 2, 1906

	FATHER	MOTHER
9. Full name	Joseph Andrew Nielson	18. Full maiden name: Mary Elizebeth Butler
10. Residence (usual place of abode) (If non-resident, give place and State)	Irving Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Irving Idaho
11. Color or race	White	20. Color or race: white
12. Age at last birthday	34 (years)	21. Age at last birthday: 33 (years)
13. Birthplace (city or place) (State or country)	Irving Idaho	22. Birthplace (city or place) (State or country): Soda Springs Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Dyna Keeper and Ranchman	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc	/	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: None
16. Date (month and year) last engaged in this work	Spring, 1907	25. Date (month and year) last engaged in this work: /
17. Total time (years) spent in this work	5 years	26. Total time (years) spent in this work: /

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) 8
(a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation / months or weeks

30. Cause of stillbirth / Before labor / During labor /

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Joseph Andrew Nielson, M. D.
or Father
Address Lammargay Alberta Canada

Give name added from a supplemental report Certificate of Ordination Baptism annexed (Date of)

Filed Jan. 11, 193 4 Dewey Simmons
Registrar.

Registrar.

DELAYED

793-126-231-455

PLACE OF BIRTH

County of Lewis

City of Mohler

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 223777

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Charles Dennis Giles
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	May (Month) 26 (Day), 1906 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 5 (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Charles Giles	FULL MAIDEN NAME Nellie Mae ~~Giles~~ Dennis
Residence (Usual place of abode) Mohler	Residence (Usual place of abode) Mohler
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last birthday 41 (Years)	Color or race White Age at last birthday 29 (Years)
Birthplace Newport Tennessee (City and State or County)	Birthplace Knoxville Iowa (City and State or County)
Occupation Merchant	Occupation House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} **at** ..... **M. on the date above stated.**

(Signature) Charles Giles (Father)

Permanent address, Craigmont Idaho
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed 8-13 1934 .....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Mrs Lucie	Seehorn,	Moliler.	Idaho
Mrs Annie	Brannon.	"	"
Mrs Lillie	Biggerstt	"	

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

308-118-040-796

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

223933

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Frederick Cameron Taylor

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Aug. 18, 1906

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth No others (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME James Wilburn Taylor

Residence (Usual place of abode) Wardner Idaho

If non-resident, give place and State .....

Color or race White Age at last birthday 35 (Years)

Birthplace Brewer - Maine (City and State or County)

Occupation Carpenter

MOTHER

FULL MAIDEN NAME Lily Dale Griffin

Residence (Usual place of abode) Wardner Idaho

If non-resident, give place and State .....

Color or race White Age at last birthday 33 (Years)

Birthplace Eureka - Calif (City and State or County)

Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Mrs Jas. W Taylor
mother

(Physician or midwife)

Address .....

Filed Aug 1934 .....

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Mrs. Jas. W. Taylor

Mother.

3920 Ave. P

Brooklyn

N. Y.

Persons knowing of birth

Mrs John. Chisholm

Wardner

Idaho.

Mrs. Lawrence. Pung

Wardner

Idaho

J. W. Taylor

(Father)

663-186-86-169

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 516 Warm Springs St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

224705

CERTIFICATE OF BIRTH

Registration District No. 2 State File No. 224705

Prim. Registration District No. 1904 Local Registrar's No.

FULL NAME OF CHILD Meldens Earle Volin

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy			4	yes	April 6th, 1906

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 4th (a) Born alive and now living 3

Born alive but now dead 1 Stillborn

FATHER

FULL NAME Clement Louise Volin

Residence (Usual place of abode) 516 Warm Springs

If non-resident, give place and State Boise

Color or race White Age at last birthday 49 (Years)

Birthplace Dubuque Iowa (City and State or County)

Occupation Gardener

MOTHER

FULL MAIDEN NAME Marian Margaret Morrison

Residence (Usual place of abode) 516 Warm Springs

If non-resident, give place and State

Color or race White Age at last birthday 31 (Years)

Birthplace Bay City Michigan (City and State or County)

Occupation House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at P. M. on the date above stated.

(Signature) Miller R. Taylor

Midwife

(Physician or midwife)

Address

Filed 10-2 1934 W. H. Rhodes

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Mrs. Victoria Jester
914 N. 9th St. Boise Ida.

Mrs. Meryl T. Napton.
2930 Telegraph Ave.
Oakland Calif.

Mrs. Lee Estes
635 Warm Springs Ave.
Boise Ida.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cuyhee
City of Bruneau
No. Farm St.
864-217-037-239
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 225499

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Pearl Lucile Hodge
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth Feb (Month) 17 (Day), 1906 (Year)
X			

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4 (a) Born alive and now living yes
Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME William Hodge	FULL MAIDEN NAME Iola Leona Strickland
Residence (Usual place of abode) Bruneau	Residence (Usual place of abode) Bruneau
If non-resident, give place and State	If non-resident, give place and State .....
Color or race white Age at last birthday 36 (Years)	Color or race white Age at last birthday 29 (Years)
Birthplace Minnesota (City and State or County)	Birthplace Vernon Co Missouri (City and State or County)
Occupation	Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 9.15 a.M. on the date above stated.

(Signature) Mrs Iola Leona Hodge
Mother
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address 144 N. Painter ave Whittier Calif.
Filed Oct. 13 1934 Alice Erkenbeck
Registrar.

Mrs E. W. Johnson Atlanta - Idaho
" Ina Crabb Mountain Home Idaho
" Ray Hodge 701 Osage ave Engelwood Calif

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Sublett Ida

No. ..... St.

632-204 016 962

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

227335

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Audrey Iola Olson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
female					May (Month) 4 (Day), 1906 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Adolph L Olson	FULL MAIDEN NAME	Pearl ~~Olson~~ Robbins
Residence (Usual place of abode)	Sublett Idaho	Residence (Usual place of abode)	Sublett Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	white	Color or race	white
Age at last birthday	25 (Years)	Age at last birthday	25 (Years)
Birthplace	Snowville Utah (City and State or County)	Birthplace	Snowville Utah (City and State or County)
Occupation	Farmer	Occupation	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

(Signature) Pearl R Olson (Mother)

.....
(Physician or midwife)

Address Sloan Montana

Filed Dec 6 1934 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED DEC 26 1934

227489

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

227489

1. PLACE OF BIRTH
County of Canyon
City of Payette
No. 292-124-014-417 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Delford Maxfield Bishop

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1 | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth June 24 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Arthur Turner Bishop	18. Full maiden name Edna Belle Maxfield
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) Fruitland Ia
11. Color or race White 12. Age at last birthday 33 (years)	20. Color or race White 21. Age at last birthday 24 (years)
13. Birthplace (city or place) Akron, Mo (State or country)	22. Birthplace (city or place) Dorchester, Nebr. (State or country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) one (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

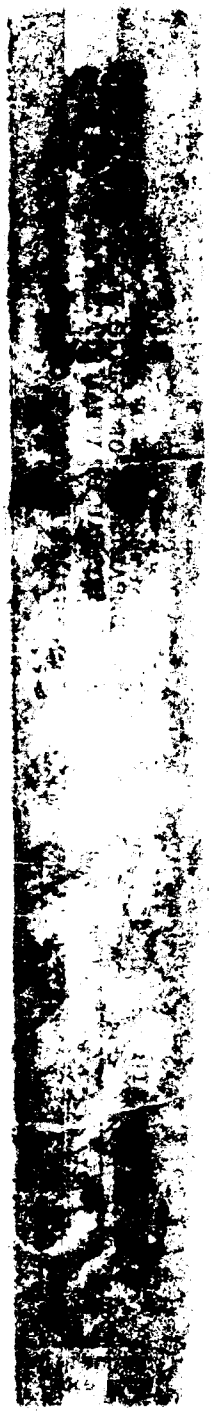
(Signed) ....., M. D.
or Mrs. Nancy T. Andersen Midwife
Address 815 North 20 St Boise Idaho
Filed Dec, 1934

Give name added from a supplemental report ..... (Date of)

..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219 PLACE OF BIRTH 249 DEC 14 1934

County of Fremont

City of Teton

No. ..... St.

In Home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

227505

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Annie Preal Baird
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	(To be answered only in event of plural births)			yes	December 2, 1906 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 5 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME William Gee Baird	FULL MAIDEN NAME Matilda D. Smith
Residence (Usual place of abode) Teton	Residence (Usual place of abode) Teton
If non-resident, give place and State Idaho	If non-resident, give place and State Idaho
Color or race 41 Age at last birthday ..... (Years)	Color or race White Age at last birthday 34 (Years)
Birthplace Heber Utah (City and State or County)	Birthplace Heber Utah (City and State or County)
Occupation Farmer + Rancher	Occupation House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 11 P.M. on the date above stated.

(Signature) ~~Belle Riggs, dead now~~
William Gee Baird
father
(Physician or midwife)

Address Drummond, Idaho

Filed Dec 1934 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Witnesses

Stephan Bond Teton, Idaho

Emily Bond Teton, Idaho

Present address Chester Idaho

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

228535

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

228535

1. PLACE OF BIRTH
County of Ada
City of Meridian
No. 249-101/001-895 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD HAROLD MERLYN KURTZ

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 2nd | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth 12-1-1906, 1931 (Month, Day, Year)

FATHER	MOTHER
9. Full name: CARL LOUIS KURTZ	18. Full maiden name: FANNIE I. HINDMAN (KURTZ)
10. Residence (usual place of abode) (If non-resident, give place and State) Meridian, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Meridian, Idaho
11. Color or race White 12. Age at last birthday 20 (years)	20. Color or race White 21. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or country) WHEELING, W.VA.	22. Birthplace (city or place) (State or country) BAKER, OREGON
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Pharmacist	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Secretarial
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Store	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Office
16. Date (month and year) last engaged in this work Present time, 19..	17. Total time (years) spent in this work About 18
25. Date (month and year) last engaged in this work Dec., 1900	26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Two
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 pm. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Fannie I. Kurtz (mother), ~~M.D.~~
or Present address: Menlo Park, California ~~Midwife~~

Give name added from a supplemental report .....
(Date of)

Address .....

Filed Jan, 1935

..... Registrar.

..... Registrar.

PEOPLE WHO KNEW OF THE BIRTH OF BOTH BOYS.

Dr. Boeck, Boise, Idaho. the physician in attendance

Mrs. A. G. Friedline, 918 N.22nd St. Boise, Idaho.

Miss Birdina Tennell, Boise, Idaho.

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho 553-1081006-699

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 228541

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: NELSON. Carl Frederick
2. Date Of Birth (month) (day) (year): August 8 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bingham
b. City or Town of Birth: Basalt

FATHER

6. Full Name of Father: NELSON. Nels Fred
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: FIRTH. Mary Ann
9. State or Country of Mother's Birth: Uintah Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Carl Frederick Nelson
11. Present Address of Registrant: P. O. Box 506 Sells Arizona 85634

NOTARY (Seal)

Subscribed and sworn to before me on: Aug. 16 1965
12. Signature of Notary: Harriet E. Tyler
13. Notary Commission expires: Feb 14 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of family records	Family Bible records	---	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.8,1906	Basalt, Idaho	Mary Ann Firth	Nels Fredrick Nelson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance policy	Grange Mutual Life Co., Nampa, Idaho	-----	Nov.1,1951

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.8,1906	Basalt,Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of marriage license affidavit	Bingham County, Idaho	Oct.11,1937	Oct.11,1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.8,1906	* Firth		

QUALIFYING INFORMATION

* Firth and Basalt are only about 3 or 4 miles apart. Both are very small towns.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	hh Glenda Larson	Sept.12,1968

DELAYED

220041

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 228541

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Basalt
No. ..... St.
Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Carl Fredrick Nelson

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth August 31st 1926 (Month, Day, Year)

FATHER	MOTHER
9. Full name Nels Fred Nelson	18. Full maiden name Mary Ann Firth
10. Residence (usual place of abode) (If non-resident, give place and State) Basalt	19. Residence (usual place of abode) (If non-resident, give place and State) Basalt
11. Color or race White 12. Age at last birthday 38 (years)	20. Color or race White 21. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or country) Grove Sweden	22. Birthplace (city or place) (State or country) Juntah Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Nels Fred Nelson, M. D.
or Father, Midwife
Address Firth Idaho

Give name added from a supplemental report .....
(Date of)

Filed ....., 193... .....
Registrar.

Registrar.

[redacted]

SEP 12 1968

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Emmett

No. South Washington

368-130-014-343

(If born in hospital or institution give name.)

RECEIVED JAN 30 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

228927

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Fred Henry Cayford

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 4th | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth July 30, 1926 (Month, Day, Year)

FATHER	MOTHER
9. Full name Charles Fred Cayford	18. Full maiden name Alice Melissa Lutze
10. Residence (usual place of abode) (If non-resident, give place and State) Emmett Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Emmett Ida
11. Color or race White 12. Age at last birthday 38 (years)	20. Color or race White 21. Age at last birthday 41 (years)
13. Birthplace (city or place) (State or country) Summerset County Maine	22. Birthplace (city or place) (State or country) Shirley's Bury Huntington County Pennsylvania
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Prayman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. City of Emmett	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work Engaged at the time, 19.... 17. Total time (years) spent in this work 4 years	25. Date (month and year) last engaged in this work engaged at the time, 19.... 26. Total time (years) spent in this work 18 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 8 (b) Born alive but now dead 3 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4 P.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. F. Cayford, M. D.

or Father, Midwife

Address Emmett Idaho

Filed Jan., 1935

Registrar.

Give name added from a supplemental report .....
(Date of)

.....
Registrar.

3 people knowing of the birth

Mrs. J Cornwall - Emmett Idaho

Mr. Frank Graham - R. F. D. 3 Emmett Idaho

Mrs. Frank Graham - R. F. D. 3 Emmett Idaho

NOV 26 1941

DEC 16 1969

249-220-003-236 RECEIVED MARCH 1935 229410

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 23 Company Row St.

(Company Row later changed to Harrison st)

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 229410

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Anna Scott Burns

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth October 20, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name John James Burns	18. Full maiden name Lottie Alice Scott
10. Residence (usual place of abode) (If non-resident, give place and State) 23 Company Row Pocatello Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) 23 Company Row Pocatello, Idaho
11. Color or race white | 12. Age at last birthday 46 (years)	20. Color or race white | 21. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Kenosha, Wisconsin	22. Birthplace (city or place) (State or Country) Fort Scott Kansas
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. train Conductor	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. teacher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Oregon Short Line (U.P)	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. State of Idaho
16. Date (month and year) last engaged in this work October 19 or at present, 1906 | 17. Total time (years) spent in this work 18	25. Date (month and year) last engaged in this work June, 1905 | 26. Total time (years) spent in this work 10 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate 1%.

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 12 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) Lottie Alice Scott Burns, ~~M. D.~~ Mother

or ....., Midwife

Address 626 S. Burnside Los Angeles, Calif

Filed March, 1934

..... Registrar.

Mrs Mary L. Workman
4812 Chicago st.
Seattle, Wash

Mrs J. W. Bean
200 W. Clark st
Pocatello, Idaho.

Dr. Minnie Howard
100 S. Garfield
Pocatello, Ida.

Dr. W.A. Wright attending physician deceased.

DELAYED

296-129-037-269

1. PLACE OF BIRTH
County of Owyhee
City of De Lamar
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 230168

RECEIVED MAR 18 1935

Registration District No. ..... State File No. 230168
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Harvey Sothern Brown

3. Sex boy | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth August 29, 1936 (Month, Day, Year)

FATHER	MOTHER
9. Full name Harvey Scott Brown	18. Full maiden name Ellen Idaho Sothern Brown
10. Residence (usual place of abode) (If non-resident, give place and State) De Lamar Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) De Lamar Ida.
11. Color or race white 12. Age at last birthday 29 (years)	20. Color or race white 21. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or country) Cleveland Ohio	22. Birthplace (city or place) (State or country) War Eagle Mt. Silver Cy Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Surveyor	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. De Lamar Mining Co.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) one (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs Daisy Sothern Wilson, ~~M. D.~~

or ..... ~~Midwife~~

Give name added from a supplemental report ..... (Date of)

Address 3435 Brayton (Aunt) - (~~physician is deceased~~) Long Beach Calif

Subscribed and sworn to before me this March 14th, 1935.

Filed ....., 193.....

Registrar.

Elsie M. [illegible] Registrar.

Notary Public in and for the County of Los Angeles, State of California

My commission expires July 18-1937

WRITE PLAINLY WITH ONE ... PERMANENT ...

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

persons living in DeLamar, Idaho at that time and knowing of the birth.

Geo. B. Sathern (Uncle)
535 Rose Ave
Long Beach
Calif.

Mrs M. B. Sathern (Grandmother)
319 W. Hill
Long Beach
Calif.

Mrs J. E. McDonnell
110 Bannock
Boise, Idaho

253-117-028812

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of KOOTENAI

City of COEUR D'ALENE

No. 712 COEUR D'ALENE St. AVE

AT HOME

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 230756

Registration District No. 30 State File No.

Prim. Registration District No. 1050 Local Registrar's No. 453

2. FULL NAME OF CHILD EARL HASTINGS KELLER

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
MALE	4. Twin, triplet, or other 1 / 5. Number, in order of birth 1	No / Full term Yes	YES	MAY 17, 1906 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name: ERNEST BOYD KELLER	18. Full maiden name: FANNIE ARABELL HASTINGS
10. Residence (usual place of abode) 712 CD'A, AVE., (If non-resident, give place and State) COEUR D'ALENE	19. Residence (usual place of abode) 712 CD'A AVE., (If non-resident, give place and State) COEUR D'ALENE
11. Color or race WHITE / 12. Age at last birthday 36 (years)	20. Color or race WHITE / 21. Age at last birthday 34 (years)
13. Birthplace (city or place) MANTERVILLE, (State or country) DODGE COUNTY, MINN	22. Birthplace (city or place) LYNDON, (State or country) OSAGE COUNTY, KANSAS
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MERCHANT 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. GENERAL MDSE. 16. Date (month and year) last engaged in this work ENGAGED AT PRESENT, 19___ / 17. Total time (years) spent in this work 5	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc HOUSEKEEPER 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN HOME 25. Date (month and year) last engaged in this work MAY 16, 1906 / 26. Total time (years) spent in this work 20

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation ____ months or weeks

29. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN ALIVE (BORN ALIVE OR STILLBORN) at 4:30 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ernest B. Keller FATHER, [redacted]
or Fannie A. Keller MOTHER [redacted]

Address 712 COEUR D'ALENE AVE.,

Give name added from a supplemental report ____

(DATE OF) E. K. Sproul M.D. Registrar

Filed 3-13-35, 193___ E. L. Sproul MD Registrar.

DR. C.W. CRAIK ATTENDED THIS BIRTH, BUT HIS PRESENT LOCATION IS UNKNOWN

Names and address of three people who knew of this birth are as follows:

Mrs James Harrison, 1006 Coeur d'Alene Ave.,
Mrs C. E. Coonradt, 621 Coeur d'Alene Ave.,
Mrs Robert Mann, 615 Sherman Ave.,

All of Coeur d'Alene, Idaho

431-202-035-993

3 1935 RECEIVED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Nez Perce

City of Forest

No. near St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 234599

Registration District No. 5P State File No.

Prim. Registration District No. 2179 Local Registrar's No. 29

2. FULL NAME OF CHILD Anna Jane McAulay

3. Sex Fem | If plural births: 4. Twin, triplet, or other X; 5. Number, in order of birth X | 6. Premature X; Full term X | 7. Legitimate? Yes | 8. Date of birth Feb. 2nd, 1906 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name Malcolm McAulay	18. Full maiden name Phebe Richardson
10. Residence (usual place of abode) (If non-resident, give place and State) Forest	19. Residence (usual place of abode) (If non-resident, give place and State) Forest
11. Color or race Wht 12. Age at last birthday 48 (years)	20. Color or race Wht 21. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or country) Nova Scotia	22. Birthplace (city or place) (State or country) Ocio, Linn Oregon
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead none (c) Stillborn one

28. If stillborn, period of gestation Do not know months or weeks

29. Cause of stillbirth Do not know Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 3 P m. on the date above stated. (BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. E. McLaughlin, M. D.

or Physician, Midwife

Address Winchester, Idaho

Filed 7/16, 1935 R. C. Dwelle

Registrar.

Give name added from a supplemental report (DATE OF)

Registrar.

١٤٠١-٤١

963-230-028-113 SEP 9 1935 RECEIVED 234787

1. PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

234787

County of Kootenai (now Benewah)
City of St. Maries
No. Idaho St.
In home ten miles east of St. Maries
(If born in hospital or institution give name.)

Registration District No. 8 (Eight) State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Estelle Anna Rochat

3. Sex Female | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature — Full term yes | 7. Legitimate? Yes | 8. Date of birth August 30, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Paul Rochat	18. Full maiden name Leah Jacot
10. Residence (usual place of abode) (If non-resident, give place and State) St. Maries, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) St. Maries, Idaho
11. Color or race White | 12. Age at last birthday ~~38~~ 39 (years)	20. Color or race White | 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) St. Paul Minnesota	22. Birthplace (city or place) (State or Country) Switzerland
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. St. Joe Valley	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work August, 1906 | 17. Total time (years) spent in this work 20 yrs	25. Date (month and year) last engaged in this work August, 1906 | 26. Total time (years) spent in this work 10 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Soap and water

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 P.m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Paul Rochat father ~~M. D.~~
or ....., Midwife
Address Saint Maries, Idaho
Filed 9/9/35, 193...

Give name added from a supplemental report August 30, 1906 (Date of)

Registrar.

Registrar.

...one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.
...THIS IS A PERMANENT RECORD. N.B.—In case of more than

Three people who knew of birth:

Stephen Ducommun
St. Maries, Idaho

Charles Porret
St. Maries, Idaho.

Mrs. Alfred Jacot
St. Maries, Idaho.

BOTH DELAYED

253-115-0029-539

SEP 14 1935 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

235457

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Troy
No. None St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Tennys Francis Bellamy

3. Sex Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ____
7. Legitimate? Yes
8. Date of birth Aug. 15, 1906 (Month, Day, Year)

FATHER

9. Full name John Marshall Bellamy
10. Residence (usual place of abode) (If non-resident, give place and State) Troy Ida
11. Color or race White 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Hubbardstown West Va.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Warehouseman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hay & Grain
16. Date (month and year) last engaged in this work Aug. 15, 1906
17. Total time (years) spent in this work 2 yrs.

MOTHER

18. Full maiden name Amanda Litland
19. Residence (usual place of abode) (If non-resident, give place and State) Troy Ida.
20. Color or race White 21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or Country) Farsund Norway

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ~
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work 2 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____
29. If stillborn, period of gestation ~ months or weeks
30. Cause of Stillbirth ~ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 8:00 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) x Amanda Bellamy Mother, or ____, Midwife
Address 7911 Bagley Ave Seattle Wash.
Filed Sept 14, 1935

Give name added from a supplemental report ____ (Date of) ____

Registrar. Registrar.

OCT 31 1942

NOV 4 1942

3-20,001-295

236703

NOV 4 1935 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

236703

PLACE OF BIRTH

County of Ada

City of Boise

No. ____ St. Episcopal Hospital (Miss Young - Supt.)

(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. **FULL NAME OF CHILD** Elizabeth Latham

3. Sex: Female

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term yes

7. Legitimate? yes

8. Date of birth March 1, 1906 (Month, Day, Year)

FATHER

9. Full name: Hugh B. Latham

10. Residence (usual place of abode) (If non-resident, give place and State): Murphy Idaho

11. Color or race: White | 12. Age at last birthday: 35 (years)

13. Birthplace (city or place) (State or Country): Welchfield Ohio

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lumberman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Lumber Yard

16. Date (month and year) last engaged in this work: Feb, 1906

17. Total time (years) spent in this work: 1/2

MOTHER

18. Full maiden name: Ada Lieg - Latham -

19. Residence (usual place of abode) (If non-resident, give place and State): Murphy Idaho

20. Color or race: White | 21. Age at last birthday: 31 (years)

22. Birthplace (city or place) (State or Country): Churchville Virginia

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House keeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home

25. Date (month and year) last engaged in this work: Feb, 1906

26. Total time (years) spent in this work: 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 3 (At time of this birth and including this child)

(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Hugh B. Latham, Father ~~M.D.~~

or ____, Midwife

Address ____

Give name added from a supplemental report ____

(Date of)

Filed Nov, 1935

Registrar. (Dr. Springer - Deceased - attended) Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth.

793 209029-344

236712

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. 302 Perkins
(If born in hospital or institution give name.)

RECEIVED NOV 12 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 236712

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mildred Gertrude Gillie

3. Sex female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Dec 9, 1906 (Month, Day, Year)

FATHER

9. Full name James Lloyd Gillie

10. Residence (usual place of abode) (If non-resident, give place and State) Moscow

11. Color or race White 12. Age at last birthday 40 (years)

13. Birthplace (city or place) (State or Country) Ridgeway Virginia

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work Dec., 1904

17. Total time (years) spent in this work 8 yrs

MOTHER

18. Full maiden name Hattie Elizabeth Lumpkin

19. Residence (usual place of abode) (If non-resident, give place and State) Moscow

20. Color or race White 21. Age at last birthday 34 (years)

22. Birthplace (city or place) (State or Country) Moscow

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work Dec., 1904

26. Total time (years) spent in this work 18 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 8 (At time of this birth and including this child)
(a) Born alive and now living 8 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 8 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Hattie E Gillie (Mother)

or .....

Address Milk River Alta. Canada

Midwife

Give name added from a supplemental report .....
(Date of)

Filed 11/12/35, 193...

Registrar.

Registrar.

Miss A. N. Lumpkin
Lewiston
Idaho

Mrs Fred Scholz
Main Ave.
Moscow
Idaho

Mrs Clara Wilson
Elm St.
Moscow
Idaho

386/129 001-343

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

236726

1. PLACE OF BIRTH
County of Ada
City of Boise (near) Route 4
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD ROBERT GERALD THOMPSON ~~(Gerald Dean)~~

3. Sex Male | If plural births {4. Twin, triplet, or other ..... 5. Number, in order of birth .....} | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth April 29, 1906 (Month, Day, Year)

9. Full name — FATHER	18. Full maiden name — MOTHER
William H. Thompson	Emma Culver
10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Route 4	19. Residence (usual place of abode) (If non-resident, give place and State) Boise Route 4
11. Color or race White | 12. Age at last birthday 45 (years)	20. Color or race White | 21. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or Country) West Bend, Wisconsin	22. Birthplace (city or place) (State or Country) Mazomanie, Wisconsin
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 8
(a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... {months or weeks} | 30. Cause of stillbirth ..... {Before labor ..... During labor .....}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) William H. Thompson Father, M. D.
or ....., Midwife
Address 1429 East Washington

Give name added from a supplemental report .....
(Date of)

Filed Oct. 25, 1935 Earl Dillingham State Registrar.

Registrar.

385-109-044-385

237545

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Washington

City of Weiser

No. _____ St.

_____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

237545

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD John Francis Hugh Lynch

3. Sex Male | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term X | 7. Legitimate? _____ | 8. Date of birth May 9th 1906 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name Jeremiah M. Lynch	18. Full maiden name Amanda Jane Lynch
10. Residence (usual place of abode) (If non-resident, give place and State) _____	19. Residence (usual place of abode) (If non-resident, give place and state) _____
11. Color or race W	20. Color or race W
12. Age at last birthday 32 (years)	21. Age at last birthday 23/24 (years)
13. Birthplace (city or place) (State or country) Sherman Oregon	22. Birthplace (city or place) (State or country) Broadford Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____, 19__	25. Date (month and year) last engaged in this work _____, 19__
17. Total time (years) spent in this work 9	26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (BORN ALIVE OR STILLBORN) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

_____ *Registrar.*

(Signed) Joseph R. Numbers, M. D.

or _____, Midwife

Address Weiser Id (Fleet) Boise, Now

Filed 11/19/35, 193__ _____ *Registrar.*

APR 1 1971

DEC 2 - 1935 RECEIVED

237562

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

237562

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah 127-204

City of Moscow 029-693

No. Main St. St.

Apt over Hodgins Drug Store

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ruth Muriel Aspray

3. Sex: Female

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term Yes

7. Legiti- mate? Yes

8. Date of birth April 4, 1906 (MONTH, DAY, YEAR)

FATHER

9. Full name Joseph Aspray

10. Residence (usual place of abode) (If non-resident, give place and State) Moscow

11. Color or race White

12. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or country) Manchester, England

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work Still so engaged 19__

17. Total time (years) spent in this work 4 yrs

MOTHER

18. Full maiden name Rosalie Christina Williams

19. Residence (usual place of abode) (If non-resident, give place and state) Moscow

20. Color or race _____

21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or country) Liverpool England

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. School teacher

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. School

25. Date (month and year) last engaged in this work January 1906, 19__

26. Total time (years) spent in this work 5 years

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (BORN ALIVE OR STILLBORN) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

_____ Registrar.

(Signed) Joseph Aspray, M. D.

or _____, Midwife

Address Paulsen Mo Block Spokane Wn

Filed 12/6/35, 193__

_____ Registrar.

418-214 040-365

238413

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

238413

JAN 6 1936 RECEIVED

1. PLACE OF BIRTH

County of Shoshone
City of Wallace
No. 1017 Canyon

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Margaret Alice Madeline Mahoney

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth 1, 14, 1906 (Month, Day, Year)

FATHER

9. Full name John Peter Mahoney

10. Residence (usual place of abode) (If non-resident, give place and State) Wallace, Ida

11. Color or race white | 12. Age at last birthday 48 (years)

13. Birthplace (city or place) (State or Country) Nov 12th 1858 North Lawn Nev. County Juan California

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. owner of market

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date ([illegible] and year) last en[illegible] in this work January, 1906

17. Total time (years) spent in this work 16 yrs.

MOTHER

18. Full maiden name Margaret Virginia Connolly

19. Residence (usual place of abode) (If non-resident, give place and State) Wallace Idaho

20. Color or race white | 21. Age at last birthday 41 (years)

22. Birthplace (city or place) (State or Country) Gold Creek Montana

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work January, 1906

26. Total time (years) spent in this work 15 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 7 (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John Peter Mahoney, [illegible]
(Father)
or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed 1/6/36, 193.. .....
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

John F Moffat
976 8th ave Spokane
Wash

Mrs John F Moffat
976.-8th ave Spokane
Wash

Mrs M.L. Mahoney
1112 Dacota St
Spokane. Wash.

493-101-040-493

JAN 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

238422

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Mullan
No. 368 — 2nd St.
Hospital Ida
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Joseph Ernest Miller

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? Yes.

8. Date of birth March 1st 1936 (Month, Day, Year)

FATHER

9. Full name Clarence Delbert Miller

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race White 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or country) Jasper N.Y.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining

16. Date (month and year) last engaged in this work 3/1/, 1926

17. Total time (years) spent in this work One

MOTHER

18. Full maiden name Josie Rogers Miller

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

20. Color or race White 21. Age at last birthday 29 (years)

22. Birthplace (city or place) (State or country) Madison Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work 3/1/06, 19.....

26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Clarence D Miller, M. D.
or Father, Midwife
Address Mullan Ida

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed 1/13/36, 193..... Registrar.

Persons knowing of this bird.

J. W. Hutchins, Mullan. Ida.

Wm Commerill " "

Miss Mary Carson " "

DEC 2 1959

FEB 27 1976

231-204-039-313

238425

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Power
City of Neely
No. ..... St.
(If born in hospital or institution give name.)

JAN 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 238425

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Naomi Stanger

3. Sex: Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term .....
7. Legitimate? yes
8. Date of birth July 4, 1906 (Month, Day, Year)

FATHER

9. Full name: Hyrum Thompson Stanger
10. Residence (usual place of abode) (If non-resident, give place and State): Neely, Ida.
11. Color or race: W | 12. Age at last birthday: 35 (years)
13. Birthplace (city or place) (State or country): Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Elizabeth Calvert
19. Residence (usual place of abode) (If non-resident, give place and State): Neely, Ida
20. Color or race: W | 21. Age at last birthday: 26 (years)
22. Birthplace (city or place) (State or country): Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) 7
(a) Born alive and now living 4 (b) Born alive but now dead 3 (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) Elizabeth C. Stanger (MOTHER) / ..... M. D.
or ....., Midwife
Address .....
Filed 1/14/36, 193..... .....

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

453-127-001-256

239213

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 239213

1. PLACE OF BIRTH
County of Ada
City of Meridian
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Merwin Elijah Helmbolt

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth Feb. 27 1906 (Month, Day, Year)

FATHER
9. Full name George Burton Helmbolt
10. Residence (usual place of abode) (If non-resident, give place and State) Meridian Idaho
11. Color or race white am. | 12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Orfordville Wis

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buttermaker
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Creamery
16. Date (month and year) last engaged in this work Feb 27, 1906
17. Total time (years) spent in this work 12 years

MOTHER
18. Full maiden name Mabel Mildred Snodgrass
19. Residence (usual place of abode) (If non-resident, give place and State) Meridian Idaho
20. Color or race white am. | 21. Age at last birthday 19 (years)
22. Birthplace (city or place) (State or Country) Hopkins, Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work Feb 27, 1906
26. Total time (years) spent in this work [illegible] yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 11:50 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mabel Mildred Helmbolt Mother
or ....., Midwife
Address Meridian Idaho
Filed 1-23, 1936

Give name added from a supplemental report .....
(Date of)
..... Registrar.

..... Registrar.

Three persons who knew of birth were;

J. A. Butts, Star Idaho JAN 13 1948

Sarah J. Snodgrass, 1923 State St, Boise,

Zoe M. Raines, 1923 State St, Boise.

466-115-014-281

239230

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 239230

FEB 6 1936 RECEIVED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Emmett
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Monte Max Moore

3. Sex Male | If plural births: 4. Twin, triplet, or other single; 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth Jan. 18, 1906 (Month, Day, Year)

FATHER

9. Full name Francis Moore
10. Residence (usual place of abode) (If non-resident, give place and State) Emmett
11. Color or race W | 12. Age at last birthday 49 (years)
13. Birthplace (city or place) (State or country) Des Moines, Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Rancher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc own ranch
16. Date (month and year) last engaged in this work Continuously 19.....
17. Total time (years) spent in this work 25

MOTHER

18. Full maiden name Priscilla Anna Shaw Moore
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race W | 21. Age at last birthday 39 (years)
22. Birthplace (city or place) (State or country) Council Bluffs, Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work Continuously 19.....
26. Total time (years) spent in this work 20

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ..... , M. D.
or Francis Moore Father. Midwife
Address 1320 N. Las Palmas, Hollywood Calif.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed 2/6/36, 193..... Registrar.

Clara E. Helfert, 906 Main St Santa Paula, California
Roy R. Moore 977 Diestel Road Salt Lake City Utah
Opal M. Scarborough 1213 Western ave Glendale California

667-221'03'-238

239233

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 10 1936 RECEIVED

CERTIFICATE OF BIRTH 239233

1. PLACE OF BIRTH

County of Lewis

City of Nezperce

No. — St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Margaret Mary Fox

3. Sex Female

If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth —

6. Premature — Full term Yes

7. Legitimate? Yes

8. Date of birth Oct. 21, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Peter Fox	18. Full maiden name Margaret Schad
10. Residence (usual place of abode) (If non-resident, give place and State) Nezperce, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Nezperce, Idaho
11. Color or race White | 12. Age at last birthday 56 (years)	20. Color or race White | 21. Age at last birthday 48 (years)
13. Birthplace (city or place) (State or Country) Fon du Lac, Wisc.	22. Birthplace (city or place) (State or Country) Kiel, Wisc.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work Oct. 21, 1906 | 17. Total time (years) spent in this work 40	25. Date (month and year) last engaged in this work Oct. 21, 1906 | 26. Total time (years) spent in this work 28

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None.

28. Number of children of this mother 13 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 5 (c) Stillborn 0

29. If stillborn, period of gestation — months or weeks

30. Cause of Stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 9:00 Am. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs. Peter Fox, ~~M.D.~~

or Mrs. Peter Fox — Mother, Midwife

Address March Field, Riverside, Calif.

Filed 2/10/36, 193..

Give name added from a supplemental report ..... (Date of)

..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mr. Richard A. Fox, Moscow, Idaho.

Mr. George V. Fox, Gillet, Wyo.

Mrs. A. J. Armbruster, 1755 Geary St., San Francisco, California.

612-718-025-418

FEB 27 1936 RECEIVED

240103

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

[redacted]E OF BIRTH

240103

1. PLACE OF BIRTH

County of Idaho

City of Coeur d'Alene

No. ..... St.

Residence

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Cyril Walter ~~Washtock~~ WASHTOCK

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
male		—	—	no	yes	yes	May 18th 1906

FATHER	MOTHER
9. Full name: James Sylvester Washtock	18. Full maiden name: Bertha Veronica Maher
10. Residence (usual place of abode) (If non-resident, give place and State): ~~North Bend~~ ~~B.C. Can~~	19. Residence (usual place of abode) (If non-resident, give place and State): North Bend, B.C. Can.
11. Color or race: Irish ~~Danish~~ W 12. Age at last birthday ~~62~~ (years)	20. Color or race: Irish W 21. Age at last birthday ~~59~~ (years)
13. Birthplace (city or place) (State or Country): Bismark 32 Wisconsin USA	22. Birthplace (city or place) (State or Country): Minerval 23 Min. USA
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work: —, 19—	25. Date (month and year) last engaged in this work: —, 19—
17. Total time (years) spent in this work: ~~always~~	26. Total time (years) spent in this work: ~~always~~

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 6 (At time of this birth and including this child)
(a) Born alive and now living ~~6~~ 3 ~~(b)~~ Born alive but now dead 3 (c) Stillborn —

29. If stillborn, period of gestation — months or weeks

30. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) J. S. Washtock (Father), ~~M. D.~~

or ....., Midwife

Address North Bend B.C. Can.

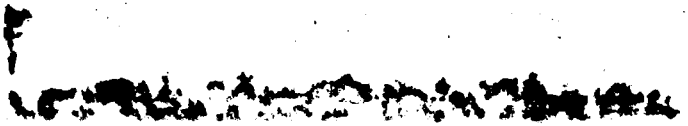
Filed 2/27/36, 193...

Give name added from a supplemental report J S Washtock
(Date of)

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



154213-035 62

241891

APR 23 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH 241891

1. PLACE OF BIRTH
County of Nez Perce Co
City of Peck
No. Idaho St.
at home
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Grace Anderton

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth January 13 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Elijah Prescott Anderton	18. Full maiden name Frances Lucretia Wishard
10. Residence (usual place of abode) Near Beeman (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) near Beeman (If non-resident, give place and State) Idaho
11. Color or race white 12. Age at last birthday 32 (years)	20. Color or race white 21. Age at last birthday 24 (years)
13. Birthplace (city or place) Eledo (State or country) England	22. Birthplace (city or place) Lewiston (State or country) Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer ~~tailor~~	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ~~millright~~	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House keeper
16. Date (month and year) last engaged in this work ~~Died July 18 - 1928~~ Last occupation Soldier 1916	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work 38

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) Five (a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs Frances L. Anderton M. D.
or 2697 Trinity St, Midwife
Address Vancouver B.C.
Filed 4/23/36, 193.. Canada
(Mother)

Registrar.

Registrar.

Give name added from a supplemental report .....
(Date of)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mrs. F. E. Mapin.
Nampa
R.1. Idaho

Mr. R. B. Wishard.
Palouse
R.B.243 Wash.

Mr. Louis Herris
Orofino
Idaho

DELAYED

291-210 014-99

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

#241895

APR 29 1936 RECEIVED

241895

1. PLACE OF BIRTH
County of Canyon Co
City of Caldwell Idaho
No. ____ St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Christine Brass

3. Sex girl | If plural births: 4. Twin, triplet, or other One; 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth Dec 10, 1936 (Month, Day, Year)

FATHER	MOTHER
9. Full name Ernest Franklin Brass	18. Full maiden name Gertrude A Hart Brass.
10. Residence (usual place of abode) (If non-resident, give place and State) Now Permanent Home Kuna Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Caldwell Idaho
11. Color or race White | 12. Age at last birthday 31 (years)	20. Color or race White | 21. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Genoa Neb.	22. Birthplace (city or place) (State or Country) Jordan Valley Oregon Malheur Co
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19____	17. Total time (years) spent in this work ____
25. Date (month and year) last engaged in this work ____, 19____	26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.
or ____, Midwife
Address ____

Filed apr, 1936

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

State of Idaho,
County of Blaine SS

Gertrude A Hart Brass, being duly sworn says she is the mother of Ernestine Brass within named, and that the facts stated in the within certificate are true. That she is now a resident of Ketchum, Idaho.

Gertrude A. Brass

Subscribedx and sworn to before me this 23rd day of April, 1936.

J. J. McFaddeen
Notary Public, residing at
Hailey, Idaho.

PLAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAY 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

241903

1. PLACE OF BIRTH

County of Nez Perce

City of Lewiston Idaho

No. ..... St.

391-204-035-695

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Pearl Alvera Crane

3. Sex Girl

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? yes

8. Date of birth Oct 4, 1906 (Month, Day, Year)

FATHER

9. Full name Elias Mearl Crane

10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston Ida

11. Color or race white | 12. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or Country) Spokane Wash

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. waiter

16. Date (month and year) last engaged in this work May 1, 1905

17. Total time (years) spent in this work 5 yrs.

MOTHER

18. Full maiden name Lillian A. Winger

19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston Ida

20. Color or race white | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or Country) Chicago Ill

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living one (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs Lillian A. Crane (Mother) M. D.

or ....., Midwife

Address 1820 E 12 Spokane, Wash.

Give name added from a supplemental report .....

(Date of)

Filed May 11, 1936

Registrar.

Registrar.

Mrs. Rosie Anderson
St. Maries Idaho

Anna Hage
612 Helena St
Spokane Wn.

Olga Hage
612 Helena St
Spokane Wn

JUL 10 1974

495127001 2M 1936 24 6 7

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 242699
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Roy Earl Drennan

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Dec. 27, 1906 193 (Month, Day, Year)

FATHER	MOTHER
9. Full name George Leslie Drennan	18. Full maiden name Emily Alice Barringer
10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho
11. Color or race W	20. Color or race W
12. Age at last birthday 26 (years)	21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or country) Idaho	22. Birthplace (city or place) (State or country) Washington
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Barber	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Emily Alice Twiss, ~~M.D.~~
(MOTHER)
or ....., Midwife
Address White Line Transfer Co. 204 S. 10th
Filed May 11, 1936, 193.....

Give name added from a supplemental report .....
(Date of)

..... Registrar.

..... Registrar.

PRINT PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each; and the number of each, in order of birth stated.

1. PLACE OF BIRTH

MAY 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. at Home St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Roy Earl Drennan.

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term	7. Legitimate	8. Date of birth (Month, Day, Year)
MALE.		1	3		X	yes	DEC. 27, 1906

FATHER		MOTHER	
9. Full name	George Leslie Drennan.	18. Full maiden name	Emily-Alice Barringer.
10. Residence (usual place of abode) (If non-resident, give place and State)	not heard of in 25 yrs.	19. Residence (usual place of abode) (If non-resident, give place and State)	Long Beach Cal
11. Color or race	White	20. Color or race	White
12. Age at last birthday	26 (years)	21. Age at last birthday	25 (years)
13. Birthplace (city or place) (State or country)	Weiser Idaho	22. Birthplace (city or place) (State or country)	Weiser Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Barber	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	HOUSEKEEPER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Common Labor	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work	, 19	25. Date (month and year) last engaged in this work	, 19
17. Total time (years) spent in this work		26. Total time (years) spent in this work	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 3

4 (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 10½ (m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. Compton., M. D.

or ....., Midwife.

Address White Line Transfer 204 So 10th

Give name added from a supplemental report Dec-27-1906 (Date of)

Filed May 11, 1936

..... Registrar.

..... Registrar.

who knew of Birth.
Mrs. Carrie Kaulbach
F. A Benton. Mont.

Mrs. Cora Dethurpe,
R. 1. Box 42,
Reiner. Wash.

Mr. Samuel F. Barringer.
4111. 20 M. St.
Tacoma.
Wash.

SEP 10 1951

253121033-444

JUN 8 1936

24274

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

242740

1. PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Milton Smith Bell

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth March 21 1906 193 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Eli Jeppa Bell	18. Full maiden name: Mary Ann Dudley
10. Residence (usual place of abode) (If non-resident, give place and State): Rexburg, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Rexburg, Ida.
11. Color or race: W	20. Color or race: W.
12. Age at last birthday: 37 (years)	21. Age at last birthday: 25 (years)
13. Birthplace (city or place) (State or Country): Lehi, Utah 39	22. Birthplace (city or place) (State or Country): Utah 28
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Nurse
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Milton Smith Bell

Subscribed and sworn to before me this 27 day of April 1936. Ethel Hopper

Midwife

Address

Notary Public for the State of Montana.
Residing at Livingston, Montana.
My Commission Expires 3/15/1938

Registrar.

Filed 6/8/36

Registrar.

Give name added from a supplemental report .....

(Date of)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAR 2 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth, added.

1. PLACE OF BIRTH
County of Shoshone JUN 17 1936
City or town Cataldo
No. ... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

24653

Registration District No. ... State File No. 24653

Prim. Registration District No. ... Local Registrar's No. ...

2. FULL NAME OF CHILD Walfrid Polak

3. Sex: Male
If plural births: 4. Twin, triplet, or other ... 5. Number, in order of birth ...
6. Premature ... Full term ✓
7. Legitimate? Yes
8. Date of birth July 9, 1906 (Month, Day, Year)

FATHER

9. Full name: Jacob Polak
10. Residence (usual place of abode) Cataldo, Idaho (If non-resident, give place and State)
11. Color or race: White
12. Age at last birthday: 43 (years)
13. Birthplace (city or place) (State or country): Laihia, Finland

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ... 19...
17. Total time (years) spent in this work: 3

MOTHER

18. Full maiden name: Anna Katie Rauhala
19. Residence (usual place of abode) Cataldo, Idaho (If non-resident, give place and State)
20. Color or race: White
21. Age at last birthday: 34 (years)
22. Birthplace (city or place) (State or country): Langfjordalen, Norway

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
25. Date (month and year) last engaged in this work ... 19...
26. Total time (years) spent in this work ...

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ...
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ... months or weeks
30. Cause of stillbirth ... Before labor ... During labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ... (Born Alive or Stillborn) at ... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) a. Katie Polak Mother, ~~M. D.~~

or ..., ~~Midwife~~

Address W. 1701 Water Ave, Spokane, Wash

Give name added from a supplemental report ...

(Date of) ...

Filed June 17, 1936

Registrar. ...

Registrar.

Mrs. Sam Mack.
Cataldo, Idaho

Mrs. Eli Hussa
Dudley, Idaho

Mrs. Hilda Lunden
Dudley, Idaho

49-203005-745

243692

JUN 29 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 243692

1. PLACE OF BIRTH
County of Benewah
City of St. Maries
No. College Ave. St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Elsie Irene Warren

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth Dec 3, 1926 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Munro Warren	18. Full maiden name Stella Frances Gunn
10. Residence (usual place of abode) (If non-resident, give place and State) St. Maries	19. Residence (usual place of abode) (If non-resident, give place and State) St. Maries
11. Color or race White 12. Age at last birthday 61 (years)	20. Color or race White 21. Age at last birthday 38 (years)
13. Birthplace (city or place) Arkansas (State or country) Deceased	22. Birthplace (city or place) Oakesdale - Wash. (State or country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ..... 16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ..... 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ..... 25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs. Elsie I. Warren Lewis, [redacted]
or ....., [redacted]

Subscribed and sworn to before me this 6th day of July, 19..

Give name added from a supplemental report .....
(Date of)

Address .....

Filed July 7, 1936

Registrar. Notary Public Registrar.

[illegible] THE COUNTY OF SAN DIEGO, STATE OF CALIFORNIA

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

386-226-044-113

243697

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 14 1936 RECEIVED

CERTIFICATE OF BIRTH

243697

1. PLACE OF BIRTH
County of Washington
City of Weiser No. St.
Josephine Hospital
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 243697

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Helen Maren Thomsen

3. Sex: F

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? Yes

8. Date of birth July 26, 1936 (Month, Day, Year)

FATHER

9. Full name Rev. Mr. Ludwig Thomsen

10. Residence (usual place of abode) (If non-resident, give place and State) Weiser

11. Color or race White 12. Age at last birthday 39 (years)

13. Birthplace (city or place) (State or country) Skovsgaarde, Fyen Denmark

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Minister and Teacher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. (Weiser) Church and Academy

16. Date (month and year) last engaged in this work Still engaged, 19 .....

17. Total time (years) spent in this work Six yrs.

MOTHER

18. Full maiden name Lottie Aurora Jackson

19. Residence (usual place of abode) (If non-resident, give place and State) Weiser

20. Color or race White 21. Age at last birthday 37 (years)

22. Birthplace (city or place) (State or country) Ann Arbor Michigan

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work Still engaged, 19 .....

26. Total time (years) spent in this work One

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living One (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 3 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Joseph R. Rumbelow, M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed July 14, 1936

.....
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.— In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

566 165-635-566

PLACE OF BIRTH

County of Nez Perce

City of Lewiston, Idaho

No. Cor. 1st. St. & 3rd. ~~St.~~ Ave.

(If born in hospital or institution give name.)

SEP 2 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 245576

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD LBen Howard
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	October 15 (Month) (Day), 1906 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 5 (a) Born alive and now living 4

Born alive but now dead 1 Stillborn None

FATHER		MOTHER	
FULL NAME	Luther Bennett Howard	FULL MAIDEN NAME	Dora Elizabeth Howard
Residence (Usual place of abode)	Cor. 1st. St. & 3rd. Ave.	Residence (Usual place of abode)	Cor. 1st. St. & 3rd. Ave.
If non-resident, give place and State	/// Lewiston, Idaho	If non-resident, give place and State	/// Lewiston, Idaho.
Color or race	White	Color or race	White
Age at last birthday	42 (Years)	Age at last birthday	42 (Years)
Birthplace	Warren County, Illinois (City and State or County)	Birthplace	Sullivan County, Missouri (City and State or County)
Occupation	Wholesale groceryman	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 10:30 A.M. on the date above stated.

(Signature) L B Howard (Father)

(Physician or midwife)

Address 319 Middlefield Rd Palo Alto Calif

Filed Sept 2 1936

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

FEB 20 1974

Mr. Lloyd P. Howard
6527 Edloe St.
Houston, Texas

Miss Orah M. Howard
319 Middlefield Rd.
Palo Alto, Calif.

Mrs. E. D. Lakin
1129 Emerson St.
Palo Alto, Calif.

693225-009-753 SEP 3 1936 RECEIVED 245580

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

245580

1. PLACE OF BIRTH
County of Bonner
City of Lakeview
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Eleanor June Wiberg

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth February 25 1936 (Month, Day, Year)

FATHER	MOTHER
9. Full name Charles Wiberg	18. Full maiden name Anna Peterson
10. Residence (usual place of abode) Lakeview Idaho (If non-resident, give place and State)	19. Residence (usual place of abode) Lakeview Idaho (If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 37 (years)	20. Color or race White 21. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or country) Sweden	22. Birthplace (city or place) (State or country) Sweden
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Miner	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mine	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work Ten	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work Ten

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) No attending physician, M. D.
Mrs Nina Flewelling, Midwife
Address 519 Church St., Sandpoint, Ida.
Filed Sept. 3, 1936

Give name added from a supplemental report .....
(Date of)
..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

SEP 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Bonner
City of Lakeview
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Eleanor June Wiberg

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth February 25 1936 (Month, Day, Year)

FATHER

9. Full name Charles Wiberg
10. Residence (usual place of abode) (If non-resident, give place and State) Lakeview Ida
11. Color or race White 12. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or country) Sweden

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mine
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work Ten

MOTHER

18. Full maiden name Anna Peterson
19. Residence (usual place of abode) (If non-resident, give place and State) Lakeview Ida
20. Color or race White 21. Age at last birthday 33 (years)
22. Birthplace (city or place) (State or country) Sweden

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work Ten

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) No attending physician, M. D.
Mrs Anna Fleuelling, Midwife
Address 519 Church Street, Sandpoint, Ida

Give name added from a supplemental report .....
(Date of)

Filed ....., 193.....

Registrar. Registrar.

6137190 11-386

#2 247626

1. PLACE OF BIRTH

County of Boundary

City of Near Port Hill

No. State of Idaho St.

(If born in hospital or institution give name.)

OCT 23 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

247626

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Leslie Alphred Walker

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth March 19 1906 (Month, Day, Year)

FATHER

9. Full name Walter Earl Walker

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race white | 12. Age at last birthday 46 (years)

13. Birthplace (city or place) (State or country) Near Grant City State of Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farming

16. Date (month and year) last engaged in this work Mar 19, 1906 | 17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Clara Maude Lyon

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

20. Color or race white | 21. Age at last birthday 30 (years)

22. Birthplace (city or place) (State or country) Niles N. Y.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Mar 19, 1906 | 26. Total time (years) spent in this work 15

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 5 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 3 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2 P m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or Walter Earl Walker, Father ~~Midwife~~

Address Scapa Alta Canada

Filed Oct 14th, 1936

Registrar.

Give name added from a supplemental report ..... (Date of)

Walter Earl Walker (Father)

Registrar.

over

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mr. Mark Kelley U. S. Inspector
Oroville Wash,

Mrs Martha Davis & 203½ Cleveland Av,
Spokane Wash,

Mrs Minnie Grinkel & 2110 Riverside Av,
Spokane Wash.

AUG 27 1943

415712040-386

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Burke,
No. Idaho St.
(If born in hospital or institution give name.)

STATE OF IDAHO 248625
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 248625

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Joseph Clair Daniel

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth Sept. 12, 1906 (Month, Day, Year)

FATHER

9. Full name Louis Ernest Daniel
10. Residence (usual place of abode) (If non-resident, give place and State) Payette
11. Color or race white 12. Age at last birthday 57 (years)
13. Birthplace (city or place) (State or country) Lowell Mass

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining
16. Date (month and year) last engaged in this work March 28, 1916
17. Total time (years) spent in this work 19

MOTHER

18. Full maiden name Cora May Thompson
19. Residence (usual place of abode) (If non-resident, give place and State) Payette
20. Color or race white 21. Age at last birthday 57 (years)
22. Birthplace (city or place) (State or country) Greenbush Minnesota

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work 35

27. What prophylactic was used to prevent Ophthalmia Neonatorum? not required at that time
28. Number of children of this mother (At time of this birth and including this child) ~~One~~ two (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn —
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 10 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.
or ....., ~~Midwife~~
Address 505 Riv ave Spokane Wn
Filed Nov. 19, 1936

Give name added from a supplemental report ..... (Date of)
..... Registrar.

..... Registrar.

689-124 005 249

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Benewah
City of St. Maries
No. ..... St.
(If born in hospital or institution give name.)

NOV 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

248639

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Howard Chenoweth White

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
male			X	yes	July 24, 1906

FATHER	MOTHER
9. Full name: Thomas C. White	18. Full maiden name: Maud L. Smith
10. Residence (usual place of abode) (If non-resident, give place and State): St. Maries	19. Residence (usual place of abode) (If non-resident, give place and State): St. Maries
11. Color or race: White	12. Age at last birthday: 30 (years)	20. Color or race: White	21. Age at last birthday: 22 (years)
13. Birthplace (city or place) (State or country): Near Greenville Darke Co. Ohio	22. Birthplace (city or place) (State or country): Michigan
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Postmaster	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.:
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: St. Maries Post office	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: July, 1906	17. Total time (years) spent in this work: 2	25. Date (month and year) last engaged in this work: ....., 19....	26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: 1 (b) Born alive but now dead: ..... (c) Stillborn: .....

29. If stillborn, period of gestation: ..... months or weeks | 30. Cause of stillbirth: ..... | Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Thomas C White M. D.
Father
or ..... Midwife
Address Saint Maries - Idaho

Give name added from a supplemental report.....
(Date of)

Filed Nov. 12, 1936

Registrar. Registrar.

Mrs. A. F. Swisher St. Marys, 2 da.

H. B. Caines "

Mrs William Tuemann "

OCT 8 1974

165-201-028 993

24866

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
City
County of Rathdrum
City of Kootenai
No. ..... St. .....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

NOV 28 1936 RECEIVED

248646

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Nellie Eva Jones

3. Sex: Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term ✓
7. Legitimate? Yes
8. Date of birth June 1, 1936 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Albert Luther Jones	18. Full maiden name: Maude Rebecca Rickmen
10. Residence (usual place of abode) (If non-resident, give place and State): Rathdrum Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Rathdrum Idaho
11. Color or race: White 12. Age at last birthday: 33 (years)	20. Color or race: White 21. Age at last birthday: 18 (years)
13. Birthplace (city or place) (State or country): Illinois	22. Birthplace (city or place) (State or country): Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: laborer 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc: ..... 16. Date (month and year) last engaged in this work: ....., 19..... 17. Total time (years) spent in this work:	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ..... 25. Date (month and year) last engaged in this work: ....., 19..... 26. Total time (years) spent in this work: .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) X Albert L. Jones father, M. D.
or ....., Midwife
Address Cropsey, Illinois
Filed Nov 28, 1936

Give name added from a supplemental report .....
(Date of)
..... Registrar.

..... Registrar.

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 30 1936 RECEIVED

24649

248649

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St. .....

(If born in hospital or institution give name.)

Registration District No. ..... State File No. 248649

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD William John Hartsicle

3. Sex: Male

If plural births: 4. Twin, triplet, or other —

5. Number, in order of birth —

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth March 22, 1936 (Month, Day, Year)

FATHER

9. Full name Arthur Hartsicle

10. Residence (usual place of abode) Gant state
(If non-resident, give place and State) .....

11. Color or race W. | 12. Age at last birthday 42 (years)

13. Birthplace (city or place) Philadelphia Pa.
(State or country) U.S.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Gant state

16. Date (month and year) last engaged in this work Gant state, 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Laura Bailey

19. Residence (usual place of abode) Gant state
(If non-resident, give place and State) .....

20. Color or race W. | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) Springfield Mass.
(State or country) U.S.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home Keeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work Gant state, 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Gant state

28. Number of children of this mother (At time of this birth and including this child)
No other (a) Born alive and now living — (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ..... M. D.

or Signature on record Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed Nov 30, 1936

..... Registrar.

..... Registrar.

The State of Ohio.
Cuyahoga Co., ss

William John Hartrick, being of lawful age, and first duly sworn, according to law, says that the information contained in this Statement on the reverse side hereof, are true and correct, as he fairly believes, and are according to the best of his knowledge and belief.

× William John Hartrick.

Sworn to, and subscribed before me, at Cleveland, Ohio, this 27. day of Nov. A. D. 1936.

Carl D. Singer
Notary Public

CARL D. SINGER, NOTARY PUBLIC
My Commission expires 1937

234 228001-215

249721

DEC 31 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 301 - Broad St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 249721
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Violet Alebha Stubblefield.

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth July 28, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name William W. Stubblefield	18. Full maiden name Elizabeth Sanderson
10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho 4480 W 94th St Los Angeles, Calif.	19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho 6544 - St. 75 Ave Portland, Oregon
11. Color or race white 12. Age at last birthday 34 (years)	20. Color or race white 21. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or country) Walla, Washington	22. Birthplace (city or place) (State or country) Boise, Idaho.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Salesman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper typist, nurse, clerk, etc. Janitress
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work 10, Nov., 1936 — 17. Total time (years) spent in this work 6	25. Date (month and year) last engaged in this work 20 July, 1936 — 26. Total time (years) spent in this work 2 1/2 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) One (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive [redacted])

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Elizabeth Friedler mother Midwife
Address 6544 - 75 Ave SE Portland Ore
Filed 12/31/36, 193.....

Give name added from a supplemental report .....
(Date of)

..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Kate Nicholson 1410 Jefferson Boise Idaho
Alice Rhodes 310 S. 3rd St. Boise Idaho
Maggie Mercer Eagle Idaho. Pearl Rhodes Road Boise

316127004799

74974 2

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bear Lake
City of Paris
No. ..... St. .....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

JAN 11 1937

Registration District No. ..... State File No. 249742

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD ARVID WILLIAM LAW

3. Sex: Male

If plural births: 4. Twin, triplet, or other: other; 5. Number, in order of birth: 11.

6. Premature ..... Full term: Yes

7. Legitimate: Yes

8. Date of birth: Sept. 27, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Isaac Brough Law	18. Full maiden name: Susan Juchau Rice
10. Residence (usual place of abode) (If non-resident, give place and State): Paris Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Paris Ida
11. Color or race: white 12. Age at last birthday: 68 (years)	20. Color or race: white 21. Age at last birthday: 59 (years)
13. Birthplace (city or place) (State or country): Springville Utah	22. Birthplace (city or place) (State or country): Salt Lake City Utah
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farming	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
15. Industry or business in which work was done, as mill, sawmill, bank, etc.: Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: June 9, 1910	17. Total time (years) spent in this work: 25
25. Date (month and year) last engaged in this work: Jan 5 [illegible], 1937	26. Total time (years) spent in this work: 51

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 7 (b) Born alive but now dead: 4 (c) Stillborn: None

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Susan Juchau Law, Mother

or ..... Midwife

Address Paris Idaho

Filed 1/11/37, 193..... .....

Registrar.

Charles I Law

Emma Clayton

Ettie R Bird

115-714-025-458

DEC 16 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

250330

1. PLACE OF BIRTH
County of Idaho
City of Grangeville
No. ..... St.
At home
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Robert Victor Janssen

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth May 14, 1906 (Month, Day, Year)

FATHER

9. Full name Weert John Janssen
10. Residence (usual place of abode) (If non-resident, give place and State) Grangeville, Id
11. Color or race White 12. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Golden, Illinois

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pastor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Church
16. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work Since 1905 continuously

MOTHER

18. Full maiden name Auguste Caroline Meyer
19. Residence (usual place of abode) (If non-resident, give place and State) Grangeville, Idaho
20. Color or race White 21. Age at last birthday 19 (years)
22. Birthplace (city or place) (State or Country) Hope, Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Clerk and housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Store and home
25. Date (month and year) last engaged in this work May 14, 1906
26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother First (At time of this birth and including this child) (a) Born alive and now living Yes (b) Born alive but now dead — (c) Stillborn —
29. If stillborn, period of gestation — months or weeks
30. Cause of Stillbirth — During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ~~The M. D. is dead~~, ~~M.D.~~
or ....., Midwife
Address .....
Filed 12/16/36, 193....
Registrar.

Give name added from a supplemental report Weert J. Janssen (Date of) father
Registrar.

over

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Robert Victor Janssen and his parents,
Weert John Janssen and
Auguste Caroline Janssen are
now residing at 2116 E. Union St.,
Seattle, Washington, engaged
in ministerial work.

Weert J. Janssen

Person who know of the birth;

George Schleier, Mt. Idaho, Idaho
Minnie Knorr, Grangeville, Idaho
Mrs. Frieda Von Bargen, Grangeville, Idaho.

731-204-029-213

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Genesee
No. ..... St.
(If born in hospital or institution give name.)

JAN 6 '37

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

250398

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Irma Frances Platt

3. Sex Female | If plural births: 4. Twin, triplet, or other X; 5. Number, in order of birth X | 6. Premature X; Full term ✓ | 7. Legitimate yes | 8. Date of birth Feb 4, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Albion Platt	18. Full maiden name Emma Caroline Baldorf
10. Residence (usual place of abode) (If non-resident, give place and State) Forest, Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Forest, Ida
11. Color or race White 12. Age at last birthday 38 (years)	20. Color or race White 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or country) Lemars, Iowa	22. Birthplace (city or place) (State or country) Lawrence, Kan
OCCUPATION: 14. Trade, profession, or particular kind of work done, as sawyer, sawyer, bookkeeper, etc. Stockman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Range livestock	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work Feb 4, 1906	25. Date (month and year) last engaged in this work Feb 1, 1906
17. Total time (years) spent in this work 10	26. Total time (years) spent in this work 13

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother (At time of this birth and including this child) Four
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn X

29. If stillborn, period of gestation X months or weeks | 30. Cause of stillbirth X | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 a.m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs. John A. Platt, M. D.
or Mother, Midwife
Address Clarkston, Wash.

Give name added from a supplemental report ..... (Date of)

Filed 1/6/37, 193.....

..... Registrar. ..... Registrar.

JAN 1960

Mrs. Wm. R. Hickman
Mr. Wm. R. Hickman
Mr. T. H. Herman
} Genesee, Ida.

155-117.014-568

RECEIVED
JAN 22 1937

250715

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

250715

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Charles Rockwell Jenkins

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1 | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Nov. 17, 1906 (Month, Day, Year)

FATHER
9. Full name Charles Franklin Jenkins
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race W | 12. Age at last birthday 52 (years)
13. Birthplace (city or place) (State or country) Essex N. Y.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —
16. Date (month and year) last engaged in this work —, 19.....
17. Total time (years) spent in this work —

MOTHER
18. Full maiden name Clara May Noyes
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
20. Color or race W | 21. Age at last birthday 39 (years)
22. Birthplace (city or place) (State or country) Plover Wis

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. —
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Nov. 17 1906 at 2:30 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Clara M. Jenkins mother
Address Heber Spgs Ark
Filed 1/22/37, 193.....
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Viola Hutt, Caldwell, Ida.
Charley Tucker Caldwell, Ida.
Mrs Lo. Stafford, Caldwell, Ida

1-16-1937
Parents now live in
Hot Springs, Ark.

APR 9 1937

4-27-41

235-20640-235

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. ..... St. .....
(If born in hospital or institution give name.)

REC'D JAN 25 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

250719

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mary Louise Sterling

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term ✓	7. Legitimate? ✓	8. Date of birth April 4, 1906 (Month, Day, Year)
Female				

FATHER	MOTHER
9. Full name: Robert Sterling	18. Full maiden name: Sybil Stewart Sterling
10. Residence (usual place of abode) (If non-resident, give place and State): Kellogg	19. Residence (usual place of abode) (If non-resident, give place and State): Kellogg
11. Color or race: White | 12. Age at last birthday: 38 (years)	20. Color or race: white | 21. Age at last birthday: 27 (years)
13. Birthplace (city or place) (State or country): Gambier Ohio	22. Birthplace (city or place) (State or country): Manhattan Kansas
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Mining Engineer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Mining	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: April 4, 1906	25. Date (month and year) last engaged in this work: April 4, 1906
17. Total time (years) spent in this work: 10 yrs.	26. Total time (years) spent in this work: 3 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
One (a) Born alive and now living ✓ (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Robert Sterling, Father, [redacted]
or ....., Midwife
Address 845 12th St Boulder Colorado

Give name added from a supplemental report .....
(Date of)

Filed JAN 25 1937, 193.....

Registrar. Registrar.

[redacted]

Addresses of those knowing of birth:

Mr. Charles W. Brown, Kellogg, Idaho
Mrs. Charles W. Brown, Kellogg, Idaho
Mr. Fred Porter Kellogg, Idaho
Mrs. Fred Porter Kellogg, Idaho
Mr. William M. Huff, Kellogg, Idaho
Mrs. William M. Huff, Kellogg, Idaho.

693-204-036-169

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Oneida
City of Samaria
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED
JAN 27 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

251400

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Saramae Williams

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term?	7. Legitimate?	8. Date of birth (Month, Day, Year)
F.				Yes	Yes	Apr. 14, 1936

	FATHER	MOTHER
9. Full name	Lewis Williams	18. Full maiden name: Sarah Morse
10. Residence (usual place of abode) (If non-resident, give place and State)	Samaria Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Samaria Idaho
11. Color or race	W	12. Age at last birthday: 31 (years)
		20. Color or race: W — 21. Age at last birthday: 29 (years)
13. Birthplace (city or place) (State or country)	Samaria Idaho	22. Birthplace (city or place) (State or country): Samaria Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Farming	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.....	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... — 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 7
(a) Born alive and now living 4 (b) Born alive but now dead 3 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks — 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at Between 6 + 7 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Sarah M. Williams, Mother, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report ..... (Date of)

Filed JAN 27 1937, 193.....

..... Registrar.

..... Registrar.

Persons Knowing of this Birth.

MAR 4 1968

1. Mrs. H.W. Jones - R.F.D. #1 Malad, Idaho
2. Mrs Emma Price, Samaria Idaho
3. Mr. William E Morse, Samaria, Idaho

751-123-003-239

RECEIVED FEB 26 1937

251567

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

251567

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Arthur Jacob Peavey, Jr.

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth May 23 1906 193 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Arthur Jacob Peavey	18. Full maiden name: Elizabeth Strong Peavey
10. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls Idaho
11. Color or race White | 12. Age at last birthday 30 (years)	20. Color or race White | 21. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Hollister, California	22. Birthplace (city or place) (State or Country) DePere, Wisconsin
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Former Teacher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Abstract Office	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Public Schools
16. Date (month and year) last engaged in this work May 1906, 19 ..... | 17. Total time (years) spent in this work 10	25. Date (month and year) last engaged in this work December 1904, 19 ..... | 26. Total time (years) spent in this work 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
One (1) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive or Stillborn) at 6 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Dr. Castle, of Pocatello, M. D.

or ....., Midwife

Address Arthur J. Peavey (Father) of 160-72 Ave N Twin Falls Idaho

Give name added from a supplemental report .....

(Date of)

Filed FEB 26 1937, 193 ..... Registrar.

Subscribed & sworn to Arthur J. Peavey this 24th day of February 1937

Notary Public in and for the State of Idaho, Residing at Twin Falls, Idaho

Citizens who know of the facts

L. L. Breckenridge, Twin Falls, Idaho
Roy A. Read, " " "
E. J. Ostrander " " "

559-113-04-468

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. [illegible] St.
1504 N
(If born in hospital or institution give name.)

RECEIVED MAR 2 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 251604
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Paul Vernon

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? yes | 8. Date of birth Aug. 13, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Henry Alonzo Vernon	18. Full maiden name Mary Doherty
10. Residence (usual place of abode) (If non-resident, give place and State) Boise	19. Residence (usual place of abode) (If non-resident, give place and State) Boise
11. Color or race White 12. Age at last birthday 41 (years)	20. Color or race White 21. Age at last birthday 41 (years)
13. Birthplace (city or place) (State or country) Blooming Pon Illinois	22. Birthplace (city or place) (State or country) Badeck Nova Scotia, Canada
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Building Contractor	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Home Construction	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work Aug. 13, 1906 17. Total time (years) spent in this work 8	25. Date (month and year) last engaged in this work Aug. 13, 1906 26. Total time (years) spent in this work 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? [illegible]
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead [illegible] (c) Stillborn [illegible]
29. If stillborn, period of gestation [illegible] months or weeks | 30. Cause of stillbirth [illegible] | Before labor [illegible] During labor [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 3 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Mary Vernon Mother
Address c/o Mrs. Thos Haberly Rupert, Idaho
Filed MAR 2 1937 193.....
Registrar.

Give name added from a supplemental report ..... (Date of)
Registrar.

Mrs. Laura Aikens Smith — Winnemucca Nevada

Mr. R.H. Aikens — " "

Mrs. D.W. Powers — Ontario, Oregon.

OCT 24 1960

JUN 12 1970

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho
City of Weiser
No. ____ St.
231-120-025-493
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE 252472
BUREAU OF VITAL STATISTICS
APR 12 1937
CERTIFICATE OF BIRTH

Registration District No. 6 State File No. 252472
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Ernest Nathaniel Stanberry

3. Sex Male | If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term X | 7. Legitimate? X | 8. Date of birth Oct 20, 1926 (Month, Day, Year)

FATHER

9. Full name Geo David Stanberry
10. Residence (usual place of abode) (If non-resident, give place and State) Weiser
11. Color or race white | 12. Age at last birthday 36 (years)
13. Birthplace (city or place) Dexter, (State or Country) Dunklin Co Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Cornelia Seebell Mitchell Stanberry
19. Residence (usual place of abode) (If non-resident, give place and State) Weiser
20. Color or race white | 21. Age at last birthday 35 (years)
22. Birthplace (city or place) Salem (State or Country) Marion Co Illinois

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) Six
(a) Born alive and now living X (b) Born alive but now dead ____ (c) Stillborn ____
29. If stillborn, period of gestation ____ { months or weeks | 30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs Cornelia S Stanberry Mother
or ____, Midwife
Address Grangeville Idaho

Give name added from a supplemental report ____
(Date of)
Filed April 9, 1937

Registrar. Registrar.

Mrs Lucy E Mitchell
Kooskia Idaho

Mrs L J Lamb
Grangeville
Idaho

Mrs Emma Davis
Grandview Wash.

652-225009-719

W 5509

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonner
City of Sand Point
No. ____ St. Idaho
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

APR 23 1937

CERTIFICATE OF BIRTH

253509

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Virginia Myrtle West

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term yes
7. Legitimate? yes
8. Date of birth Nov. 25, 1926 (Month, Day, Year)

FATHER

9. Full name: Albert Luther West
10. Residence (usual place of abode) (If non-resident, give place and State): Sandpoint Ida
11. Color or race: White
12. Age at last birthday: 28 (years)
13. Birthplace (city or place) (State or Country): Carthage Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Car repairing
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: for Santa Fe R.R.
16. Date (month and year) last engaged in this work: March, 1907
17. Total time (years) spent in this work: 1 year

MOTHER

18. Full maiden name: Emma Daisy Barnett
19. Residence (usual place of abode) (If non-resident, give place and State): Sandpoint Ida
20. Color or race: White
21. Age at last birthday: 26 (years)
22. Birthplace (city or place) (State or Country): Salem Virginia

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____
25. Date (month and year) last engaged in this work: ____, 19____
26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at 11 A m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Emma P. West Mother, M. D.
or ____, Midwife
Address Parco Washington 535 80 Beach St

Give name added from a supplemental report ____
(Date of)

Filed APR 23 1937, 193____

Registrar. Registrar.

Mrs. Virginia Hansen
No. 3214 magnolia St Spokane Wash.

Mr. and Mrs. J. W. Barnett
4612 No. 19th Street Tacoma Wash.

Mrs. D. W. Baikie
1941 Calif. ave.
Long Beach California

652 · 209 010 - 238

APR 26 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

253513

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville
City of Idaho Falls
No. R F D # 1 St.
Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Virginia Webb

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? .....

8. Date of birth April 9 1906 (Month, Day, Year)

FATHER

9. Full name: Arthur Falthorpe Webb

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race White | 12. Age at last birthday 24 (years)

13. Birthplace (city or place) Lehi, Utah (State or Country) Utah, Utah.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sugar Mill

16. Date (month and year) last engaged in this work Still with Co. 19 .....

17. Total time (years) spent in this work Three

MOTHER

18. Full maiden name: Sina Virginia Schow

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

20. Color or race White | 21. Age at last birthday 23 (years)

22. Birthplace (city or place) Lehi, Utah (State or Country) Utah, Utah.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. School Teacher

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. School Room

25. Date (month and year) last engaged in this work May 23, 1905 19 .....

26. Total time (years) spent in this work Three

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 3 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Arthur F. Webb, M. D.
or Father, Midwife
Address .....

Give name added from a supplemental report .....
(Date of) .....
Registrar.

Filed APR 26 1937, 193... .....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada 553-118

City of Boise 001814

No. 1000 Jefferson St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

253520

APR 27 1937

Registration District No. ..... State File No. 253520

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lloyd M. Nelson

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? yes | 8. Date of birth 9-18-1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Magnus Nelson-Skoor	18. Full maiden name: Maggie Hauski
10. Residence (usual place of abode) (If non-resident, give place and State): Boise	19. Residence (usual place of abode) (If non-resident, give place and State): Boise Idaho
11. Color or race ..... | 12. Age at last birthday 33 (years)	20. Color or race W | 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country): Bergne Norway	22. Birthplace (city or place) (State or Country): Stavger Norway
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work —	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother One (At time of this birth and including this child) (a) Born alive and now living two (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 4 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Magnus Nelson-Skoor, ~~M. D.~~

or ..... ~~Midwife~~

Address 827 N. Grant Pocatello (at present) Father

Give name added from a supplemental report 5 Apr (23rd) 1937 (Date of)

Filed APR 27 1937

Registrar. Registrar.

[signature] Notary Public

Mrs Viol Westley
mr Clarence Westley

JAN 03 2008

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Elmore

City of Pine

No. 453-219 020- St.

197

(If born in hospital or institution give name.)

APR 28 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **253983**

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Thursa Angeline Deckard
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child: female | Twin, Triplet or other? (To be answered only in event of plural births): and | Number in order of birth: 1 | Legitimate? yes | Date of birth: July 19 dc, 1936 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Boracic acid

Number of child of this mother, including present birth three (a) Born alive and now living three

Born alive but now dead ..... Stillborn one

FATHER

FULL NAME: William R Deckard
Residence (Usual place of abode): Pine
If non-resident, give place and State: Idaho
Color or race: White Age at last birthday: 29 (Years)
Birthplace: Roseburg Oregon (City and State or County)
Occupation: Miner

MOTHER

FULL MAIDEN NAME: Letta A Johnston
Residence (Usual place of abode): Pine
If non-resident, give place and State: Idaho
Color or race: White Age at last birthday: 28 (Years)
Birthplace: Springfield Ohio (City and State or County)
Occupation: Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 2 30 A. M. on the date above stated.

(Signature) Letta A. Deckard mother
Boise Idaho
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed APR 28 1937 19 Pearl Dillingham State Registrar.

Mrs. Flora E. [illegible] Andersen St. Boise Ida.
Mrs. Mollie Owens 813 Franklin St Boise Ida.
Oscar Schaft. Pine Ida.

MAR 3 1967

393-212-035-194

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 254280

MAY 10 1937

Registration District No. 1009 State File No.

Prim. Registration District No. 96 Local Registrar's No.

1. PLACE OF BIRTH
County of Nezperce
City of Lapwai Idaho
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Mary Erenuth Lile

3. Sex Female | If plural births { 4. Twin, triplet, or other 5. Number, in order of birth } | 6. Premature Full term X | 7. Legitimate? yes | 8. Date of birth Aug 12th 1906 (Month, Day, Year)

FATHER

9. Full name Squire Newton Lile

10. Residence (usual place of abode) (If non-resident, give place and State) Orofino Idaho

11. Color or race White | 12. Age at last birthday 37 (years)

13. Birthplace (city or place) (State or Country) Umatilla Oregon

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Ida May Armstrong

19. Residence (usual place of abode) (If non-resident, give place and State) Lapwai Idaho

20. Color or race White | 21. Age at last birthday 33 (years)

22. Birthplace (city or place) (State or Country) Alpine County California

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
6 (a) Born alive and now living yes (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... { months or weeks

30. Cause of stillbirth..... { Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report..... (Date of)

..... Registrar.

(Signed) Irene E. Lyle, M. D.
or ....., Midwife
Address Lapwai Idaho
Filed April 7, 1937 M N Carkey mc Registrar.

DEC 29 1942

436-220 014-653

254484

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Payette
No. ..... St.
Idaho
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

254484

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Margaret Edith McOmie

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth April 20, 1906 (Month, Day, Year)

FATHER

9. Full name: William McOmie

10. Residence (usual place of abode) (If non-resident, give place and State): Payette

11. Color or race: white | 12. Age at last birthday: 30 (years)

13. Birthplace (city or place) (State or Country): Lehi Utah.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Edith A. Wells

19. Residence (usual place of abode) (If non-resident, give place and State): Payette

20. Color or race: white | 21. Age at last birthday: 30 (years)

22. Birthplace (city or place) (State or Country): Burton-on-Trent England

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
one Two
(a) Born alive and now living: D (b) Born alive but now dead: ✓ (c) Stillborn: ✓

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

✓(Signed) Wm McOmie Father, ~~M. D.~~

or ....., Midwife

Address Las Alamitos, California.

Filed 5-19-37, 193...

..... Registrar.

Mrs J. L Thomas,
Sugar City, Idaho.

Mr. S. L Wells,
Lehi, Utah.

Mrs A. O. Crismon
409 Sixth Avenue
Salt Lake City
Utah.

493129-044-765

W 4488

RECEIVED

MAY 19 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

254488

1. PLACE OF BIRTH

County of Canyon

City of Nampa.

No. 106, 16th., Ave., South, ~~St~~

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD WILBER HOLMES MILLER

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature no Full term yes

7. Legitimate? yes

8. Date of birth October 29, 1906. (Month, Day, Year)

FATHER	MOTHER
9. Full name Walter Earle Miller, 7[redacted] St.	18. Full maiden name Besse Agnes Jones, 7[redacted] St.,
10. Residence (usual place of abode) (If non-resident, give place and State) ~~San [redacted]~~ Nampa	19. Residence (usual place of abode) (If non-resident, give place and State) San Francisco, Cal. Nampa
11. Color or race white 12. Age at last birthday ~~[illegible]~~ 3 (years)	20. Color or race white 21. Age at last birthday ~~[illegible]~~ 22 (years)
13. Birthplace (city or place) (State or Country) Bismarck, Illinois 27	22. Birthplace (city or place) (State or Country) Windsor, Illinois.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banking.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Bank.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
16. Date (month and year) last engaged in this work April 30th., 1935. 17. Total time (years) spent in this work 25 yrs.	25. Date (month and year) last engaged in this work May 14th., 1937 26. Total time (years) spent in this work 33 years.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? G. Net

28. Number of children of this mother one (At time of this birth and including this child) (a) Born alive and now living yes (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation born alive months or weeks

30. Cause of Stillbirth none During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN ~~[illegible]~~

I hereby certify that I attended the birth of this child, who was born alive at 2 m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) J H Murray, M. D.

or ..... ~~[illegible]~~

Address Nampa Idaho

Filed May 19, 1937

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

28-107 Ore 793

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. - PLACE OF BIRTH
County of Canyon
City of Payette
No. ..... St. .....
(If born in hospital or institution give name.)

MAY 26 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 254494
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD FREDERIC PICKERING SHAWHAN

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term X	7. Legitimate? Yes	8. Date of birth Nov. 7 1936 (Month, Day, Year)
Male							

FATHER

9. Full name Benjamin Plummer Shawhan
10. Residence (usual place of abode) Payette (If non-resident, give place and State) Idaho
11. Color or race White 12. Age at last birthday 44 (years)
13. Birthplace (city or place) Sigourney (State or country) Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Ida. repres. of Utah-Idaho Sugar Co.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Eva Orilla Pickering
19. Residence (usual place of abode) Payette (If non-resident, give place and State) Idaho
20. Color or race White 21. Age at last birthday 38 (years)
22. Birthplace (city or place) Knightstown (State or country) Indiana

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) Three (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn 1
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. R. Woodward, M. D.
or ....., Midwife
Address Payette, Idaho

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed May 26, 1937 Pearl Dillingham
State Registrar.

655-116-040-234

254534

RECEIVED JUN 16 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

254534

1. PLACE OF BIRTH
County of Shoshone
City of Orofino
No. ..... St.
Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Floyd Elmo Fenton

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth 7-16, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Arthur Clemon Fenton	18. Full maiden name Hattie May Stuckey
10. Residence (usual place of abode) (If non-resident, give place and State) Orofino, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Orofino, Idaho
11. Color or race white | 12. Age at last birthday 34 (years)	20. Color or race white | 21. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Attumwa, Iowa	22. Birthplace (city or place) (State or Country) Butler Mo.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ranch	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work ....., 1906 | 17. Total time (years) spent in this work lifetime	25. Date (month and year) last engaged in this work ....., 1906 | 26. Total time (years) spent in this work lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) 6
(a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5 p.m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Hattie May Stuckey Vest Mother
or .....
Address 16 d 5 Walla Walla Ave Walla Walla Wash
Filed ....., 193...

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

JUN 16 1937

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

State of Idaho

Dept of Public welfare
Boise Idaho

I do not know of any one I could refer you to as witness to his birth as it has been nearly 31 years past & I moved from there soon after his birth it was just a small place at that time do not know if the Dr is still living, at that time there was no Registration of births

Your very truly
Mrs Hattie Stuckey Vent (Mother)
1625 Walla Walla ave
Walla Walla Wash

613 109-032-749

RECEI

JUN 17 1937

255423

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

255423

1. PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ralph Thomas Wallace

3. Sex male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth March 9, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name William J Wallace	18. Full maiden name Chattie Pearl Purdum
10. Residence (usual place of abode) (If non-resident, give place and State) Shoshone	19. Residence (usual place of abode) (If non-resident, give place and State) Shoshone
11. Color or race white | 12. Age at last birthday 41 (years)	20. Color or race white | 21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Iola, Wis	22. Birthplace (city or place) (State or Country) Rockport, Mo.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work March, 1906 | 17. Total time (years) spent in this work 19	25. Date (month and year) last engaged in this work March, 1906 | 26. Total time (years) spent in this work 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ?

28. Number of children of this mother (At time of this birth and including this child) 2

(a) Born alive and now living 2 (b) Born alive but now dead x (c) Stillborn x

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 4 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Chattie Pearl Wallace mother, ~~M.D.~~

or ....., Midwife

Address Alamosa, Colorado

Give name added from a supplemental report .....

(Date of)

Filed JUN 17 1937, 193.. (Over)

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

The names of thr e people who knew of this birth are:

Frank B. Cheney Alamosa, Colorado

Mr. Harry Knox La Jara, Colorado

Mrs. Betty Knox La Jara, Colorado

Thurie Pearl Wallace

Subscribed and sworn to before me this fifth day of June, 1937

My commission expires March 14, 1938

Roy B. Workman
Notary Public

556-117001 357

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 255445

JUL 1 1937

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Ada

City of Boise

No. Warm Springs Ave St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Paul Robert Newell

3. Sex Male

If plural births 4. Twin, triplet, or other..... 5. Number, in order of birth.....

6. Premature ..... Full term ✓

7. Legitimate? ✓

8. Date of birth Feb. 17, 1906 (Month, Day, Year)

FATHER

9. Full name Robert J Newell

10. Residence (usual place of abode) Boise Idaho (If non-resident, give place and State)

11. Color or race white | **12. Age at last birthday** 25 (years)

13. Birthplace (city or place) Columbus Junction (State or Country) Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Government Irrigation

16. Date (month and year) last engaged in this work Feb, 1906

17. Total time (years) spent in this work 3

MOTHER

18. Full maiden name Mary Josephine LeGore

19. Residence (usual place of abode) Boise Idaho (If non-resident, give place and State)

20. Color or race white | **21. Age at last birthday** 22 (years)

22. Birthplace (city or place) Jefferson, Iowa (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home.

25. Date (month and year) last engaged in this work Feb, 1906

26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag-nos 1%

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11 45 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) John Bauer, M. D.

or ..... Midwife

Address Boise Idaho

Filed JUL 1 1937, 193.... Registrar.

569-125-628-695

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Coeur de Alene, Idaho AUG 5 1937

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 30 State File No. .....

Prim. Registration District No. 105 Local Registrar's No. 119

2. **FULL NAME OF CHILD** George Irving North

3. Sex Male

If plural births 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth May 25, 1906, 193.. (Month, Day, Year)

FATHER	MOTHER
9. Full name Enoch Leonard North	18. Full maiden name Gertrude Victoria Fields
10. Residence (usual place of abode) (If non-resident, give place and State) Cd Alene	19. Residence (usual place of abode) (If non-resident, give place and State) Cd Alene
11. Color or race White | 12. Age at last birthday 28 (years)	20. Color or race White | 21. Age at last birthday 19 (years)
13. Birthplace (city or place) (State or Country) Sweeden	22. Birthplace (city or place) (State or Country) Sissen Lilley, Michigan
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lbr Inspector	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Black. Lbr Co	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work May 23, 1927 | 17. Total time (years) spent in this work Life	25. Date (month and year) last engaged in this work ....., 19.. | 26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living yes (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive or Stillborn) at 12:15 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., ~~M. D.~~

or ....., Midwife

Give name added from a supplemental report Gertrude V North (mother)

(Date of) .....

Registrar.

Now ~~Address~~ 127 W 15th Ave., Spokane, Wash

Filed ~~[illegible]~~ Aug 4, 1937 [illegible]

Registrar.

Mr & Mrs. C. J. Johnson, 303 Church St., Sandpoint, Idaho

Mrs Hattie Treager, Cooke, Montana.

Mrs Inez Leaf, Sandpoint, Idaho.

No doctor present time of birth. Midwife attending, now deceased.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

546-209-240-743

1. PLACE OF BIRTH

County of **Shoshone**

City of **Wallace, Idaho**

No. **4th & Cedar** St.

(If born in hospital or institution give name.)

AUG 28 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. **257541**

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD **Virginia June Edwards**

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term **Yes**	**Yes**	**June 9, 1906** (Month, Day, Year)

FATHER	MOTHER
9. Full name **John Cary Edwards**	18. Full maiden name **Bertha Faye Gulliford**
10. Residence (usual place of abode) (If non-resident, give place and State) **4th & Cedar**	19. Residence (usual place of abode) (If non-resident, give place and State) **4th & Cedar**
11. Color or race **White** | 12. Age at last birthday **29** (years)	20. Color or race **White** | 21. Age at last birthday **29** (years)
13. Birthplace (city or place) (State or Country) **Canon City, Colorado**	22. Birthplace (city or place) (State or Country) **Grand Rapids, Mich.**
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Osteopathic Physician**	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. **Housewife**
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. **Office**	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. **Home**
16. Date (month and year) last engaged in this work **Still engaged in it.** (August, 1937)	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work **5**	26. Total time (years) spent in this work **2**

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother **One** (At time of this birth and including this child)
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... months or weeks

30. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **born alive** (Born Alive or Stillborn) at **5:30 A.M.** on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ....., M. D.

or **J. C. Edwards**, Father

Address **1002 W. Okmulgee, Muskogee, Okla.**

Filed AUG 28 1937, 193.....

..... Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oklahoma
County of Muskogee } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

DR. J. C. Edwards being first duly sworn says that he is the father (Relationship of child)* of Virginia June Edwards born June 9, 1906 (Date of birth) at Wallace, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Virginia June Edwards hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Charles R. Mowrey M. D. was the medical attendant at the birth of said Virginia June Edwards and that the said medical attendant ~~xx~~ cannot be located.
(Now deceased (or) cannot be located)

Name of Affiant Dr. J. C. Edwards J C Edwards

P. O. Address 1002 W. Okmulgee, Muskogee, Okla.

Subscribed and sworn to before me this 24th day of August, 1937

N. C. Hardin
Notary Public.

Residing at Muskogee, Okla.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A193-102-020-453

RECEIVED
AUG 30 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

257542

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Elmore
City of Mountain Home
No. Mellen Residence St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Milan Allen Miller.

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term yes

7. Legitimate? yes

8. Date of birth July 2, 1906 (Month, Day, Year)

FATHER

9. Full name Milan Miller

10. Residence (usual place of abode) Mountain Home
(If non-resident, give place and State) Idaho

11. Color or race White | 12. Age at last birthday 33 (years)

13. Birthplace (city or place) Fowling
(State or Country) New York State

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Conductor

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumber

16. Date (month and year) last engaged in this work November, 1917

17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Jane Ellen Mellen

19. Residence (usual place of abode)
(If non-resident, give place and State) Mountain Home

20. Color or race White | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) Ruby Hill
(State or Country) Nevada

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work 34

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother One.
(At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____
(Date of)

Filed AUG 30 1937, 193____

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Elmore } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Milan Miller being first duly sworn says that He is the Father of Milan Allen Miller
(Relationship of child)*

born July 2nd 1906 at Mountain Home, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Milan Allen Miller hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Mather M. D. was the Midwife medical attendant at the birth of said Milan Allen Miller and that the said medical attendant is deceased
(Now deceased ~~(or) cannot be located~~)

Name of Affiant Milan Miller
P. O. Address Mountain Home - Idaho

Subscribed and sworn to before me this 25th day of Aug, 1937

W H Rapp
Notary Public.

Residing at Loyalton Calif ~~, Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Payette

No. 693 215 014 417 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 30 1937

CERTIFICATE OF BIRTH

258558

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Kathleen Genevieve FitzGerald

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? Yes | 8. Date of birth Apr 15, 1906 193.. (Month, Day, Year)

FATHER	MOTHER
9. Full name William J Fitz Gerald	18. Full maiden name Elsie Magner
10. Residence (usual place of abode) (If non-resident, give place and State) Payette, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Payette, Idaho.
11. Color or race White | 12. Age at last birthday 39 (years)	20. Color or race White | 21. Age at last birthday 39 (years)
13. Birthplace (city or place) (State or Country) Ireland	22. Birthplace (city or place) (State or Country) Ireland
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saloon Keeper	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ~~xxxxx~~ Apr, 1906 | 17. Total time (years) spent in this work 2 yrs	25. Date (month and year) last engaged in this work Apr 1906, 19.. | 26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silloid

28. Number of children of this mother (At time of this birth and including this child) 7
(a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 9 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J R Windward, M. D.

or ....., Midwife

Address Payette, Idaho

Give name added from a supplemental report .....

(Date of)

..... Registrar.

Filed SEP 30 1937, 193.. ..... Registrar.

A593 224001 792

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. St. Lukes Hospital St.

(If born in hospital or institution give name.)

OCT 1 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 258561

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Florence Gibner Niles

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female	4. Twin, triplet, or other ..... 5. Number, in order of birth	.....	.....	Aug. 21, 1936

FATHER	MOTHER
9. Full name: Stephen Dwight Niles	18. Full maiden name: Helena Gibner
10. Residence (usual place of abode) (If non-resident, give place and State): Boise, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Boise, Ida.
11. Color or race: White | 12. Age at last birthday: 41 (years)	20. Color or race: White | 21. Age at last birthday: 36 (years)
13. Birthplace (city or place) (State or Country): Mt. Pleasant, Pa.	22. Birthplace (city or place) (State or Country): Carlstadt, N. J.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mining	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work: April 29 present time, 1937	17. Total time (years) spent in this work .....
25. Date (month and year) last engaged in this work ....., 19....	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed ....., 193.... OCT 1 1937

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Multnomah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Helena Niles being first duly sworn says that she is the mother (Relationship of child)* of Florence Gibner Niles born August 21, 1906 (Date of birth) at Boise, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Florence Gibner Niles hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. J. B. Lewis M. D. was the Midwife medical attendant at the birth of said Florence Gibner Niles and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Helena Niles

P. O. Address 121 N. Roselawn St., Portland, Oregon

Subscribed and sworn to before me this 20th day of September, 19 37

E. M. Bertrandies
Notary Public for Oregon ~~Notary Public.~~

My Commission expires 2/22/38 Residing at Portland, Oregon, ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

366-229 001 689

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of ADA

City of --

No. -- St.

(If born in hospital or institution give name.)

RECEIVED OCT 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

258574

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Edna Glenn Coonrad

3. Sex Female | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term X | 7. Legitimate? Yes | 8. Date of birth Sept. 29, 1906 (Month, Day, Year)

FATHER

9. Full name: Charles Abram Coonrad

10. Residence (usual place of abode) (If non-resident, give place and State): Ada County, near Star

11. Color or race: white 12. Age at last birthday: 45 (years)

13. Birthplace (city or place) (State or Country): New York State

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work: September, 1906

17. Total time (years) spent in this work: approx. 20

MOTHER

18. Full maiden name: Ada Whittaker

19. Residence (usual place of abode) (If non-resident, give place and State): Ada County, near Star

20. Color or race: white | 21. Age at last birthday: 39 (years)

22. Birthplace (city or place) (State or Country): Edwardsport, Indiana

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____

25. Date (month and year) last engaged in this work: September, 1906

26. Total time (years) spent in this work: approx. 20.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 6 (b) Born alive but now dead -- (c) Stillborn --

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 P.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) ____, M. D.

or Mrs Ada Reynolds Mother

Address 3570 S.E. Holgate Blvd. Portland, Ore.

Filed ____, 193__

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of OREGON
County of MULTNOMAH } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Ada Reynolds (formerly Ada Whittaker Coonrad) being first duly sworn says that she is the Mother (Relationship of child)* of Edna Glenn Coonrad Barklow

born September 29, 1906 (Date of birth) at Ada County, near Star, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Edna Glenn Coonrad Barklow

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Hall of Star, Idaho M. D. was the ~~Midwife~~ medical attendant at the birth of said Edna Glenn Coonrad Barklow and that the said medical attendant is (affiant does not know of Dr. Hall is living or deceased) (Now deceased (or) cannot be located)

Name of Affiant Mrs. Ada Reynolds

P. O. Address 3570 S. E. Holgate Blvd. Portland, Oregon.

Subscribed and sworn to before me this 30th day of September, 1937

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES JULY 15, 1939
Notary Public

Residing at Portland, Oregon, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

249.211 019 249

259586

RECEIVED

NOV 2 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

259586

1. PLACE OF BIRTH
County of Custer
City of Mackay
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Beulah May Burnett

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? Yes | 8. Date of birth May 11, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Alexander Burnett	18. Full maiden name Emma Smyers Burnett
10. Residence (usual place of abode) (If non-resident, give place and State) Mackay	19. Residence (usual place of abode) (If non-resident, give place and State) Mackay
11. Color or race White 12. Age at last birthday 44 (years)	20. Color or race White 21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or country) Teasle Utah	22. Birthplace (city or place) (State or country) Missouri
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Merchant	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Meat Market	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Alexander Burnett (Father), ~~M. D.~~
Subscribed and sworn to before me
or this 2nd day of Nov 1937, Midwife
Address .....
Filed Nov. 2, 1937 State Registrar Pearl Dillingham State Registrar.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

A354 226009-132

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonner

~~Town~~ City of Laclede

No. ..... St.

Idaho.

(If born in hospital or institution give name.)

RECEIVED NOV 13 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

W 9620

CERTIFICATE OF BIRTH

259620

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Gertrude Mary Lemley

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
female	4. Twin, triplet, or other ..... 5. Number, in order of birth	.....	Yes	Jan. 26th 1906

FATHER	MOTHER
9. Full name William Henry Lemley	18. Full maiden name Anna Victoria Albert
10. Residence (usual place of abode) (If non-resident, give place and State) Laclede, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Laclede.
11. Color or race white | 12. Age at last birthday 46 (years)	20. Color or race white. | 21. Age at last birthday 21 (years)
13. Birthplace (city or place) Lane County (State or Country) Oregon.	22. Birthplace (city or place) ..... (State or Country) Sweden
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Surveyor	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Logging Co.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home.
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address RECEIVED

Give name added from a supplemental report .....
(Date of)

Filed NOV 13 1937, 193....

..... Registrar.

..... Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho.
County of Bonner. } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ann Lemley being first duly sworn says that she is the mother of Gertrude Mary Lemley
(Relationship of child)*

born ~~Laclede Idaho~~ Jany 26th 1906 at Laclede Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth ~~recorded under~~ Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Gertrude Mary Lemley hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that E. Prindle M. D. was the Midwife medical attendant at the birth of said Gertrude Mary Lemley and that the said medical attendant is dead
(Now deceased (or) cannot be located)

Name of Affiant Anna O Lemley
P. O. Address 845 Davie Street Vancouver BC Canada

Subscribed and sworn to before me this 10th day of November, 1957

[signature]
513 Pacific Building Notary Public.
Residing at Vancouver, BC. Canada, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

253-113 023-713

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 260151

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Gem
City of Emmett
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Victor Kelley

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	.....	.....	August 13, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Jason White Kelley	18. Full maiden name: Sadie Patrick
10. Residence (usual place of abode) (If non-resident, give place and State): Emmett	19. Residence (usual place of abode) (If non-resident, give place and State): Emmett
11. Color or race: ..... 12. Age at last birthday: 29 (years)	20. Color or race: ..... 21. Age at last birthday: 23 (years)
13. Birthplace (city or place) (State or Country): Emmett, Idaho	22. Birthplace (city or place) (State or Country): Missouri
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk in	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Grocery Store	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housewife
16. Date (month and year) last engaged in this work: ....., 19.....	25. Date (month and year) last engaged in this work: ....., 19.....
17. Total time (years) spent in this work:	26. Total time (years) spent in this work: .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Laura F. Kelley, M. D.
or Nurse, Midwife
Address Cascade, Idaho
Filed 11-4-37, 193.....

Give name added from a supplemental report .....
(Date of)

Registrar.

Registrar.

NOV 13 1947

MAY 8 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Idaho

City of Clearwater

No. 962129-025-365 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

260589

RECEIVED NOV 17 1937

Registration District No. ..... State File No. 260589

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Benny Julius Robbins

3. Sex boy | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Nov 29, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Ernest Robbins	18. Full maiden name Grace Ethel Tweedy
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Clearwater	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 36 (years)	20. Color or race White | 21. Age at last birthday 18 (years)
13. Birthplace (city or place) (State or Country) Missouri Cooper County U.S.A.	22. Birthplace (city or place) (State or Country) [illegible] Walla Washington U.S.A.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saloon keeper	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work 8 years	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother first child (At time of this birth and including this child) (a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 10 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs J E Robbins mother, M. D.

or ....., Midwife

Address Clear Water Idaho

Give name added from a supplemental report .....

(Date of)

Filed ..... 193.. NOV 17 1937

Registrar. Registrar.

Mrs Ella M. Tweedy
Kootskia Idaho
U. S. A.

Mrs John Godwin
Kootskia Idaho
U. S. A.

Mr Francis Tweedy
Kootskia Idaho
U. S. A.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Idaho } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs J. E. Robbins being first duly sworn says that she is the Mother of Benny Julius Robbins
(Relationship of child)*

born November 29th 1906 at Clearwater, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Mrs J. E. Robbins desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Benny Julius Robbins hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr L. Busey M. D. was the ~~Midwife~~ medical attendant at the birth of said Benny Julius Robbins and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs J. E. Robbins
P. O. Address Heldar Alberta

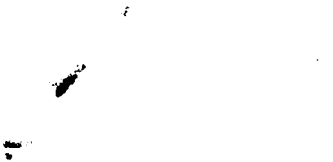
Subscribed and sworn to before me this 12th day of November, 1937

John E. L. [illegible]
Notary Public.

Residing at Saugudo Alberta, ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission expires December 31st 1937



260593

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

260593

JUN 3 - 1937

1. PLACE OF BIRTH
County of Franklin
City of Mapleton
No. ..... St.
419.107 021813
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Raymond King Daines

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term x | 7. Legitimate? Yes | 8. Date of birth May 7, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Wm M. Daines Sr.	18. Full maiden name Elizabeth Hatch
10. Residence (usual place of abode) (If non-resident, give place and State) Mapleton	19. Residence (usual place of abode) (If non-resident, give place and State) Mapleton
11. Color or race W | 12. Age at last birthday 44 (years)	20. Color or race W | 21. Age at last birthday 45 (years)
13. Birthplace (city or place) (State or Country) Hyde Park Utah	22. Birthplace (city or place) (State or Country) Lehi Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 9 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 11 A.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) A. R. Cutler Sr., M. D.
or ....., Midwife
Address Preston Idaho

Give name added from a supplemental report - -
(Date of)

Filed Nov 18 -, 1937

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Utah
County of Cache } ss.

Wm M. Daines being first duly sworn says that he is the Father (Relationship of child)* of Raymond King Daines born May 7th 1906 (Date of birth) at Mapleton, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Raymond King Daines hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Allen R. Cutler Sr. M. D. was the ~~Midwife~~ medical attendant at the birth of said Raymond King Daines and that the said medical attendant is now Deceased (Now deceased (or) cannot be located)

Name of Affiant Wm M Daines

P. O. Address 469 N. 2nd East St. Logan Utah

Subscribed and sworn to before me this 12th day of November, 1937

L. H. Daines
Notary Public.

Residing at Logan Utah, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 3 1971

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Moscow Idaho
No. 466 229-029.544 St.
(If born in hospital or institution give name.)

RECEIVED
NOV 20 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 260598

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Constance Mary Pearl Mourning

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term X	7. Legitimate? X	8. Date of birth Oct 29, 1926 (Month, Day, Year)

FATHER

9. Full name George Leslie Mourning
10. Residence (usual place of abode) (If non-resident, give place and State) Moscow Idaho
11. Color or race White | 12. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Man
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Mystie Emma Emmons.
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race White | 21. Age at last birthday ..... (years)
22. Birthplace (city or place) (State or Country) Davenport Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) ....., M. D.
or Miss Emma Henderson, Midwife
Address .....

Filed ....., 193.....

.....
Registrar.

NOV 20 1937
Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of San Diego Calif. } ss.
County of San Diego }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Myrtle Emma Kelley being first duly sworn says that she is the mother of Mrs Mary Constance Mourning Blairgowrie
(Relationship of child)*

born Oct 29-1906 at Moscow, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that ....desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said ....

....hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

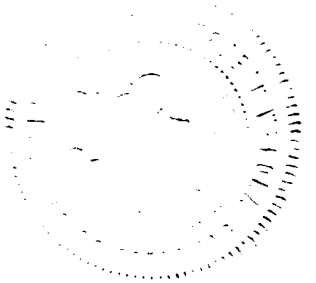
Affiant further states that Mrs Emma Denshaw ~~M. D. was the~~ Midwife medical attendant at the birth of said Constance Mary Pearl Mourning and that the said medical attendant is now deceased
(Now deceased ~~(or) cannot be located~~)

Name of Affiant Mrs Myrtle Emma Kelley.
P. O. Address 605 E Street San Diego Calif.

Subscribed and sworn to before me this 26th day of October, 1937

Andrew Nielsen
Notary Public.
My Commission Expires Aug. 23, 1939.
Residing at San Diego, Cal., ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



RECEIVED
NOV 20 1937

San Diego Calif
Oct 26-1937.

This is to certify that I am the mother of Constance Mary Blasingame.

I married Mr Robert Roberts 1913 in San Francisco Calif My children were small so they carried Mr Roberts name although were not legally adopted.

Mary Constance Blasingame was married here in San Diego by Judge Lloyd Griffin under the name of Roberts although her name was Mourning.

Mary Constance Mourning was her maiden name.

Mrs Myrtle Kelley (Mother)
1605 E Street
San Diego Calif.

MAR 9 1945

437-122-028-312

#2 261537

RECEIVED DEC 8 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

261537

1. PLACE OF BIRTH
County of Kootenai
City of Rathdrum
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 30 State File No. .....
Prim. Registration District No. 1050 Local Registrar's No. 268

2. FULL NAME OF CHILD Harold A. McGarvey

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth May 22, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name James McGarvey	18. Full maiden name Elnore Casey
10. Residence (usual place of abode) (If non-resident, give place and State) Rathdrum	19. Residence (usual place of abode) (If non-resident, give place and State) Rathdrum
11. Color or race W | 12. Age at last birthday 38 (years)	20. Color or race W | 21. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Newton, New Jersey	22. Birthplace (city or place) (State or Country) Waukesha, Wisconsin
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R-R.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Section Foreman	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work present, 1906 | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work present, 1906 | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Mrs. James McGarvey (mother) ~~M.D.~~
or ....., Midwife
Address 1104 A. St.
Filed Nov. 12, 1937 Dr. F. F. Hoining
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Kootenai
County of Coeur d' Alene } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. James McGarvey being first duly sworn says that she is the mother (Relationship of child)* of Harold A McGarvey born May 22, 1906 (Date of birth) at Rathdrum, Idaho, whose certificate of birth is hereto attached, and that she (Mrs. J. McGarvey) desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Harold A. McGarvey hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Frank W. Ems M. D. was the Midwife medical attendant at the birth of said Harold A. McGarvey and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs. James McGarvey

P. O. Address 110 4th A. St. Coeur d'Alene

Subscribed and sworn to before me this 7th day of December, 19[illegible]

[illegible]
Notary Public.

Residing at [illegible], Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

689-126-035-613

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Nez Perce

City of Lewiston,

No. 3rd Street & 6th Ave. ~~St.~~

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JAN 14 1938

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 261571

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ronald Cedric White

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth October 26 1906 (Month, Day, Year) 1906

FATHER	MOTHER
9. Full name William Azariah White	18. Full maiden name Ada May Wale
10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston	19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston, Idah
11. Color or race White | 12. Age at last birthday 36 (years)	20. Color or race white | 21. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Coldwater, Michigan	22. Birthplace (city or place) (State or Country) Farm near Providence, Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Land office clerk	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U. S. Land Office	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work January 1, 1907 | 17. Total time (years) spent in this work 7 years	25. Date (month and year) last engaged in this work Since 1898, 19.... | 26. Total time (years) spent in this work 8 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 5 children (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 4:00 AM on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ada May White, [redacted]

or ..... ~~XXXXXX~~

Address 2827 Holmes Ave. So. Mother

Minneapolis, Minnesota

Give name added from a supplemental report ..... (Date of)

Filed JAN 14 1938 193.....

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Minnesota
County of Hennepin } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ada May White being first duly sworn says that she is the Mother (Relationship of child)* of Ronald Cedric White born October 26, 1906 (Date of birth) at Lewiston, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ronald Cedric White hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that John Hurlbut M. D. was the Midwife medical attendant at the birth of said Ronald Cedric White and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Ada May White Ada M. White

P. O. Address 2827 Holmes Avenue, So., Minneapolis, Minnesota.

Subscribed and sworn to before me this 4th day of January, 1938

J. ESSELMANN
Notary Public, Hennepin County, Minn.
My Commission expires May 6th, 1939.

J. Esselmann
Notary Public.
Residing at Hennepin County Minnesota, ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 262596

1. [redacted] County of Shoshone
City of Wardner
No. (house in back of theatre building--Wm. Danforth house) St.
Prim. Registration District No. ____ State File No. ____
(If born in hospital or institution give name.) Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Wayne Reid Robinson

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male		yes	yes	Aug. 10, 1906

	FATHER	MOTHER
9. Full name	John Reed Robinson	
18. Full maiden name		Sabina May Rowe
10. Residence (usual place of abode) (If non-resident, give place and State)	Wardner	
19. Residence (usual place of abode) (If non-resident, give place and State)		Wardner
11. Color or race	white	
12. Age at last birthday (years)	27	
20. Color or race		white
21. Age at last birthday (years)		25
13. Birthplace (city or place) (State or Country)	Mill Village, Penn.	
22. Birthplace (city or place) (State or Country)		Pennsylvania
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	miner	
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	in mine	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		own home
16. Date (month and year) last engaged in this work	January, 1938	
17. Total time (years) spent in this work	about 15 yrs.	
25. Date (month and year) last engaged in this work		March, 1910
26. Total time (years) spent in this work		8

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) just one
(a) Born alive and now living 1 (b) Born alive but now dead none (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

Registrar.

(Signed) J R Robinson, M. D.
or Father, Midwife
Address Route two, Eugene, Oregon
Filed FEB 7 1938 193 8 Pearl Dillingham
Registrar.
Pearl Dillingham

MAR 31 1953

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Oregon } ss.
County of Lane }

John Reed Robinson being first duly sworn says that he is the father (Relationship of child)* of Wayne Reid Robinson born August 10, 1906 (Date of birth) at Wardner, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Wayne Reid Robinson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Machett (spelling perhaps incorrect) M. D. was the Midwife medical attendant at the birth of said Wayne Reid Robinson and that the said medical attendant is (probably deceased--old in 1906)
(Now deceased (or) cannot be located)

Name of Affiant J. R. Robinson

P. O. Address Route Two, Eugene, Oregon

Subscribed and sworn to before me this 28th day of January, 1938

Mary A. Booker
Notary Public.

Residing at Eugene Ore., Idaho.

Lane County

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Certified Copy issued Jan. 6, 1941. E.K.

JUN 2 1971

A719-102-014-666

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. 1108 Cleveland Blvd St.

(If born in hospital or institution give name.)

RECEIVED JAN 20 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

262984

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD James Woodruff Garlin

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth
M.			X	X	May 9, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: James Gilmore Garlin	18. Full maiden name: Ella Louisa Woodruff
10. Residence (usual place of abode) (If non-resident, give place and State): Caldwell, Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Caldwell, Ida
11. Color or race: white 12. Age at last birthday: 46 (years)	20. Color or race: white 21. Age at last birthday: 49 (years)
13. Birthplace (city or place) (State or Country): Buchanan Co Missouri	22. Birthplace (city or place) (State or Country): Buchanan, Co Missouri
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Proprietor of Livery Stable	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: home maker
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Livery Stable	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: May, 1906 — 17. Total time (years) spent in this work:	25. Date (month and year) last engaged in this work: May, 1906 — 26. Total time (years) spent in this work: 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: Six (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed JAN 20 1938, 193.. ..... Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

State File #262984

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Canyon } ss.

Ella W. Gartin being first duly sworn says that she is the Mother (Relationship of child)* of James Woodruff Gartin born May 2, 1906 (Date of birth) at Caldwell, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said James Woodruff Gartin hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Coe M. D. was the Midwife medical attendant at the birth of said James Woodruff Gartin and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Ella W. Gartin

P. O. Address Caldwell, Idaho

Subscribed and sworn to before me this 18th day of January, 1938

Mrs H J Thompson
Notary Public.

Residing at Caldwell, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 7 1968

MAY 20 1968

383-112035-967

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
JAN 19 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

263296

1. PLACE OF BIRTH
County of Nez Perce
City of Peck
No. ____ St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Donald Rogers Lyle

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
M	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term Yes	Yes	June 12, 1906 (Month, Day, Year)

FATHER

9. Full name James McCampbell Lyle
10. Residence (usual place of abode) (If non-resident, give place and State) Peck
11. Color or race W | 12. Age at last birthday 30 (years)
13. Birthplace (city or place) Franklin (State or Country) North Carolina

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work 5 years

MOTHER

18. Full maiden name Elizabeth Phoebe Rogers
19. Residence (usual place of abode) (If non-resident, give place and State) Peck
20. Color or race W | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) Pawnee City (State or Country) Nebraska

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive ~~or Stillborn~~) at 12:30 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) J. M. Lyle, M. D.
or ____, Midwife
Address Peck, Idaho

Filed Jan 10, 1938 Pearl Dillingham State Registrar.

Registrar.

FEB 18 1969

A 296128-038-796

RECEIVED
FEB 28 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

263506

1. PLACE OF BIRTH
County of Payette
City of Payette
No. — St.
Payette, Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD William Columbus Brooks

3. Sex: Male
If plural births: 4. Twin, triplet, or other — ; 5. Number, in order of birth —
6. Premature — Full term Yes
7. Legitimate? Yes
8. Date of birth March 28 1906 (Month, Day, Year)

FATHER

9. Full name William Columbus Brooks
10. Residence (usual place of abode) (If non-resident, give place and State) Payette, Idaho
11. Color or race White 12. Age at last birthday 45 (years)
13. Birthplace (city or place) (State or Country) Nashville, Tenn.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Blacksmith Shop
16. Date (month and year) last engaged in this work March 28th, 1906
17. Total time (years) spent in this work 10-yrs

MOTHER

18. Full maiden name Jennie Adelia Grover
19. Residence (usual place of abode) (If non-resident, give place and State) Payette, Idaho
20. Color or race White 21. Age at last birthday 43 (years)
22. Birthplace (city or place) (State or Country) Indianapolis, Ind.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work March 28th, 1906
26. Total time (years) spent in this work 5-yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child)
Two
(a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks
30. Cause of Stillbirth — During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed FEB 23 1938, 193....

Registrar. Registrar.

MAR 8 1968

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California } ss.
County of Los Angeles, County }

Mrs. Jean Anette McNeill being first duly sworn says that she is the sister of William Columbus Brooks
(Relationship of child)*

born March 28th 1906 at Payette, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that William Columbus Brooks desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said William Columbus Brooks hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that — M. D. was the Midwife medical attendant at the birth of said — and that the said medical attendant is —
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Jean Anette McNeill
P. O. Address 435 Saxon av, Wilmar, California

Subscribed and sworn to before me this 17th. day of February, 1938

F M Stinning
Notary Public.
Comm. expr. 6/28/1938

Residing at Los Angeles, California, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

A391-114

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

263537

MAR 5 - 1938

1. PLACE OF BIRTH
County of Nez Perce 035286
City of Webb
No. ____ St. State of Idaho
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Eugene Henry Crawford

3. Sex male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth Aug. 14, 1906 (Month, Day, Year)

FATHER

9. Full name Philemon Vauter Crawford
10. Residence (usual place of abode) (If non-resident, give place and State) Webb, Idaho
11. Color or race white | 12. Age at last birthday 25 (years)
13. Birthplace (city or place) near Lewiston (State or Country) Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. blacksmith
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work August 14, 1906
17. Total time (years) spent in this work eight

MOTHER

18. Full maiden name Nannie Belle Shoemaker
19. Residence (usual place of abode) (If non-resident, give place and State) Webb, Idaho
20. Color or race white | 21. Age at last birthday 20 (years)
22. Birthplace (city or place) Joplin (State or Country) Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work March, 1904
26. Total time (years) spent in this work three

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother none (At time of this birth and including this child) (a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 10 a.m. on the date above stated.

(Signed) Philemon Vauter Crawford father ####

or ____, Midwife

Address Sweetwater, Idaho

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

Filed MAR 5 - 1938 193____

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Philemon Vauter Crawford being first duly sworn says that he is the father (Relationship of child)* of Eugene Henry Crawford born August 14, 1906 (Date of birth) at Webb, Idaho, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Eugene Henry Crawford hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Burke M. D. was the Midwife medical attendant at the birth of said Eugene Henry Crawford and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Philemon Vauter Crawford

P. O. Address Sweetwater, Idaho

Subscribed and sworn to before me this 2nd day of March, 19 38

Notary Public.

Residing at Lapwai, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 3

365-127 003-415

5 6 4 5 7 6

1. PLACE OF BIRTH

County of Bannock

City of Oxford, Idaho

No. ____ St.

Railway Station Only

(If born in hospital or institution give name.)

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 264576

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD James-Michael-Connors

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
male		✓	yes	July 27, 1906

FATHER	MOTHER
9. Full name: Michael Joseph Connors	18. Full maiden name: Francis Deldora Davidson
10. Residence (usual place of abode) (If non-resident, give place and State): Oxford, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Oxford, Idaho
11. Color or race: White | 12. Age at last birthday: 42 (years)	20. Color or race: White | 21. Age at last birthday: 38 (years)
13. Birthplace (city or place) (State or Country): Ireland, Dublin	22. Birthplace (city or place) (State or Country): Jonesburg, Tenn.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Oregon Short Line Section Foreman	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House keeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Railrood	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: April 20, 1909	25. Date (month and year) last engaged in this work: ____, 19__
17. Total time (years) spent in this work: 28 yrs	26. Total time (years) spent in this work: Housekeeper yet

27. What prophylactic was used to prevent Ophthalmia Neonatorum? not known

28. Number of children of this mother (At time of this birth and including this child): One
(a) Born alive and now living: One (b) Born alive but now dead: ____ (c) Stillborn: ____

29. If stillborn, period of gestation: ____ months or weeks

30. Cause of stillbirth: ____ Before labor: ____ During labor: ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 10 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Mrs Frances Connors mother, ~~M.D.~~

or ____, ~~Midwife~~

Address 3476 Lou Frances St Los Angeles, Calif

Filed APR 11 1938, 193__

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California
County of Los Angeles } ss.

x Mrs Frances. Connors. being first duly sworn says that she is the Mother (Relationship of child)* of James Michael Connors born July 27, 1906 (Date of birth) at Oxford, Idaho, Idaho, whose certificate of birth is hereto attached, and that Mrs Frances Connors desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said James Michael Connors hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that cannot be located Dr Ewing M. D. was the Midwife medical attendant at the birth of said James Michael Connors and that the said medical attendant is cannot be located. (Now deceased (or) cannot be located)

Name of Affiant Mrs Frances Connors

P. O. Address 3476 Lau Fresco st

Subscribed and sworn to before me this 8th day of April, 1938

L. G. Jones
Notary Public.

Residing at Los Angeles, ~~Idaho.~~ Cal.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit indicating the relationship of the affiant, as brother, sister, cousin, etc.

753728 014-319

265538

IDAHO
~~SOUTH DAKOTA~~

STATE BOARD OF HEALTH
Division of Vital Statistics

APR 30 1938

CERTIFICATE OF BIRTH

State File No. 265538

Registered No. .....

(For Use In Cases Where Births Were Not Recorded)

1. PLACE OF BIRTH:
County Canyon Township .....
City or Town Nampa No. ..... St., ... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full Name of Child Harold Elmer Peterson

All data in this affidavit must be as of date of birth of this child.

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (month, day, year)
Male				Yes	Feb. 28, 1906

FATHER		MOTHER	
9. Full name	Louis Peterson	15. Full maiden name	Annie Larson
10. Residence	Nampa, Idaho	16. Residence	Nampa, Idaho
11. Color or race	W	17. Color or race	W
12. Age at last birthday	35 (yrs.)	18. Age at last birthday	22 (yrs.)
13. Birthplace (City and State or Country):	Norway	19. Birthplace (City and State or Country):	Denmark
14. Occupation	Carpenter	20. Occupation	Housewife

.....
Name of attending physician or other assistant.

AFFIDAVIT OF ATTENDING PHYSICIAN, MIDWIFE, PARENT, NEAREST RELATIVE OR OTHER PERSON HAVING KNOWLEDGE OF THE FACTS OF THIS BIRTH.

STATE OF SOUTH DAKOTA, }
County of SPINK } ss.

I, Annie Peterson, being first duly sworn on oath, hereby certify that the statements contained in the foregoing Affidavit of Birth are true and correct.

Annie Peterson.
Signature of Informant.

Address Frankfort, S. D.

Subscribed and sworn to before me this 23rd day of N April, 1938

Beatrice Shreffler
Deputy Clerk of Courts, Spink County S. D.
Notary Public.

Filed April, 1938

.....
Local Registrar.

MARGIN RESERVED FOR BINDING
(Write Plainly With Unfading Ink—This Is a Permanent Record)

134-226-006-385

26 V 563

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bingham

City of Blackfoot, Idaho.

No. 520 South Shilling Avenue St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

265563

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Dorothy Carlisle Aldrich.

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other ..... 5. Number, in order of birth	Yes Full term	Yes	March 26 19 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Lewis Raynor Aldrich	18. Full maiden name: Dorothy Lynch.
10. Residence (usual place of abode) (If non-resident, give place and State): So. Shilling Ave Blackfoot, Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Same
11. Color or race: White | 12. Age at last birthday: 33 (years)	20. Color or race: White | 21. Age at last birthday: 26 (years)
13. Birthplace (city or place) (State or Country): Prairieville Ill.	22. Birthplace (city or place) (State or Country): Mc. Minnville, Oregn
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lumber Merchant.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work: Present time, 19	17. Total time (years) spent in this work: 10 yrs.
25. Date (month and year) last engaged in this work: Present time, 19	26. Total time (years) spent in this work: 1 Yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrate Silver sol 1 %

28. Number of children of this mother I (At time of this birth and including this child) I
(a) Born alive and now living I (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) L. N. Mitchell, M. D.

or Blackfoot, Idaho., Midwife

Address .....

Filed May 9, 1906 Pearl Dilkingham
State Registrar.

A957-228-014-268

165572

WRITE PLAINLY With UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Middleton
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAY 10 1938

CERTIFICATE OF BIRTH 265572

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Dorothy Bertha Inglis

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth 10-28-1906 193 (Month, Day, Year)

FATHER

9. Full name: James Fredrick Inglis

10. Residence (usual place of abode) In vicinity of (If non-resident, give place and State) Boise

11. Color or race White | 12. Age at last birthday 32 (years)

13. Birthplace (city or place) Michigan (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining Engineer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work 10-28-06, 19

17. Total time (years) spent in this work 15

MOTHER

18. Full maiden name: Lily Kohlhoff

19. Residence (usual place of abode) (If non-resident, give place and State) Middleton

20. Color or race White | 21. Age at last birthday 26 (years)

22. Birthplace (city or place) Canyon City (State or Country) Oregon

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work 1-28-06, 19

26. Total time (years) spent in this work 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living One (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address [redacted]

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed MAY 10 1938, 193 .....

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of .....
County of ..... } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Lily Inglis Tryon being first duly sworn says that Dorothy is the daughter (Relationship of child)* of mine

born October 28, 1906 (Date of birth) at Middleton, Idaho, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Dorothy Bertha Inglis

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Ed Makie Caldwell Idaho. M. D. was the ~~XXXXXXX~~ medical attendant at the birth of said Dorothy Bertha Inglis and that the said medical attendant is Not known
(Now deceased (or) cannot be located)

X Name of Affiant Mrs Lily Inglis Tryon

P. O. Address 617 West Doran, Glendale, California

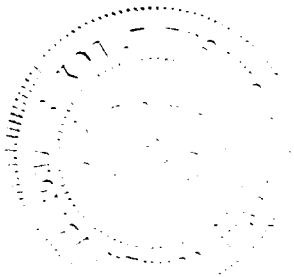
Subscribed and sworn to before me this 5 day of May, 1938

DWIGHT T. FOX, Notary Public
Mohave County, Arizona
My Commission Expires June 1, 1941

Dwight T. Fox
Notary Public.

Residing at Kingman, Arizona, ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



286-222-008-231

265585

RECEIVED MAY 16 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 265585

1. PLACE OF BIRTH
County of ~~Ada~~ Boise
City of Centerville
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Erna Dorothy Syferd

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? Yes | 8. Date of birth June 22, 1906 (Month, Day, Year)

FATHER

9. Full name William Edgar Syferd
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or Country) Wayne County Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Placer mining
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Gold mine
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 10 yrs.

MOTHER

18. Full maiden name Louise Johanna Martha Blank
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race White | 21. Age at last birthday 32 (years)
22. Birthplace (city or place) (State or Country) Memel, Prussia

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) Four (4)
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn None
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn) R. M. Fairchild, [illegible]

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Louise M. Fritze [illegible], M. D.
or ....., Midwife
Address 3806 Randolph Ave., Los Angeles, Calif.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed May, 1938 ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of San Joaquin } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Louise M. Fietze being first duly sworn says that she is the mother (Relationship of child)* of Erna Dorothy Syferd born June 22nd. 1906 (Date of birth) at Centerville, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Erna Dorothy Syferd hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. R. M. Fairchild M. D. was the Midwife medical attendant at the birth of said Erna Dorothy Syferd and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Louise M. Fietze
P. O. Address 3806 Randolph Ave. Los Angeles.

Subscribed and sworn to before me this 12th day of May 1938, 19

Louis Miller
Notary Public.
San Joaquin, State of California.
Residing at Stockton, California. ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Commission Expires Dec. 17, 1939

JUN 6 1967

813-124-025-795

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho County
City of Grangeville
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

266178

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD. Murray Reese Hattabaugh

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Mar. 24, 1906 ✓ (Month, Day, Year)

FATHER

9. Full name Murray Reese Hattabaugh
10. Residence (usual place of abode) (If non-resident, give place and State) Grangeville
11. Color or race W | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Indiana

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Beulah Greene
19. Residence (usual place of abode) (If non-resident, give place and State) Grangeville
20. Color or race W | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or Country) Indiana

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... { months or weeks
30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) Beulah Hattabaugh (Mother) ~~XXX~~.
or Boise, Idaho Midwife
Address 1111 4th & 6th Boise Idaho

Subscribed and sworn to before me this 29 day of Apr. 1938
Earl Dillingham State Registrar
Deputy State Registrar

Filed Apr. 29, 1938 Earl Dillingham State Registrar.

Registrar.

AUG 29 1967

A466 218 008 466

266611

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 266611

JUN 16 1938

1. PLACE OF BIRTH
County of Boise
City of Roseberry
No. St.
on Farm
(If born in hospital or institution give name.)

Registration District No. 13 State File No.
Prim. Registration District No. Local Registrar's No. 29

2. FULL NAME OF CHILD Hazel Mildred Moore

3. Sex Female | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature; Full term X | 7. Legitimate? X | 8. Date of birth Dec 18, 1926 (Month, Day, Year)

FATHER
9. Full name Henry Pinkerton Moore
10. Residence (usual place of abode) (If non-resident, give place and State) [illegible]
11. Color or race White | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) ~~Roseberry~~ ~~Idaho on Farm~~

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work

MOTHER
18. Full maiden name Josephine Moore
19. Residence (usual place of abode) (If non-resident, give place and State) Roseberry Ida.
20. Color or race White | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Utah Beaver City

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) Three
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 5:30 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address

Give name added from a supplemental report Henry Pinkerton Moore
(Date of)

Filed June 2[illegible], 1938 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Boise } ss.

Henry Pinkerton Moore being first duly sworn says that he is the father (Relationship of child) of Hazel Mildred Moore born Dec. 18 1906 (Date of birth) at Rosebery, Idaho, whose certificate of birth is hereto attached, and that 2 desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate ~~of~~ birth of the said Hazel Mildred Moore hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs S Stradley M. D. was the Midwife medical attendant at the birth of said Hazel Mildred Moore and that the said medical attendant is X (Now deceased (or) cannot be located)

Name of Affiant Henry Pinkerton Moore
P. O. Address Norwood Idaho

Subscribed and sworn to before me this 9th day of June, 1938

M E Cumming
Notary Public.

Residing at Donnelly, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 1 5 1976

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

119-102-001-291

2677-6

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 29 1938

267756

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. **PLACE OF BIRTH**
County of Ada
City of Boise
No. 1208 No 19th St.
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** Brooks Darlington

3. Sex M | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Jan 2nd, 1926 (Month, Day, Year)

FATHER

9. Full name E. B. Darlington
10. Residence (usual place of abode) Boise Idaho (If non-resident, give place and State)
11. Color or race W | 12. Age at last birthday 52 (years)
13. Birthplace (city or place) Pennsylvania (State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name M. K. Ratz
19. Residence (usual place of abode) Boise Idaho (If non-resident, give place and State)
20. Color or race W | 21. Age at last birthday 35 (years)
22. Birthplace (city or place) Pennsylvania (State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? -

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks | 30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. M. Taylor, M. D.

or ....., Midwife

Address Boise, Idaho

Give name added from a supplemental report .....

(Date of) .....

Filed ..... JUN 29 1938 193.....

Registrar. Registrar.

281-118-001-034

267774

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. 219 Main — St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

267774

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD LOUIS de HAVEN SHAW

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature: No — Full term: Yes

7. Legitimate? Yes

8. Date of birth: Feb. 18, 1906 (Month, Day, Year)

FATHER

9. Full name: CLARENCE REEVES SHAW

10. Residence (usual place of abode) (If non-resident, give place and State): Boise

11. Color or race: White | 12. Age at last birthday: 46 (years)

13. Birthplace (city or place): Richmond
(State or Country): Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lumberman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Lumber Co.

16. Date (month and year) last engaged in this work: Feb., 1906

17. Total time (years) spent in this work: 20 years

MOTHER

18. Full maiden name: MABEL LETITIA ~~SHAW~~ Stucker

19. Residence (usual place of abode) (If non-resident, give place and State): Boise

20. Color or race: White | 21. Age at last birthday: 36 (years)

22. Birthplace (city or place): Silver City
(State or Country): Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home

25. Date (month and year) last engaged in this work: Feb., 1906

26. Total time (years) spent in this work: 15 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate 1%

28. Number of children of this mother (At time of this birth and including this child)
Five
(a) Born alive and now living: 5 (b) Born alive but now dead: 0 (c) Stillborn: 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) 5:45 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of)

Registrar.

(Signed) J. M. Taylor, M. D.

or ____, Midwife

Address Boise, Idaho

Filed July 13, 1906

Registrar.

1433-218-028-719

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

268463

JUL 5 - 1938

Registration District No. 30 State File No.

Prim. Registration District No. 2051 Local Registrar's No. 180

1. PLACE OF BIRTH
County of Kootenai
City of Hayden Lake
No. 5 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ella May McLean

3. Sex 7 | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature — Full term yes | 7. Legitimate? yes | 8. Date of birth Nov. 18, 1906 (Month, Day, Year)

FATHER

9. Full name Duncan McLean
10. Residence (usual place of abode) (If non-resident, give place and State) Hayden Lake
11. Color or race W | 12. Age at last birthday 41 (years)
13. Birthplace (city or place) (State or Country) Pictou, N.S.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm
16. Date (month and year) last engaged in this work present, 19
17. Total time (years) spent in this work 4 yrs

MOTHER

18. Full maiden name Florence Ethel Gardner
19. Residence (usual place of abode) (If non-resident, give place and State) Hayden Lake
20. Color or race W | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or Country) Dover, Penn

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work present, 19
26. Total time (years) spent in this work 2 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living one (b) Born alive but now dead — (c) Stillborn yes

29. If stillborn, period of gestation Just term (months or weeks)

30. Cause of Stillbirth (During labor smothered / Before labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 2:15 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) , M. D.
or , Midwife
Address

Filed July 1, 1938 L.E. Krotcher M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Duncan McLean being first duly sworn says that he is the father of Ella May McLean
(Relationship of child)*

born November 18, 1906 at Hayden Lake, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Ella May McLean hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Frank Wenz M. D. was the ~~Midwife~~ medical attendant at the birth of said Ella May McLean and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant X Duncan McLean
P. O. Address Gage, Alberta, Canada

Subscribed and sworn to before me this 1 day of July, 1938

Jas. A. Foster
Notary Public.
Residing at By Jas. C. White, Deputy Idaho.

Clerk of the District Court
Ex-Officio Auditor and Recorder

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 3 1942

318-220035-718

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of N ez Perce

City of

No. St.

(If born in hospital or institution give name.) N

JUL 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. State File No. 268606

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Cleo Grace Taylor

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female		Yes	Yes	Dec 20, 1906

	FATHER	MOTHER
9. Full name / 18. Full maiden name	Edward Albert Taylor	Eva Payne
10. Residence (usual place of abode) (If non-resident, give place and State) / 19. Residence (usual place of abode) (If non-resident, give place and State)	Genesee	Genesee
11. Color or race / 20. Color or race	White	White
12. Age at last birthday (years) / 21. Age at last birthday (years)	30	30
13. Birthplace (city or place) (State or Country) / 22. Birthplace (city or place) (State or Country)	Ontario, Canada	Albany, Oregon
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. / 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Laborer	House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. / 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work, 19 / 25. Date (month and year) last engaged in this work, 19		
17. Total time (years) spent in this work / 26. Total time (years) spent in this work		

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation ... { months or weeks

30. Cause of Stillbirth ... { During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 8 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) ..., M. D.

or Monica Bunnstead, Midwife

Address Genesee, Ida.

Filed ..., 193...

Registrar.

JUL 14

JUL 21 1965

A229-126-028-236

268846

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 30 1938

1. PLACE OF BIRTH

County of Kootenia
City of Hayden Lake
No. Idaho St.

(If born in hospital or institution give name.)

Registration District No. 30 State File No. 268846
Prim. Registration District No. 0051 Local Registrar's No. 212

2. FULL NAME OF CHILD Douglas Moore Skinner

3. Sex M

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? Yes

8. Date of birth June 26 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Fred Moore Skinner	18. Full maiden name Emma Lula Scott
10. Residence (usual place of abode) (If non-resident, give place and State) Hayden Lake	19. Residence (usual place of abode) (If non-resident, give place and State) Hayden Lake
11. Color or race White 12. Age at last birthday 24 (years)	20. Color or race White 21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) Sanborn Iowa	22. Birthplace (city or place) (State or Country) Missouri
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Boat Business	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work Sept, 1911 — 17. Total time (years) spent in this work 7 Yrs.	25. Date (month and year) last engaged in this work ....., 19.... — 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) None (a) Born alive and now living Yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed July 28, 1938 L. L. Crotcher MD.
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for ..., and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Wash } ss.
County of [illegible]

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Fred Moore Skinner being first duly sworn says that he is the Father of Douglas Moore Skinner
(Relationship of child)*

born June 26, 1906 at Hayden Lake, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Douglas Moore Skinner hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Margaret Stites Dr. Howe M.D. ~~M. D. was~~ the Midwife medical attendant at the birth of said Douglas Moore Skinner and that the said medical attendant is address unknown
(Now deceased (or) cannot be located)

Name of Affiant Fred Moore Skinner

P. O. Address 505 Campus Ave

Subscribed and sworn to before me this 27 day of July, 1938

[illegible]
Notary Public.

Residing at [illegible], ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

316-129 025-256

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Idaho

City of Westlake

No. ..... St.

home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG 16 1938

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 269462

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Charles Wilbur Lawrence

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? Yes

8. Date of birth May 29, 1906 (Month, Day, Year)

FATHER

9. Full name William Mc C. Lawrence

10. Residence (usual place of abode) (If non-resident, give place and State) Westlake Ida.

11. Color or race White 12. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) North Carolina

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Blanch Gertrude Snowley

19. Residence (usual place of abode) (If non-resident, give place and State) Westlake Ida.

20. Color or race White 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2:30 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ~~H. B. Blake~~, M. D.

or ....., Midwife

Address Westlake, Idaho

Give name added from a supplemental report .....

(Date of)

Registrar.

Filed AUG 16 1938, 193.....

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Nez Perce } ss.

William Mc C. Lawrence being first duly sworn says that he is the father (Relationship of child)* of Charles Wilbur Lawrence born May 29 — 1906 (Date of birth) at Westlake, Idaho, whose certificate of birth is hereto attached, and that William Mc C. Lawrence desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Charles Wilbur Lawrence hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that W. B. Blaine M. D. was the Midwife medical attendant at the birth of said Charles Wilbur Lawrence and that the said medical attendant is Now Dead (Now deceased (or) cannot be located)

Name of Affiant William Mc C Lawrence

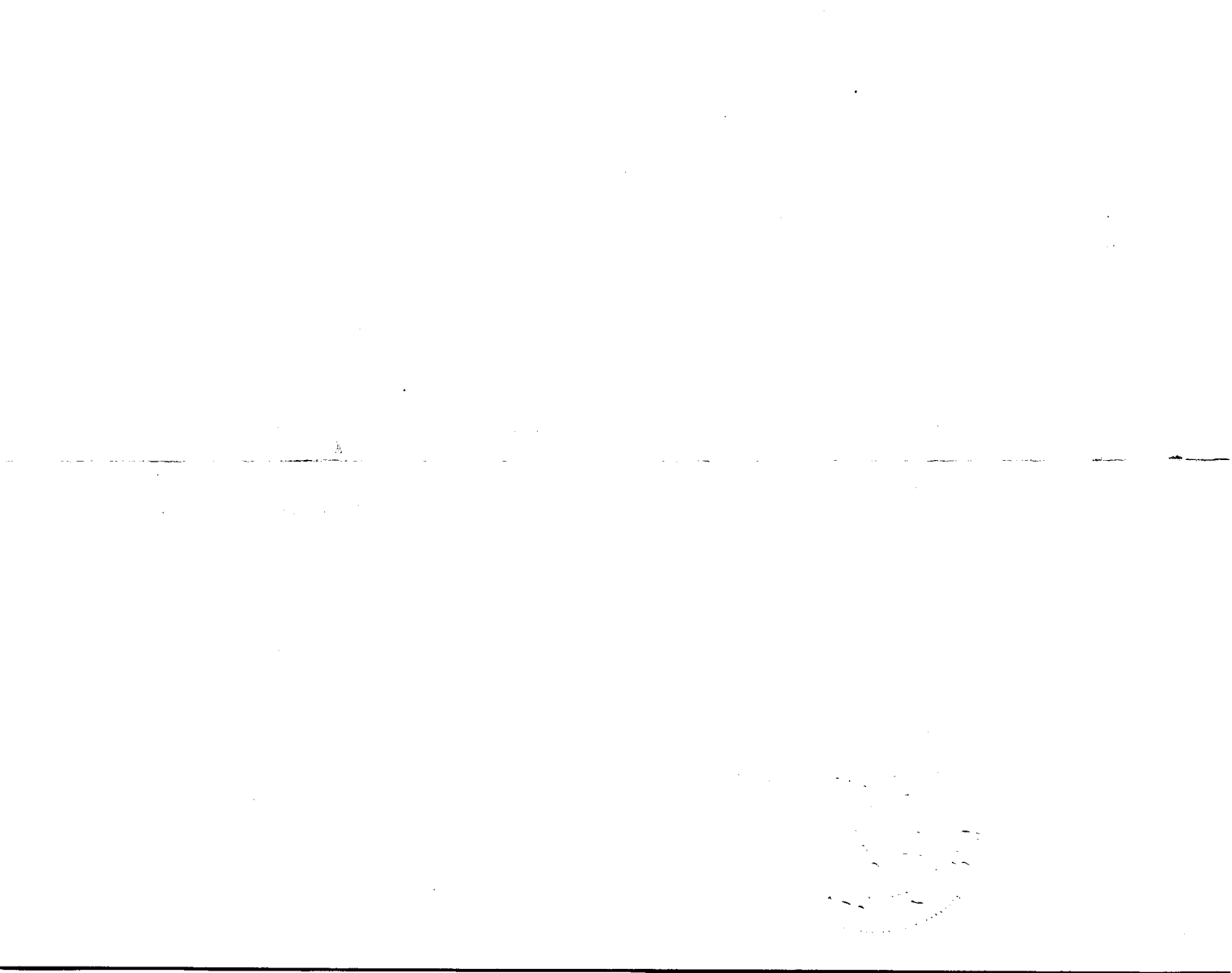
P. O. Address Lewiston, Idaho Rte 2

Subscribed and sworn to before me this 12 day of August, 1938

Paul S. Hyatt
Notary Public.

Residing at Lewiston, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



154131028-219

AUG 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

~~No.~~ Twin Beaches ~~St.~~

(If born in hospital or institution give name.)

Registration District No. 30 State File No. 269524

Prim. Registration District No. 2051 Local Registrar's No. 201

2. FULL NAME OF CHILD Earnest Albin Anderson

3. Sex M

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth May 31, ~~193~~ 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Albin Anderson	18. Full maiden name Mary Ann Barker
10. Residence (usual place of abode) (If non-resident, give place and State) Twin Beaches	19. Residence (usual place of abode) (If non-resident, give place and State) Twin Beaches
11. Color or race White | 12. Age at last birthday 37 (years)	20. Color or race White | 21. Age at last birthday 21 (years)
13. Birthplace (city or place) Narsen (State or Country) Dalarne, Sweden	22. Birthplace (city or place) Houston, Missouri (State or Country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Homemaker
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work now, 19.... | 17. Total time (years) spent in this work 8 yrs	25. Date (month and year) last engaged in this work now, 19.... | 26. Total time (years) spent in this work 3 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or Albin Anderson, Father, ~~Midwife~~

Address

Give name added from a supplemental report .....

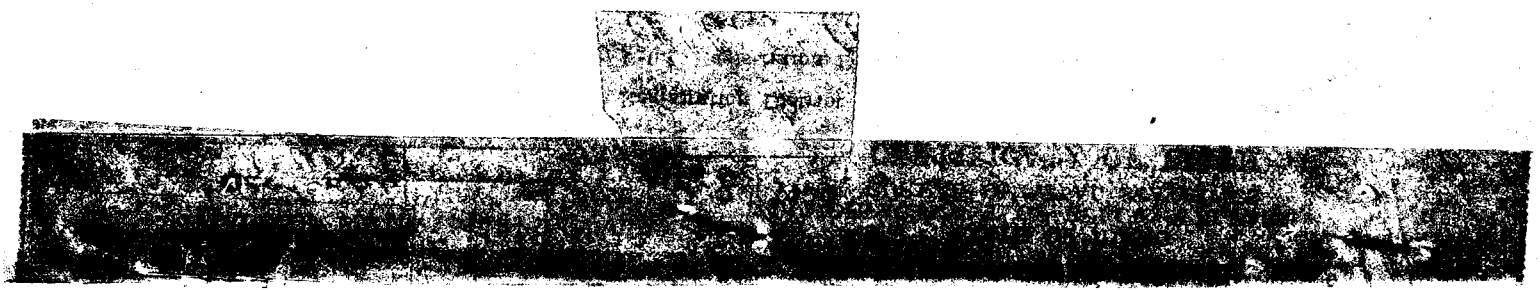
(Date of)

Filed July 23, 1938 L. L. Trotcher M.D.

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Albin Anderson being first duly sworn says that

he is the Father of Earnest Albin Anderson
(Relationship of child)*

born May 31, 1906 at Home in Twin Beaches, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Earnest Albin Anderson

* * * * * * hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that No doctor present at birth M. D. was the Midwife medical attendant at the birth of said * * * * * * and that the said medical attendant is * * * * * * * *
(Now deceased (or) cannot be located)

Name of Affiant Albin Anderson

P. O. Address Coeur d'Alene, Idaho

Subscribed and sworn to before me this 23 day of July, 1938

Jas. A. Foster
Notary Public.

Residing at [illegible], Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 8 1962

418 124 029-754

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

269571

Registration District No. 63 State File No.

Prim. Registration District No. 2143 Local Registrar's No.

1. PLACE OF BIRTH

County of Ada County

City of Kendrick, Idaho

No. Home St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Walter Kyle May

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ✓ 5. Number, in order of birth 1	Full term yes	✓	March 24 1906 (Month, Day, Year)

FATHER

9. Full name Archie A. May

10. Residence (usual place of abode) (If non-resident, give place and State) Reland

11. Color or race White 12. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or Country) Moscow, Ida

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

16. Date (month and year) last engaged in this work ____, 19__

17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Nora B. Perdew

19. Residence (usual place of abode) (If non-resident, give place and State)

20. Color or race White 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or Country) Reland Ida.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work ____, 19__

26. Total time (years) spent in this work 14

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ✓ months or weeks ✓

30. Cause of Stillbirth ✓ During labor ✓ Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive 2:00 at a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Archie A. May (Father), M. D.

or Harney K. May, Midwife

Address

Filed July 15, 1938 B. F. Nesbit, Registrar.

Subscribed and sworn to by Archie A. May and Warney H. May before me, a Notary Public, this 6th day of July, 1938.

Lawrence E Huff

Notary Public residing
at Moscow, Idaho

A449128022-769

269967

JAN 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 269967

1. PLACE OF BIRTH
County of Fremont
City of Driggs
No. ..... St.
(If born in hospital or institution give name.) Born at home.

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Thomas Porter Durrant.

3. Sex Male | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature ..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth 6/28, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Walter H. Durrant	18. Full maiden name Almira Teresa Porter
10. Residence (usual place of abode) (If non-resident, give place and State) Driggs, Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Driggs, Ida.
11. Color or race White 12. Age at last birthday 30 (years)	20. Color or race White 21. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or country) Fairfield, Utah	22. Birthplace (city or place) (State or country) Banda, Ontario
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Teton Valley	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work June, 1928 — 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work June, 1928 — 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2nd (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report ..... (Date of)

Filed Jan, 1938

Signed Walter H. Durrant Father, Dr. W. H. May Registrar.
not in attendance till after the birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of .....
County of ..... } ss.

Walter H. Durrant being first duly sworn says that he is the Father (Relationship of child)* of Thomas Porter Durrant born June 28, 1906 (Date of birth) at Driggs, Idaho,

whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Thomas Porter Durrant

..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that W. H. May M. D. was the Midwife medical attendant at the birth of said Thomas Porter Durrant and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Walter H. Durrant

P. O. Address Vernon, Utah

Subscribed and sworn to before me this 11 day of August, 1938

Melba Orme
Notary Public.

Residing at Foote, Utah, Idaho

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 7 1976

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock

City of Bancroft, Idaho

No. ..... St.

695 104003 236

(If born in hospital or institution give name.)

RECEIVED AUG 22 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

269970

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD William LeRoy Winschell

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term x | 7. Legitimate? yes | 8. Date of birth Feb. 4, 1936 (Month, Day, Year)

FATHER	MOTHER
9. Full name Frank Peter Winschell	18. Full maiden name Nancy Jane Scott
10. Residence (usual place of abode) (If non-resident, give place and State) ~~Auburn~~ Bancroft, Idaho California	19. Residence (usual place of abode) (If non-resident, give place and State) ~~Wilmington~~, California
11. Color or race White | 12. Age at last birthday ~~30~~ 37 (years)	20. Color or race White | 21. Age at last birthday ~~50~~ 27 (years)
13. Birthplace (city or place) (State or Country) Cheyenne, Wyoming	22. Birthplace (city or place) (State or Country) Thatcher, Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work 39 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ellis Kack Ly, M. D.

or ....., Midwife

Address Soda Springs Idaho

Give name added from a supplemental report .....

(Date of)

Filed ....., 193.. .....

Registrar. Registrar.

AUG 22 1938

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of 253-117-009-253

City of Sand point

No. --- St.

Idaho State.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

269998

SEP 1 - 1938

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 269998

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Clifford James Kelley (If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male			4 th		January (Month) 17 (Day), 1906 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4 (a) Born alive and now living 8

Born alive but now dead 1 Stillborn .....

FATHER		MOTHER	
FULL NAME	James Kelley	FULL MAIDEN NAME	Ada Amelia Kelley
Residence (Usual place of abode)	9464 N.Charlston Ave	Residence (Usual place of abode)	9464 N.Charlston Ave.
If non-resident, give place and State		If non-resident, give place and State	Oregon Portland.
Color or race	White	Color or race	White
Age at last birthday	45 (Years)	Age at last birthday	65 (Years)
Birthplace	Jay Vt. Sept 8.1866. (City and State or County)	Birthplace	England. (City and State or County)
Occupation	Laborer	Occupation	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at Sandpoit Id M. on the date above stated.

(Signature) Ada A Kelley Mother

(Physician or midwife)

Address Mrs Ada Kelley

Filed 8-29 1938

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Notary Public
M.N. Amisich my commission
Expires Oct 27. 1940

A449-124 014 256

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

270015

SEP 6 1938

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Eldon Frank Murray

3. Sex male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ....
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth Dec. 24th 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Martin Luther Murray	18. Full maiden name: Minnie Knot
10. Residence (usual place of abode) (If non-resident, give place and State): Emmett Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Emmett Idaho
11. Color or race: white	12. Age at last birthday: 29 (years)
13. Birthplace (city or place) (State or Country): Adair Co Missouri	22. Birthplace (city or place) (State or Country): Emmett Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work: 10	26. Total time (years) spent in this work: 9

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: yes (b) Born alive but now dead: ..... (c) Stillborn: .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11:10 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or ....., Midwife
Address .....
Filed 9-6/38, 193... Pearl D. Gillingham State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Montana } ss.
County of Park }

Minnie K. Murray being first duly sworn says that she is the mother of Eldon Grant Murray
(Relationship of child)*

born Dec. 24, 1906 at Emmett, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Eldon Grant Murray hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. W. G. Loder M. D. was the ~~Midwife~~ medical attendant at the birth of said Eldon Grant Murray and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Minnie K. Murray

P. O. Address Livingston Montana

Subscribed and sworn to before me this 29 day of August, 19 38

R. L. Bailie
Notary Public.

COUNTY CLERK AND RECORDER

Residing at Livingston Mont., ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

437-213-031-636

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 270044

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: SERETTA MARGUERITE McGUIRE
2. Date of Birth (month) SEPT (day) 13 (year) 1906
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth: AT HOME
a. County: LEWIS
b. City or Town of Birth: NEZ PERCE IDAHO

FATHER

6. Full Name of Father: ARCHABALD HENRY McGUIRE
7. State or Country of Father's Birth: VANCOUVER WASHINGTON

MOTHER

8. Full Maiden Name of Mother: BRIDGET MARY O'CONNOR
9. State or Country of Mother's Birth: BRAZELTON KANSAS

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Seretta M Ramsey
11. Present Address of Registrant: 2550 SW 192nd Ave

NOTARY (Seal)

Subscribed and sworn to before me on: September 17 19 66

12. Signature of Notary: Ethel C Seger
13. Notary Commission expires: My Commission Expires May 25, 1970 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	Holy Trinity Church, Nezperce Idaho, Roman Catholic	Aug.10,1966	baptized Oct.13,1906
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept.13,1906 Nezperce, Idaho	Maria O'Connor	A. H. McGuire	
SUPPORTING RECORD 2.	Affidavit by aunt (bd. 1-25-1896)	Theressa B. Hauptman	Sept.8,1966	-----
	Sep.13,1906 Nezperce, Idaho	Bridget Mary O'Connor	Archabald H. McGuire	
SUPPORTING RECORD 3.	photocopy of pages from Bible	Family Bible	----	obviously old
	Sep.13,1906 -----	Bridget Mary O'Connor	A. H. McGuire	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W M Benson
Evidence reviewed by: Glenda Larson
Date Filed: September 27,1966

FORM BH 56067 1 copy paid rec. 18671 correction Del Cert. #270044 8-24-66 gml

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of IDAHO. } ss.
County of LEWIS. }

Mary Agnes McGuire Farmer, nee O'Connor. being first duly sworn says that she is the mother. of (Dolly) Seretta Margurite McGuire.
(Relationship of child)*

born September 13th 1907 at Nez Perce, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said (Dolly) Seretta Margurite McGuire hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mr. Cooper M. D. was the ~~Midwife~~ medical attendant at the birth of said (Dolly) Seretta Margurite McGuire and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mary Agnes McGuire Farmer

P. O. Address 7104 North Oatman Ave, Portland Ore.

Subscribed and sworn to before me this 9th day of ~~August~~ Sept., 1938.

Notary Public.
NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES JULY 27, 1941

Residing at

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

SEP 28 1966

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 25 1938

CERTIFICATE OF BIRTH 270044

1. PLACE OF BIRTH
County of Lewis
City of Nez Perce, Ida
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD (Dolly) Loretta Marguite McGuire

3. Sex female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Sep. 13, 1937 (Month, Day, Year)

FATHER

9. Full name Arch H. McGuire

10. Residence (usual place of abode) Nez Perce, Ida
(If non-resident, give place and State) .....

11. Color or race white | 12. Age at last birthday 27 (years)

13. Birthplace (city or place) Vancouver, Wash.
(State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Mary Agnes O'Connor

19. Residence (usual place of abode) Nez Perce Ida
(If non-resident, give place and State) .....

20. Color or race White | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) Crawford County Kansas
(State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boracic Acid

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 1:00 P.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) Cooper, M. D.

or ....., Midwife

Address Nez Perce, Idaho

Filed JUL 25 1938

Registrar.

Registrar.

Now Mary Agnes (McGuire)

Mary Agness Farmer (Mother)

7104 - N. Oatman Ave
Portland Oregon

Mrs. Mike Mockler - Nez Perce, Idaho

Mrs B. J. Mac Rae, Lewiston, Idaho

Mrs. ~~H.~~ J. L. Hauptman, Redmond, Oregon.

249-106040296

S. F. No. 817—1933. 1632.

IDAHO

~~Washington~~ State Board of Health

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Record No. 270063

Registered No. 28

Registration D. 70 " " 1911.

25

1. PLACE OF BIRTH

County of Shoshone

City or Town of Burke

Registration Dist. No. ..... Place of Birth Burke, Idaho

2. FULL NAME OF CHILD William Henry Burke

If child is not yet named **do not delay filing this certificate.** Name will be secured through supplemental report.

SEP 12 1906

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, In order of birth	6. Premature / Full term X	7. Legitimate?	8. Date of birth
Male			Yes	Aug. 6, 1906 (Month, day, year)

FATHER		MOTHER	
9. Full Name	Gary C. Burke	18. Full Maiden Name	Hattie Brown
10. Residence	Burke, Idaho	19. Residence	Burke, Idaho
11. Color or Race	White	12. Age at last Birthday	32 (Years)
20. Color or Race	White	21. Age at last Birthday	29 (Years)
13. Birthplace (State or Country)	Cameron, Missouri, USA	22. Birthplace (State or Country)	Fort Scott, Kansas, USA
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Ry Station Agent	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work ....., 19..		25. Date (month and year) last engaged in this work ....., 19..	
17. Total time (years) spent in this work		26. Total time (years) spent in this work	

27. Number of children of this mother (At time of this birth and including this child) 1 (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

28. If stillborn, period of gestation ..... months or weeks

29. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive ~~STILLBORN~~ † and that it occurred on August 6, 1906, at 11 P. M.

(Signature) G. Collins M.D.

Burke, Idaho

(Physician ~~MIDWIFE~~)

Address .....

Filed Aug 15, 1908 John T. Brown

Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

Registrar.

† Indicate which by drawing line through superfluous word.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

H345-012-022-657

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Fremont
City of Egin
No. ..... St.
(If born in hospital or institution give name.)

SEP 23 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

271078

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD ADA LUNDBERG

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth July 12, 1906 (Month, Day, Year)

FATHER

9. Full name: Richard Henry Lundberg

10. Residence (usual place of abode) (If non-resident, give place and State): Egin, Idaho

11. Color or race: White | 12. Age at last birthday: 33 (years)

13. Birthplace (city or place) (State or Country): Uppsala, Sweden

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm and various places

16. Date (month and year) last engaged in this work: July 12, 1906

17. Total time (years) spent in this work: 15 yrs.

MOTHER

18. Full maiden name: Sadie Weaver

19. Residence (usual place of abode) (If non-resident, give place and State): Egin, Idaho

20. Color or race: ..... | 21. Age at last birthday: 24 (years)

22. Birthplace (city or place) (State or Country): Paris, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home

25. Date (month and year) last engaged in this work: July 12, 1906

26. Total time (years) spent in this work: 3 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead - (c) Stillborn -

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 A.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or ....., Midwife
Address .....
Filed SEP 23 1938, 193... .....
Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bonneville } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Sadie Lundberg being first duly sworn says that she is the mother (Relationship of child)* of Ada Lundberg born July 12, 1906 (Date of birth) at Egin, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ada Lundberg hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Middleton M. D. was the Midwife medical attendant at the birth of said Ada Lundberg and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Sadie Lundberg

P. O. Address Route #2, Idaho Falls, Idaho

Subscribed and sworn to before me this 22nd. day of September, 1938

Ralph T. Albaugh
Notary Public.

Residing at Idaho Falls, Idaho, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

569-217-010-154

RECEIVED
SEP 26 1938

271091

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

271091

1. PLACE OF BIRTH
County of Bonneville
City of
No. R.F.D. 3 St.
—
(If born in hospital or institution give name.)

Registration District No. 73 State File No.
Prim. Registration District No. 21 V-0 Local Registrar's No. 611

2. FULL NAME OF CHILD Melba Caroline Nord

3. Sex Girl | If plural births: 4. Twin, triplet, or other Single; 5. Number, in order of birth 5 | 6. Premature — Full term yes | 7. Legitimate? yes | 8. Date of birth Sept 17th, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Nels O. Nord	18. Full maiden name Hannah Anderson
10. Residence (usual place of abode) Idaho Falls Idaho (If non-resident, give place and State) RFD 3	19. Residence (usual place of abode) Idaho Falls (If non-resident, give place and State) RFD 3
11. Color or race White 12. Age at last birthday 43 (years)	20. Color or race White 21. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or Country) Christianstad Lane Sweden	22. Birthplace (city or place) (State or Country) Christianstad Lane Sweden
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own Home
16. Date (month and year) last engaged in this work Life, 19	25. Date (month and year) last engaged in this work Life, 19
17. Total time (years) spent in this work Life	26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 20% argyrol

28. Number of children of this mother 5 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead One (c) Stillborn —

29. If stillborn, period of gestation — months or weeks —

30. Cause of Stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born Sept 17 at 10 P m. 1906 on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Thomas C. Willson, M. D.
or , Midwife
Address 124 N Eastern ave Idaho Falls Idaho

Give name added from a supplemental report
(Date of)

Filed Sept 20, 1938 [illegible] Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A236-214-028-256

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 30 1938

271104

1. PLACE OF BIRTH
County of Kootenai
City of Post Falls
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Stout, Velva Ethel

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Aug. 14, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Stout, Alexander Claude	18. Full maiden name Knowles, Carlie
10. Residence (usual place of abode) (If non-resident, give place and State) Stationed at China at time of birth	19. Residence (usual place of abode) (If non-resident, give place and State) Post Falls, Ida.
11. Color or race White 12. Age at last birthday 22 (years)	20. Color or race White 21. Age at last birthday 18 (years)
13. Birthplace (city or place) (State or Country) Ottawa, Ohio	22. Birthplace (city or place) (State or Country) Quincy, Kansas
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U. S. Navy	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
16. Date (month and year) last engaged in this work Still engaged, 19.... 17. Total time (years) spent in this work 3 years	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work 1 year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric acid

28. Number of children of this mother One (At time of this birth and including this child) (a) Born alive and now living One (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed SEP 30 1938, 193.. Pearl Dillingham State Registrar.

..... Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of King } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Carlie Stout being first duly sworn says that she is the mother (Relationship of child)* of Velva Ethel Stout born August 14, 1906 (Date of birth) at Post Falls, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Velva Ethel Stout hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Lydia Ann Knowles ~~XXX~~ was the Midwife medical attendant at the birth of said Velva Ethel Stout and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Carlie Stout

P. O. Address 1011 E. Division Lane, Tacoma, Wash

Subscribed and sworn to before me this 28th day of September, 19 38.

Earl B. Johnson
Notary Public.

Residing at Seattle ~~Idaho~~ Wash

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1-942-220-001-141

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

271106

SEP 29 1938

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 1035 - Warm Springs ave
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Jeanne Elizabeth Russell

3. Sex Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term ✓
7. Legitimate? Yes
8. Date of birth Jan 26, 1926 (Month, Day, Year)

FATHER
9. Full name James Harrison Russell
10. Residence (usual place of abode) (If non-resident, give place and State) Boise
11. Color or race White
12. Age at last birthday 49 (years)
13. Birthplace (city or place) (State or Country) Illinois

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock man
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work 30 years

MOTHER
18. Full maiden name Sophronia Jane Adams
19. Residence (usual place of abode) (If non-resident, give place and State) Boise
20. Color or race White
21. Age at last birthday 47 (years)
22. Birthplace (city or place) (State or Country) Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work 30 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Eleven (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 4 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....
Filed ....., 193....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

..... Registrar.

SEP 29 1938

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Ada } ss.

May Russell Harmon being first duly sworn says that she is the Aunt (Relationship of child)* of Jeanne Elizabeth Russell born Jan 26 1906 (Date of birth) at 1035 - Warm Spgs Boise, Idaho, ~~whose certificate of birth is hereto attached, and that~~ Jeanne E. Russell desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Jeanne Elizabeth Russell hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Bowers - deceased M. D. was the ~~Midwife~~ medical attendant at the birth of said Jeanne Elizabeth Russell and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mary R. Harmon
P. O. Address 1808 - 38th - Seattle, Wn.

Subscribed and sworn to before me this 21st day of September, 1938

Notary Public.

Residing at Seattle - King Co., Idaho.

*If the father and mother are dead, and the next-nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JAN 7 1969

414-223-537-432

27/142

1. PLACE OF BIRTH

County of Owyhee

City of De Lamar

No. ..... St.

(If born in hospital or institution give name.)

OCT 17 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 271142

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Amy A. Daugherty

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 4th	6. Premature ..... Full term yes	7. Legitimate? yes	8. Date of birth July 23, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Charles W. Daugherty	18. Full maiden name: Sarah Mc Kenna
10. Residence (usual place of abode) (If non-resident, give place and State): De Lamar	19. Residence (usual place of abode) (If non-resident, give place and State): De Lamar
11. Color or race: White | 12. Age at last birthday: 34 (years)	20. Color or race: White | 21. Age at last birthday: 30 (years)
13. Birthplace (city or place): near Pineville (State or Country): Oregon	22. Birthplace (city or place): near Prairie , (State or Country): Oregon
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer-teamster	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Various	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: August, 1937	17. Total time (years) spent in this work: 31 yrs
25. Date (month and year) last engaged in this work: ....., 19....	26. Total time (years) spent in this work: .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 4th child (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn 1

29. If stillborn, period of gestation full period { months or weeks

30. Cause of stillbirth do not know { Before labor ..... During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 3 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

(Signed) Sarah Mc Kenna Daugherty, M.D.

or Mother, Midwife

Address .....

Filed OCT 17 1938, 193.....

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of King } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Sarah McKenna Daugherty being first duly sworn says that she is the mother (Relationship of child)* of Amy A. Daugherty

born July 23, 1906 (Date of birth) at De Lamar, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Amy A. Daugherty

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Farrer M. D. was the Midwife medical attendant at the birth of said Amy A. Daugherty and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Sarah (McKenna) Daugherty

P. O. Address

Subscribed and sworn to before me this 14th day of October, 19 38

Margaret Collins
Notary Public.

Residing at Kirkland, Washington.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

463-119.173-695

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED
OCT 22 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 272261

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH

County of Bannock

City of Pocatello

No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD WILLIAM COCHRAN MORGAN

3. Sex: MALE

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term X

7. Legitimate? YES

8. Date of birth June 19, 1936 (Month, Day, Year)

FATHER

9. Full name: Fred Morgan

10. Residence (usual place of abode) Salt Lake Ci
(If non-resident, give place and State) Utah

11. Color or race white | 12. Age at last birthday 21 (years)

13. Birthplace (city or place) Franklin
(State or Country) Nebraska

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. rail-road

16. Date (month and year) last engaged in this work June 19, 1936

17. Total time (years) spent in this work 2 years

MOTHER

18. Full maiden name: Alice B. Finch

19. Residence (usual place of abode) Salt Lake City
(If non-resident, give place and State) Utah

20. Color or race white | 21. Age at last birthday 17 (years)

22. Birthplace (city or place) Kansas City
(State or Country) Mo.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work June 19, 1936

26. Total time (years) spent in this work 1 year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? unknown

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living one (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

(Signed) Alice B Morgan Mother, ~~M.D.~~

or _____, Midwife

Address 568, 21st St. Oakland, California

Filed OCT 22 1936, 193

Registrar. _____ Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Alameda } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Alice B. Morgan being first duly sworn says that she is the MOTHER of William Cochran Morgan
(Relationship of child)*

born June 19th, 1906. at Pocatello, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that William Cochran Morgan desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said William Cochran Morgan hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that an Indian woman was the Midwife medical attendant at the birth of said William Cochran Morgan and that the said medical attendant is name unknown and cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Alice B Morgan

P. O. Address 588 21st St. Oakland, California.

Subscribed and sworn to before me this 14th day of October, 19 38.

Notary Public.

Residing at Oakland, California

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1. 168-2 PLACE OF BIRTH 168

County of Latah

City of Troy

No. R F D St.

in Home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT 31 1938

CERTIFICATE OF BIRTH

272281

Registration District No. ..... State File No. 272281

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lillian Johnson

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ✓ | 8. Date of birth July 30, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Simon "H." Johnson	18. Full maiden name Lela Johnson
10. Residence (usual place of abode) (If non-resident, give place and State) Troy Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Troy Idaho
11. Color or race white | 12. Age at last birthday 33 (years)	20. Color or race white | 21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country) Wisco, Minn.	22. Birthplace (city or place) (State or Country) Stayton Oregon
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work 1937, 19 ..... | 17. Total time (years) spent in this work 40	25. Date (month and year) last engaged in this work 1938, 19 ..... | 26. Total time (years) spent in this work since 1902

27. What prophylactic was used to prevent Ophthalmia Neonatorum? no.

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 8 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Lela Johnson, M. D.

or Mother, ~~Midwife~~

Address Troy Idaho

Give name added from a supplemental report .....
(Date of)

Filed ....., 193 .....

Registrar. OCT 5 - 1938 Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lela Johnson being first duly sworn says that she is the ~~Mother~~ Mother of Lillian Johnson Gravert
(Relationship of child)*

born July 30 - 1906 at Troy, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lillian Johnson Gravert hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Lilia Page ~~M.D.~~ Midwife was the medical attendant at the birth of said Lillian Johnson Gravert and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

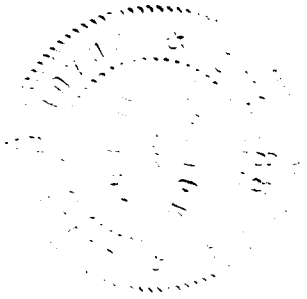
Name of Affiant Lela Johnson
P. O. Address Troy Idaho

Subscribed and sworn to before me this 17 day of Sept, 1938

E E Brock
Notary Public.

Residing at Troy Ida., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



799-223-80-254

272298

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. ..... St.
(If born in hospital or institution give name.)

NOV -7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 State File No. 272298
Prim. Registration District No. 2150 Local Registrar's No. 698

2. FULL NAME OF CHILD Bernice Kedzie Griffith

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term Yes	7. Legitimate? Yes	8. Date of birth March 23, 1906 (Month, Day, Year)
Female				

FATHER

9. Full name Joseph Edward Griffith
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Idaho
11. Color or race White | 12. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Philadelphia Pa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Nellie Kedzie (Griffith)
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Idaho
20. Color or race White | 21. Age at last birthday 30 (years)
22. Birthplace (city or place) (State or Country) Adrian Michigan

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. J. Timmins, M. D.
or ....., Midwife
Address Idaho Falls Idaho

Give name added from a supplemental report .....
(Date of) .....
Registrar.

Filed Oct 21, 1938 W. J. Timmins
Registrar.

A-583219.001-317

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 14 1938

Registration District No. ____ State File No. 272308

Prim. Registration District No. ____ Local Registrar's No. ____

1. **PLACE OF BIRTH**
County of Ada
City of Boise Idaho
No. 2800 Jefferson St.
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** Esther Vera Ehler.

3. Sex: female

If plural births: 4. Twin, triplet, or other: single; 5. Number, in order of birth: 3rd

6. Premature: No. Full term: yes

7. Legitimate? yes.

8. Date of birth: June 19, 1906 (Month, Day, Year)

FATHER

9. Full name: William Elsworth Ehler

10. Residence (usual place of abode) (If non-resident, give place and State): 2800 Jefferson St.

11. Color or race: white | 12. Age at last birthday: 40 (years)

13. Birthplace (city or place) (State or Country): Jackson Co. Missouri (Now Deceased.)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work: December, 1932

17. Total time (years) spent in this work: 20

MOTHER

18. Full maiden name: Stella Priscilla Talent.

19. Residence (usual place of abode) (If non-resident, give place and State): 2800 Jefferson St.

20. Color or race: White | 21. Age at last birthday: 36 (years)

22. Birthplace (city or place) (State or Country): Springfield Missouri.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:

25. Date (month and year) last engaged in this work: ____, 19____

26. Total time (years) spent in this work: 13

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child): 3
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation: ____ months or weeks

30. Cause of stillbirth: Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____
(Date of)

Filed NOV 14 1938, 193____

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Stella Priscilla Talent Ehler being first duly sworn says that she is the mother (Relationship of child)* of Esther Vera Ehler born June 19, 1906 (Date of birth) at Boise, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Esther Vera Ehler hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Doctor Maxie M. D. was the Midwife medical attendant at the birth of said Esther Vera Ehler and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Stella Priscilla Talent Ehler

P. O. Address 572 Margaret Avenue, Los Angeles

Subscribed and sworn to before me this 10th day of November, 1938

[signature]
Notary Public.

My Commission Expires October 27, 19[illegible]

Residing at Los Angeles County, Calif., ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

493-205 035-293

RECEIVED

NOV 21 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 273255

Prim. Registration District No. _____ Local Registrar's No. _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Pierce

City of Orofino

No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Louise Miller

3. Sex: Female

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term Yes

7. Legitimate? Yes

8. Date of birth Sept. 5, 1938 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Charles Mack Miller	18. Full maiden name: Lena Mae Billion
10. Residence (usual place of abode) (If non-resident, give place and State): Orofino, Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Orofino, Ida
11. Color or race: White 12. Age at last birthday: 28 (years)	20. Color or race: White 21. Age at last birthday: 22 (years)
13. Birthplace (city or place) (State or Country): Beloit, Kansas	22. Birthplace (city or place) (State or Country): La Mars, Iowa
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Gen'l Merch'dse	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: Sept., 1938	17. Total time (years) spent in this work: 5 mo.
25. Date (month and year) last engaged in this work: July, 1938	26. Total time (years) spent in this work: _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 2:00 m. P. on M. the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Lena Mae Miller. M.D.

or Mother Midwife

Address VANCOUVER, WASH. Route 1, Bx. 250

Filed Nov. 21, 1938

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Clark } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lena Mae Miller being first duly sworn says that she is the mother (Relationship of child)* of Louise Miller born September 5, 1906 (Date of birth) at Orofino, Pierce County, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Louise Miller hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. J. Farley M. D. was the Midwife medical attendant at the birth of said Louise and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Lena Mae Miller

P. O. Address VANCOUVER, WASH., Route 1, Box 250.

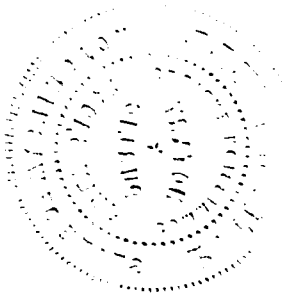
Subscribed and sworn to before me this 18th day of November, 19 38

Mc Elwell Notary Public

In and for the State of Washington ~~Notary Public~~.

Residing at Vancouver, Washington, ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Fremont

City of Marysville

No. ..... St.

(If born in hospital or institution give name.)

DEC 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 273318

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Clement Orvil Glover

3. Sex MALE | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Dec. 11, 1906 (Month, Day, Year)

FATHER

9. Full name Joseph Hyrum Glover ([redacted])

10. Residence (usual place of abode) (If non-resident, give place and State) Marysville

11. Color or race White 12. Age at last birthday 32 (years)

13. Birthplace (city or place) Farmington (State or Country) Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

16. Date (month and year) last engaged in this work Oct., 1936

17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Edith Van Orden

19. Residence (usual place of abode) (If non-resident, give place and State) Marysville

20. Color or race White 21. Age at last birthday 31 (years)

22. Birthplace (city or place) Marysville (State or Country) Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work Present time, 1938

26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Nine (a) Born alive and now living 7 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 2 P m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ..... , M. D.

or Emily Lamborn , Midwife

Address Marysville, Idaho

Filed DEC 12 1938, 193....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho
City of Ferdinand
No. A759121025659 St.

RECEIVED JAN 2 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

274349

274349

Registration District No. ..... State File No. .....

(If born in hospital or institution give name.)

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Louise Magdalen Gerding

3. Sex female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth May 21, 1916 (Month, Day, Year)

FATHER

9. Full name Bernard Gerding

10. Residence (usual place of abode) Ferdinand (If non-resident, give place and State) .....

11. Color or race white | 12. Age at last birthday 45 (years)

13. Birthplace (city or place) Westphalia (State or Country) Germany

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saloon keeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Saloon

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 3 years

MOTHER

18. Full maiden name Mary Weigert

19. Residence (usual place of abode) Ferdinand (If non-resident, give place and State) .....

20. Color or race white | 21. Age at last birthday 43 (years)

22. Birthplace (city or place) Bavaria (State or Country) Germany

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 11 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed Jan 2, 1939

.....
Registrar.

.....
Registrar.

DELAYED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California
County of Los Angeles } ss.

Mary Weigent Gerding being first duly sworn says that she is the mother of Louise Magdalen Gerding
(Relationship of child)*

born May 21, 1906 at Ferdinand, Idaho County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Louise Magalin Gerding hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that no M. D. was ~~the~~ or Midwife in medical attendant ~~at~~ at the birth of said Louise Magalin Gerding ~~and that the said medical attendant is~~

~~(Now deceased (or) cannot be located)~~

Name of Affiant Mary Weigent Gerding
P. O. Address 5817 Cimarron Street,

Subscribed and sworn to before me this 22nd day of December, 1938

Georgia B. Schueller
Notary Public.

Residing at Los Angeles, Cal., ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD: N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

274370

1. **PLACE OF BIRTH**
County of Idaho
City of Winona
No. 845 223025-314 St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. **FULL NAME OF CHILD** Edna Lorene Hunt

3. Sex: Female

If plural births: 4. Twin, triplet, or other: No; 5. Number, in order of birth: ____

6. Premature: No. Full term: Yes

7. Legitimate? Yes

8. Date of birth: Jan. 23, 1906 (Month, Day, Year)

FATHER

9. Full name: Fred Hunt

10. Residence (usual place of abode) (If non-resident, give place and State): Winona, Idaho

11. Color or race: White | 12. Age at last birthday: 22 (years)

13. Birthplace (city or place) (State or Country): Green County, Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work: ____, 19____

17. Total time (years) spent in this work: ____

MOTHER

18. Full maiden name: Bertha Lora Lamb

19. Residence (usual place of abode) (If non-resident, give place and State): Winona, Idaho

20. Color or race: White | 21. Age at last birthday: 20 (years)

22. Birthplace (city or place) (State or Country): Potlatch, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home

25. Date (month and year) last engaged in this work: ____, 19____

26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not known

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: 2 (b) Born alive but now dead: None (c) Stillborn: None

29. If stillborn, period of gestation: ____ (months or weeks)

30. Cause of Stillbirth: ____ Before labor: ____ During labor: ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) ____, M. D.
or Bertha Lora Hunt (Mother), ######
Address Nespelem, Washington

Filed 1-10-39 193____

Registrar. Registrar.

DELAYED

AFFIDAVIT OF BIRTH

JAN 10 1939

STATE OF Washington)
COUNTY OF Okanogan) ss

I, Bertha Lora Hunt hereby depose and say that I am the mother of Edna Lorene Hunt born Jan. 23, 1906, at Winona, Idaho and that her mother's name is Bertha Lora Hunt and her father's name is Fred Hunt:

That the said Edna Lorene Hunt is the same person who was born an the 23rd day of January, 1906:

That all of the above facts are within my personal knowledge and recollection.

Bertha Lora Hunt
Signature

Subscribed and sworn to before me this 10th day of Jan. 1939.

Earl De Camp
Notary Public
NESPELEM, WASH.
Jan. 13, 1940
My commission expires

253-120 001-695

275371

JAN 19 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

275371

1. PLACE OF BIRTH

County of Ida

City of Boise, Idaho

No. St.

St. Alphonsus Hospital

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Eldred Ross Bechtel.

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? Yes.

8. Date of birth Feb. 20th, 1906 (Month, Day, Year)

FATHER

9. Full name Herman Thomas Bechtel.

10. Residence (usual place of abode) (If non-resident, give place and State) Barber, Ida.

11. Color or race White | 12. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or Country) Hamilton, Hancock Co. Illinois.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Barber Saw Mills.

16. Date (month and year) last engaged in this work Feb. 20th, 1906.

17. Total time (years) spent in this work One.

MOTHER

18. Full maiden name Rosetta Freeman

19. Residence (usual place of abode) (If non-resident, give place and State) Barber, Ida.

20. Color or race White. | 21. Age at last birthday 26 (years)

22. Birthplace (city or place) (State or Country) Hamilton, Hancock Co. Illinois.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home.

25. Date (month and year) last engaged in this work Feb. 20th, 1906

26. Total time (years) spent in this work 2 years.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 9 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Herman Bechtel, Father, ~~M.D.~~

or Mrs Herman Bechtel, Mother, ~~Midwife~~

Address Barber, Idaho, Ida. County,

Give name added from a supplemental report .....

(Date of)

Filed ....., 193...

Registrar.

JAN 19 1939

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

C. A. Bottolfsen [redacted] GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of .....
} ss.
County of .....

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Vernan Thomas Bechtel, being first duly sworn says that he is the Father of Eldred Ross Bechtel,
(Relationship of child)*

born February 20th 1906, at St. Alphonsus Hospital, Boise Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Father ~ Mother ~ desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Eldred Ross Bechtel,

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Van Gote M. D. was the ~~Midwife~~ medical attendant at the birth of said Eldred Ross Bechtel, and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Vernan Thomas Bechtel

P. O. Address 118 W. Smith St. Seattle, Wn.

Subscribed and sworn to before me this 16th day of January, 19 39

Thomas P. Riddell
Notary Public.

In and for the State of Washington
Residing at Seattle, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

OCT 4 1960

WRITE PLAINLY WITH INKFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Gooding
City of Rathdrum
No. A855-123028-813 St.
(If born in hospital or institution give name)

RECEIVED JAN 26 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

IN 401

CERTIFICATE OF BIRTH 275401

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Vernon Sylvester Hendricks

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth (Month, Day, Year)
M	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term X	Yes	April 23 1906

FATHER	MOTHER
9. Full name: William Henry Hendricks	18. Full maiden name: Maude Minnie Hattenberg
10. Residence (usual place of abode) (If non-resident, give place and State): Rathdrum	19. Residence (usual place of abode) (If non-resident, give place and State): Rathdrum
11. Color or race: White | 12. Age at last birthday: 30 (years)	20. Color or race: White | 21. Age at last birthday: 23 (years)
13. Birthplace (city or place) (State or Country): Sioux Falls S.D.	22. Birthplace (city or place) (State or Country):
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Rented Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: Always a farmer, 19	17. Total time (years) spent in this work: 6 yrs
25. Date (month and year) last engaged in this work: Sept. 1900	26. Total time (years) spent in this work: 6 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother: Two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed JAN 26 1939, 193

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

Dominion ~~State~~ of Canada
Province ~~County~~ of Alberta } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Vernon Sylvester Hendricks being first duly sworn says that he is the son of William Henry Hendricks
(Relationship of child)*

born April 23, 1906 at Rathdrom, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Vernon Sylvester Hendricks hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Drennen M. D. was the Midwife medical attendant at the birth of said Vernon Sylvester Hendricks and that the said medical attendant is Vada McNett (not definitely known)
(Now deceased (or) cannot be located)

Name of Affiant V S Hendricks

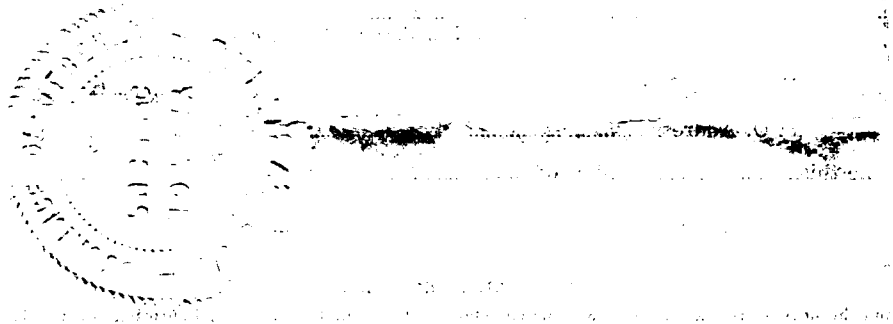
P. O. Address Forest Lawn, Alberta, Canada

Subscribed and sworn to before me this 23rd day of January, 1939

Hugh C. Farthing
Notary Public.

Residing at Calgary, Alberta, Canada ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



993/17 001-381

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

275457

FEB 14 1939

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 187 N. Brumback
(If born in hospital or institution give name.)

Registration District No. 2 State File No.
Prim. Registration District No. 1004 Local Registrar's No. 76

2. FULL NAME OF CHILD Forrest Eugene Richards.

3. Sex M | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term Yes | 7. Legitimate? YES | 8. Date of birth June 17 1906 (Month, Day, Year)

FATHER

9. Full name Arthur J. Richards.
10. Residence (usual place of abode) (If non-resident, give place and State) 187 N. Brumback
11. Color or race W | 12. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Ida

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —
16. Date (month and year) last engaged in this work —, 19
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Maggie Chapman
19. Residence (usual place of abode) (If non-resident, give place and State) 187 N. Brumback
20. Color or race W | 21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or Country) Neb

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House wife
25. Date (month and year) last engaged in this work —, 19
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn
29. If stillborn, period of gestation ... months or weeks
30. Cause of stillbirth ... Before labor ... During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 6.10 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report
(Date of)
Registrar.

(Signed) John Burch, M. D.
or , Midwife
Address Boise Idaho
Filed 1-25, 1939 R. F. Sharp
Registrar.

AUG 1 9 2016

843216 028 669

1. PLACE OF BIRTH

County of Kootenai

City of Spirit Lake

No. ..... St.

(If born in hospital or institution give name.)

FEB 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

275479

CERTIFICATE OF BIRTH

Registration District No. 30 State File No. .....

Prim. Registration District No. 2051 Local Registrar's No. 18

2. FULL NAME OF CHILD Ina Claretta Hulsey

3. Sex F

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth March 16, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Charles Martin Hulsey	18. Full maiden name Ida Mae Owrey
10. Residence (usual place of abode) (If non-resident, give place and State) Spirit Lake	19. Residence (usual place of abode) (If non-resident, give place and State) Spirit Lake
11. Color or race W | 12. Age at last birthday 27 (years)	20. Color or race W | 21. Age at last birthday 25 (years)
13. Birthplace (city or place) Mazon (State or Country) Illinois	22. Birthplace (city or place) Quincey (State or Country) Illinois
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work ....., 1906 | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work March, 1906 | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
2 (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 A.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Ida Mae Pierce, M. D.

or ..... mother, ~~Midwife~~

Address Rt 5, Spokane, Washington

Filed January 19, 1939 H L Newcombe MD
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ida Mae Prince being first duly sworn says that she is the mother (Relationship of child)* of Ina Claretta Hulsey born March 16, 1906 (Date of birth) at Spirit Lake, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ina Claretta Hulsey hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that there was no medical attendant ~~M. D. was the~~ Midwife ~~medical attendant at~~ the birth of said Ina Claretta Hulsey and that the said medical attendant is Ida Mae Prince (Now deceased (or) cannot be located)

Name of Affiant Ida Mae Prince.

P. O. Address, Route 5 Spokane Washington

Subscribed and sworn to before me this 18th day of Jan, 1939

Jas A Foster
Notary Public.

Residing at ....., Idaho.

***If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

FEB 19 1944

249 118042.854

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls,
No. 6th ave east St.
(If born in hospital or institution give name.)

FEB 16 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 276408

Registration District No. 37 State File No.
Prim. Registration District No. 1685 Local Registrar's No. 52

2. FULL NAME OF CHILD Justine George Smith

3. Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term X | 7. Legitimate? X | 8. Date of birth Feb. 18th 1906 (Month, Day, Year)

FATHER

9. Full name William J. Smith
10. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls,
11. Color or race W | 12. Age at last birthday 46 (years)
13. Birthplace (city or place) (State or Country) Waldron, Michigan

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Judge.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ..., 19.. | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Clara Bell Heughan
19. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls,
20. Color or race W | 21. Age at last birthday 33 (years)
22. Birthplace (city or place) (State or Country) Chicago, Ill

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Hswife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ..., 19.. | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn
29. If stillborn, period of gestation ... months or weeks | 30. Cause of stillbirth ... Before labor ... During labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 11.00 a m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Clara Bell Smith, M. D.
or ..., Midwife
Address Twin Fall, Idaho

Give name added from a supplemental report ...
(Date of) ...
Registrar.

Filed 2/13/39, 193.. Registrar.

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Twin Falls, } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Clara Bell Smith being first duly sworn says that she is the Mother (Relationship of child)* of Justine George Smith born Feb. 16th 1906 (Date of birth) at Twin Falls, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Justine George Smith hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that T.O.Boyd M. D. was the ~~Midwife~~ medical attendant at the birth of said Justine George Smith and that the said medical attendant ~~is~~ cannot be located (Now deceased (or) cannot be located)

Name of Affiant Clara Bell Smith

P. O. Address Twin Falls, Idaho

Subscribed and sworn to before me this 13th day of Feb., 1939

[signature] Notary Public.

Residing at Twin Falls, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 4 1957

485-202-044-433

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Washington
City of Valley of Meadows
No. ____ St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
MAR 1 1939

CERTIFICATE OF BIRTH

276444

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. **FULL NAME OF CHILD** Edith Pearl Myers

3. Sex: female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term X
7. Legitimate? yes
8. Date of birth July 2, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Charles Richard Myers	18. Full maiden name: Margaret Frances McCumsey
10. Residence (usual place of abode) Meadows Valley (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) Meadows Valley (If non-resident, give place and State) Idaho
11. Color or race: white 12. Age at last birthday: 38 (years)	20. Color or race: white 21. Age at last birthday: 35 (years)
13. Birthplace (city or place) Bourbon County (State or Country) Kansas	22. Birthplace (city or place) ____ (State or Country) Nebraska
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
16. Date (month and year) last engaged in this work ____, 19____	25. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work: 18	26. Total time (years) spent in this work: 13

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother: 5 (At time of this birth and including this child)
(a) Born alive and now living: 5 (b) Born alive but now dead: ____ (c) Stillborn: ____

29. If stillborn, period of gestation ____ { months or weeks
30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.
Give name added from a supplemental report ____
(Date of)
____ Registrar.

(Signed) ____, M. D.
or C. R. Myers Father, Midwife
Address Blaine Washington
Filed MAR 1 1939, 193____
Registrar.

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Whatcom } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Charles Richard Myers being first duly sworn says that he is the father (Relationship of child)* of Elsie May Myers born December 27, 1894 (Date of birth) at Meadows Valley, Idaho, whose certificate of birth is hereto attached, and that Charles Richard Myers desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Elsie May Myers hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Thomas Clay ~~M. D.~~ Midwife was the medical attendant at the birth of said Elsie May Myers and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant C. R. Myers

P. O. Address Blaine, Wash.

Subscribed and sworn to before me this 27th, day of February, 1939

Robt. H. Smith
Notary Public.

Residing at Blaine, Wash., ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A556-111 010-415

276461

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville

City of Milo

No. ..... St. .....

(If born in hospital or institution give name.) .....

MAR 6 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

276461

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Robert Leland Newman

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth July 11, 1906 (Month, Day, Year)

FATHER

9. Full name: Robert Marchant Newman

10. Residence (usual place of abode) (If non-resident, give place and State): Milo

11. Color or race: White 12. Age at last birthday: 33 (years)

13. Birthplace (city or place) (State or Country): Peoa, Summit County, Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farming

16. Date (month and year) last engaged in this work: ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Violet Galbraith Manning

19. Residence (usual place of abode) (If non-resident, give place and State): Milo

20. Color or race: White 21. Age at last birthday: 34 (years)

22. Birthplace (city or place) (State or Country): Hooper, Weber County, Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work: ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed MAR 6 1939, 193.....

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Utah
County of Weber } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Violet Galbraith Newman being first duly sworn says that

She is the Mother of Robert Leland Newman
(Relationship of child)*

born July 11, 1906 at Milo, Bonneville County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Robert Leland Newman

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Josephine Thompson XX M. D. was the Midwife medical attendant at the birth of said Robert Leland Newman and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Violet Galbraith Newman

P. O. Address 335 - 26th St. Ogden, Utah

Subscribed and sworn to before me this 20th day of Sept., 1938

[signature]
Notary Public.

My Commission Expires Feb. 2, 1940

Residing at ....., Idaho.

***If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JAN 26 [illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—... more th... one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH A419-126 036 419

County of Oneida

City of Preston

No. Idaho St.

Home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 9 1939

Registration District No. ..... State File No. 276474

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Cliff Stanley Marrom

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth April, 26 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Joseph Samuel Marrom	18. Full maiden name Annie Selk Marrom
10. Residence (usual place of abode) (If non-resident, give place and State) Preston, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Preston, Idaho
11. Color or race white	20. Color or race white
12. Age at last birthday 32 (years)	21. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Tulsa Germany	22. Birthplace (city or place) (State or Country) St. Paul Minnesota
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Bergman + Marrom	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work eleven	26. Total time (years) spent in this work eleven

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother five (At time of this birth and including this child) (a) Born alive and now living five (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed March, 1939

Registrar. Registrar.

STATE OF IDAHO

C.A. Bottolfsen [redacted] GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Franklin } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Annie Selk Marrom, being first duly sworn says that Cliff is the son (Relationship of child)* of Annie Selk Marrom born April 26, 1906 (Date of birth) at Preston, Idaho, whose certificate of birth is hereto attached, and that Cliff Stanley Marrom desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Cliff Stanley Marrom hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Nancy Beckstead ~~Mr. D.~~ was the Midwife medical attendant at the birth of said Cliff Stanley Marrom and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Annie Selk Marrom

P. O. Address 31 W. 3rd So. Salt Lake City, Utah

Subscribed and sworn to before me this 8th day of March, 1939

Jean Christopherson
Notary Public.

Residing at Salt Lake City Utah, ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 14 1939

Registration District No. ____ State File No. 276489

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Cassia
City of Oakley
No. 693-131 016 449 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Herman Elliot Wilson

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ____ | 7. Legitimate? Yes | 8. Date of birth Jan. 31, 1906 (Month, Day, Year)

FATHER

9. Full name Lorin Blood Wilson
10. Residence (usual place of abode) (If non-resident, give place and State) Oakley Idaho
11. Color or race White | 12. Age at last birthday 33 (years)
13. Birthplace (city or place) Eden Nelson (Ogden) Utah (State or Country) Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work 33 yrs.

MOTHER

18. Full maiden name Arbell Elizabeth McMurray
19. Residence (usual place of abode) (If non-resident, give place and State) Oakley Idaho
20. Color or race White | 21. Age at last birthday 32 (years)
22. Birthplace (city or place) Grantsville (State or Country) Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housekeeper
25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work 32 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 2 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Lorin Blood Wilson Father

or ____, Midwife

Address Oakley Idaho

Give name added from a supplemental report ____

(Date of) ____

Filed MAR 14 1939, 193____

Registrar. Registrar.

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Cassia } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lorin Blood Wilson being first duly sworn says that

He is the Father of Herman Elliot Wilson
(Relationship of child)*

born Jan. 31. 1906 at Oakley, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Herman Elliot Wilson

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs James Clark M.D. was the Midwife medical attendant at the birth of said Herman Elliot Wilson and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Lorin Blood Wilson

P. O. Address Oakley Idaho

Subscribed and sworn to before me this 11th day of March, 1939.

C. J. Larson
Notary Public for the State of Idaho
Residing at [illegible], Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 5 1964

551-109-01K-154

277416

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of New Plymouth

No. R 28 St.

(If born in hospital or institution give name.)

MAR 22 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 277416

Registration District No. 5 State File No.

Prim. Registration District No. 2007 Local Registrar's No.

2. FULL NAME OF CHILD John Earl Neal

3. Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth September 9 1906 (Month, Day, Year)

FATHER

9. Full name John Andrew Neal

10. Residence (usual place of abode) New Plymouth (If non-resident, give place and State) Idaho

11. Color or race White | 12. Age at last birthday 27 (years)

13. Birthplace (city or place) Falks Store (State or Country) Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Stockman

16. Date (month and year) last engaged in this work ..., 19..

17. Total time (years) spent in this work Approximately 10 years

MOTHER

18. Full maiden name Emilie Wallace Anderson

19. Residence (usual place of abode) New Plymouth (If non-resident, give place and State) Idaho

20. Color or race White | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) Pioneerville (State or Country) Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ..., 19..

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
John Earl was first child (a) Born alive and now living One (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ... { months or weeks

30. Cause of stillbirth ... { Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 A.m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) W T Drysdale, M. D.

or ..., ~~Midwife~~

Address Veterans Facility, Milwaukee, Wis.

Give name added from a supplemental report Emilie W. Neal

(Date of) Mother of John Earl Neal

Filed Mar., 1939

Registrar. Registrar.

JUL 26 1968

735-103-029466

277426

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah

City of Potlatch

No. ..... St. .....

(If born in hospital or institution give name.) .....

MAR 27 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 277426

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Robert Walter Pledger

3. Sex: male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Dec. 3, 1906 (Month, Day, Year)

FATHER

9. Full name Walter Pledger

10. Residence (usual place of abode) (If non-resident, give place and State) Potlatch

11. Color or race white | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work Present occupation | 17. Total time (years) spent in this work 2 yrs

MOTHER

18. Full maiden name Mattie Grace Moulds

19. Residence (usual place of abode) (If non-resident, give place and State) Potlatch

20. Color or race white | 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or Country) Washington

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Present Work | 26. Total time (years) spent in this work 3 1/2 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol

28. Number of children of this mother one (At time of this birth and including this child) (a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Louis A Woods, M. D.

or ....., Midwife

Address .....

Filed ....., 193...

MAR 27 1939

Registrar.

962-201-04-413

RECEIVED
APR 4 1939

277448

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

277448

1. PLACE OF BIRTH
County of Ada
City of Meridian
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Dorothy Elizabeth Ross

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth March 1, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Hyde Ross	18. Full maiden name Agnes MacKinnon
10. Residence (usual place of abode) (If non-resident, give place and State) Meridian, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Meridian, Ida.
11. Color or race W | 12. Age at last birthday 35 (years)	20. Color or race W | 21. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Canada	22. Birthplace (city or place) (State or Country) Scotland
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Minister	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ..... Smirl, M. D.
or Susan Emily Smirl, Midwife
Address .....
Filed [redacted] 193 .....
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

APR 4 1939

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more t one child at birth a Separate Return must be made for each, and the number of each, in order of birth state

FEB

386-198 398-168

PLACE OF BIRTH

County of Boise

City of Pearl

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED
APR 12 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

277470

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Elmer Kelly Lyon

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Oct 4, 1906 (Month, Day, Year)

FATHER

9. Full name Joseph McClurg Lyon

10. Residence (usual place of abode) (If non-resident, give place and State) Pearl, Idaho

11. Color or race White | 12. Age at last birthday 31 (years)

13. Birthplace (city or place) Ava (State or Country) Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, ~~sawyer, bookkeeper~~, etc. Barber

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Barber Shop

16. Date (month and year) last engaged in this work October, 1906

17. Total time (years) spent in this work 7 yr

MOTHER

18. Full maiden name Inga Amalie Johnson

19. Residence (usual place of abode) (If non-resident, give place and State) Pearl Idaho

20. Color or race White | 21. Age at last birthday 26 (years)

22. Birthplace (city or place) ~~Black River Falls, Wis~~ (State or Country) Wisconsin

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. teacher ~~housewife~~

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. public schools ~~own home~~

25. Date (month and year) last engaged in this work October June 1903 19~~05~~

26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed APR 12 1939, 193....

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of .....
County of ..... } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

.....being first duly sworn says that

he is the Father of Elmer Kelly Lyon
(Relationship of child)*

born October 4, 1906 at Peart, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Elmer Kelly Lyon

.....hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs J. Moore was the Midwife
medical attendant at the birth of said Elmer Kelly Lyon and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Joseph M. Lyon

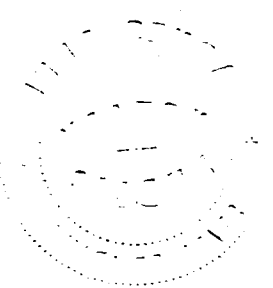
P. O. Address Winnemucca Nevada

Subscribed and sworn to before me this 12th day of April, 1939

Agnes Drum
Notary Public.

Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

859-223-009-365

1. PLACE OF BIRTH

County of Bonner

City of on Farm near

No. New Port Washington St.

(If born in hospital or institution give name.)

RECEIVED APR 18 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

277503

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Jessie Augusta Heisner

3. Sex: Female

If plural births: (1) 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth Sept. 23, ~~1906~~ 1906 (Month, Day, Year)

FATHER

9. Full name: Charles Albert Heisner

10. Residence (usual place of abode) (If non-resident, give place and State): Idaho

11. Color or race: white 12. Age at last birthday: 31 (years)

13. Birthplace (city or place) (State or Country): Fondulas Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm

16. Date (month and year) last engaged in this work: ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Carrie May Long (now deceased)

19. Residence (usual place of abode) (If non-resident, give place and State): Rice Lake Wis.

20. Color or race: white 21. Age at last birthday: 22 (years)

22. Birthplace (city or place) (State or Country): Town not known Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home

25. Date (month and year) last engaged in this work: May 8th, 19 18

26. Total time (years) spent in this work: 19

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn No

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 9 ~~#~~ (Born Alive or Stillborn) at ~~p~~ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles A Heisner, ~~M.D.~~

or FATHER, Midwife

Address 4122 Folsom Street Los Angeles Cal.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed APR 18 1939, 193.... Mae G. Atwood

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Charles Albert Heisner being first duly sworn says that he is the Father (Relationship of child)* of Jessie Augusta Heisner born September 23rd 1906 (Date of birth) at near New Port Washington (in Bonner Co. Idaho)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Jessie Augusta Heisner hereto attached are true and correct as stated therein, **and that this birth has not been previously r ecorded.**

Affiant further states that there was no Doctor in attendence M. D. was the Midwife medical attendant at the birth of said (Father was alone at the time of Birth) and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Charles A. Heisner

P. O. Address 4122 Folsom Street Los Angeles Calif.

Subscribed and sworn to before me this 15th day of April, 19 39

Charles B Kelley
Notary Public.

My Commission Expires May 5, 1941.

Residing at Los Angeles Calif., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

c.c. 5/29/41. w.h.

813-222-029-697

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

277524

1. PLACE OF BIRTH
County of Latah
City of Juliaetta
No. ____ St. ____
(If born in hospital or institution give name.) ____

MAR 22 1939
Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Ethel Elizabeth Hall

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term Yes
7. Legitimate? Yes
8. Date of birth Mar. 22, 1906 (Month, Day, Year)

FATHER

9. Full name: William Washington Hall
10. Residence (usual place of abode) (If non-resident, give place and State): Juliaetta
11. Color or race: White | 12. Age at last birthday: 34 (years)
13. Birthplace (city or place) (State or Country): Hardin, Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____
16. Date (month and year) last engaged in this work: Mar. 22, 1906
17. Total time (years) spent in this work: 13

MOTHER

18. Full maiden name: Lillie May Fix
19. Residence (usual place of abode) (If non-resident, give place and State): Juliaetta
20. Color or race: White | 21. Age at last birthday: 30 (years)
22. Birthplace (city or place) (State or Country): Dayton, Washington

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
25. Date (month and year) last engaged in this work: Mar. 22, 1906
26. Total time (years) spent in this work: 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead One (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 10 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W W Fuller, M. D.
or Father, ~~Midwife~~
Address Route #3, Moscow, Idaho

Give name added from a supplemental report ____
(Date of) ____
Registrar.

Filed MAR 22 1939, 193... ____
Registrar.

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

W. W. Hall and Lillie M. Hall being first duly sworn says that Ethel Elizabeth Hall is the Daughter of William Washington Hall and Lillie May Hall
(Relationship of child)*

born March 22, 1906 at Juliaetta, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ethel Elizabeth Hall

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that there was no medical attendant at the birth ~~M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is~~
(Now deceased (or) cannot be located)

Name of Affiant W W Hall Moscow, Idaho

P. O. Address Lillie M. Hall Moscow, Idaho

Subscribed and sworn to before me this 20th day of March, 19 39

Jack McQuade
Notary Public.

Residing at Moscow, Idaho.

***If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

NOV 4 1963

493-231-032-238

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

277531

APR 4 1939

1. PLACE OF BIRTH
County of Lincoln
City of Shoshone
No. Greenwood St.
Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Florence Louise Millsaps

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 3rd | 6. Premature no Full term yes | 7. Legitimate? yes | 8. Date of birth Oct. 31, 1906 (Month, Day, Year)

FATHER
9. Full name Frank Millsaps
10. Residence (usual place of abode) (If non-resident, give place and State) Shoshone, Ida.
11. Color or race white | 12. Age at last birthday 42 (years)
13. Birthplace (city or place) (State or Country) Rockport, Missouri
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. sheriff
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lincoln Co. Ida.
16. Date (month and year) last engaged in this work Oct. 31, 1906
17. Total time (years) spent in this work 2 yrs.

MOTHER
18. Full maiden name Mary Ellen Schoonover
19. Residence (usual place of abode) (If non-resident, give place and State) Shoshone Ida.
20. Color or race white | 21. Age at last birthday 40 (years)
22. Birthplace (city or place) (State or Country) Brownville Nebraska
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work Oct. 30, 1906
26. Total time (years) spent in this work 17 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed APR 4 1939, 193.. ..... Registrar.

K

STATE OF IDAHO

C. A. BOTTOLFSEN ~~BARZILLA W. CLARK~~, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Arizona } ss.
County of Maricopa }

Frank Millsaps being first duly sworn says that he is the father (Relationship of child)* of Florence Louise Millsaps born Oct. 31, 1906 (Date of birth) at Shoshone, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Florence Louise Millsaps hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. W. H. Baugh M. D. was the ~~Midwife~~ medical attendant at the birth of said Florence Louise Millsaps and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Frank Millsaps

P. O. Address Rt. 8 Box 412 M. Phoenix, Ariz.

Subscribed and sworn to before me this 20th day of March, 1939

My Commission Expires May 15, 1940 Milo E. Roy
Notary Public.

Residing at ....., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

11/12/40 L.B.

SEP 4 1943

278497

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 24 1939

1. PLACE OF BIRTH
County of Idaho
City of Kooskia
No. Idaho St.
849715 025-239
(If born in hospital or institution give name)

Registration District No. ..... State File No. 278497
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ray Walter Quinlan

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 6 | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Dec 15, 1906 (Month, Day, Year)

FATHER

9. Full name Cornelius James Quinlan
10. Residence (usual place of abode) (If non-resident, give place and State) Kooskia Idaho
11. Color or race White | 12. Age at last birthday 41 (years)
13. Birthplace (city or place) (State or Country) County Cork Ireland

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Frances Bell Stratton
19. Residence (usual place of abode) (If non-resident, give place and State) Kooskia Idaho
20. Color or race White | 21. Age at last birthday 40 (years)
22. Birthplace (city or place) (State or Country) .....

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother 6 (At time of this birth and including this child)
(a) Born alive and now living Yes (b) Born alive but now dead no (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Frances B Quinlan Mother, Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed APR 24 1939, 193.....
Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

278597

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of British Columbia } ss.
County of Westminster }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Frances Bell Lumsden being first duly sworn says that

She is the Mother of Ray Walter Lumsden
(Relationship of child)*

born December 15th 1906 at Kooskia, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ray Walter Lumsden hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Leiter M. D. was the Midwife medical attendant at the birth of said Ray Walter Lumsden and that the said medical attendant is Deceased.
(Now deceased (or) cannot be located)

Name of Affiant Frances B Lumsden

P. O. Address Chemainus BC

Subscribed and sworn to before me this 26th day of April, 1937

Notary Public.

Residing at Chemainus BC, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 22 1957

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

278504

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 25 1939

Registration District No. ..... State File No. 278504

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of ELMORE
City of MOUNTAIN HOME
No. 532-120 020 962 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD NORMAN CHARLES ECKSTEIN

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth June 20, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: SAMUEL S. ECKSTEIN	18. Full maiden name: ROSE ROSENBERG
10. Residence (usual place of abode) (If non-resident, give place and State): Mountain Home, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Mountain Home, Idaho
11. Color or race: White | 12. Age at last birthday: 25 (years)	20. Color or race: White | 21. Age at last birthday: 23 (years)
13. Birthplace (city or place) (State or Country): Latvia	22. Birthplace (city or place) (State or Country): Latvia
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ..... 16. Date (month and year) last engaged in this work: ....., 19..... 17. Total time (years) spent in this work: One	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ..... 25. Date (month and year) last engaged in this work: ....., 19..... 26. Total time (years) spent in this work: Four

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: Three (At time of this birth and including this child) (a) Born alive and now living Three (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... { months or weeks | 30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) S S Eckstein, M.D. or Midwife
or Father
Address Mountain Home, Idaho
Filed APR 25 1939, 193.....
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of CALIFORNIA }
County of LOS ANGELES } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

S. S. ECKSTEIN being first duly sworn says that

he is the father of NORMAN CHARLES ECKSTEIN
(Relationship of child)*

born June 20, 1906 at Mountain Home, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said NORMAN CHARLES ECKSTEIN hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that B. W. Mather M. D. was the ~~Midwife~~ medical attendant at the birth of said NORMAN CHARLES ECKSTEIN and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant S S Eckstein

P. O. Address 296 West Second Street, Pomona, California

Subscribed and sworn to before me this 21st day of April, 19 39

Notary Public in and for the County of Los Angeles, State of California.

My Commission Expires December 1st 1942 Notary Public.

Residing at Los Angeles, California, ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

278506

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 26 1939

Registration District No. ____ State File No. 278506

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Cassia
City of Albion
No. 791 131 0216 418 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Eldon Theodore Gray

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ✓

7. Legitimate? yes

8. Date of birth Mar. 31, 1906 (Month, Day, Year)

FATHER

9. Full name: Theodore Gray

10. Residence (usual place of abode) (If non-resident, give place and State): Albion, Ida

11. Color or race: white 12. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country): Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm

16. Date (month and year) last engaged in this work: March 1906

17. Total time (years) spent in this work: 20

MOTHER

18. Full maiden name: Mary Armenta Mahoney

19. Residence (usual place of abode) (If non-resident, give place and State): Albion Idaho

20. Color or race: white 21. Age at last birthday 26 (years)

22. Birthplace (city or place) (State or Country): Albion, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home

25. Date (month and year) last engaged in this work: March 1906

26. Total time (years) spent in this work: 20 11

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 11:45 p m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.

X or Lillian Powell, Midwife

Address Albion, Idaho

Filed APR 26 1939

Registrar.

Registrar.

349 102 044 685

#278507

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

278507

1. PLACE OF BIRTH
County of Washington
City of Midvale
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

APR 27 1939

2. FULL NAME OF CHILD Orville Wendelle Turnbaugh

3. Sex male | If plural births: 4. Twin, triplet, or other single; 5. Number, in order of birth ..... | Premature no; Full term yes | 7. Legitimate? yes | 8. Date of birth Aug 2, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Walter Turnbaugh	18. Full maiden name XXX Lora May Wheeler
10. Residence (usual place of abode) (If non-resident, give place and State) Midvale Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Midvale Ida.
11. Color or race white	20. Color or race white
12. Age at last birthday 42 (years)	21. Age at last birthday ..... (years)
13. Birthplace (city or place) (State or Country) Bellevue, County of Calhoun Ill.	22. Birthplace (city or place) (State or Country) Pearl Ill.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work Aug. 2nd, 1906	25. Date (month and year) last engaged in this work Aug 2, 1906
17. Total time (years) spent in this work 21	26. Total time (years) spent in this work 20

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 10 (b) Born alive but now dead 3 (c) Stillborn none

29. If stillborn, period of gestation no months or weeks

30. Cause of Stillbirth no During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at no record of hour m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Walter Turnbaugh - Father, M. D.
or there was no Midwife, Midwife
Address Midvale Idaho
Filed APR 27 1939, 193..

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

278507

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Washington } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Walter Turnbaugh being first duly sworn says that he is the Father (Relationship of child)* of Orville Wendelle Turnbaugh born August 2nd 1906 (Date of birth) at Midvale, Washington County, Idaho, whose certificate of birth is hereto attached, and that Walter Turnbaugh desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Orville Wendelle Turnbaugh hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that there was no doctor M. D. was the Midwife medical attendant at the birth of said Orville Wendelle Turnbaugh and that the said medical attendant is was none (Now deceased (or) cannot be located)

Name of Affiant Walter Turnbaugh

P. O. Address Midvale Idaho

Subscribed and sworn to before me this 24th day of April, 19 39

J. H. Goodnight
Notary Public.

Residing at Midvale, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A 636-215028-281

278561

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

278561

MAY 8 1939

Registration District No. 30 State File No.

Prim. Registration District No. 2051 Local Registrar's No. 145

1. PLACE OF BIRTH

County of Kootenai

City of Post Falls

No. St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Edna Bertie Florance

3. Sex: Female

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term Yes

7. Legitimate? Yes

8. Date of birth April 15, 1906 (Month, Day, Year)

FATHER

9. Full name: James Florance

10. Residence (usual place of abode) Cloverland (If non-resident, give place and State) Wash.

11. Color or race White | 12. Age at last birthday 37 (years)

13. Birthplace (city or place) Collingwood (State or Country) Ontario, Canada

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dealer in Gen. Mdse

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Also Postmaster

16. Date (month and year) last engaged in this work Still in Same Work

17. Total time (years) spent in this work More than 3

MOTHER

18. Full maiden name: Pearle Angeline Shaner

19. Residence (usual place of abode) Cloverland (If non-resident, give place and State) Wash.

20. Color or race White | 21. Age at last birthday 27 (years)

22. Birthplace (city or place) Anatone (State or Country) Washington

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 23

25. Date (month and year) last engaged in this work August (Death) 1929

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation 0 . { months or weeks

30. Cause of Stillbirth { During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) , M. D.

or , Midwife

Address

Filed 5-6, 1939 H. L. Newcomb R. S.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

278561

State of Minnesota
County of Kittson } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

James Florance being first duly sworn says that

is the Father (Relationship of child)* of Edna Bertie Florance (Mrs. Erwin O Christensen)

born Close to McGuire Station (Date of birth) at ~~East~~ West of Post Falls, Idaho,

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Edna Bertie Florance (Mrs. Erwin O. Christensen) hereto attached are true and correct ~~as stated therein,~~ and that this birth has not been previously recorded.

Affiant further states that the then Resident doctor at Post Falls M. D. was the Midwife medical attendant at the birth of said Edna Bertie Florance and that the said medical attendant is Now Deceased.
(Now deceased (or) cannot be located)

Name of Affiant James Florance

P. O. Address Humboldt, Minnesota.

Subscribed and sworn to before me this 5th day of May, 19 39.

Notary Public.

Residing at Humboldt Minn., ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

629-213014 819

278595

RECEIVED
MAY 15 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 278595

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Eunice Helen O'Brien

3. Sex

If plural births { 4. Twin, triplet, or other .....
5. Number, in order of birth one

6. Premature No. Full term Yes

7. Legitimate? Yes

8. Date of birth January 13 1906 (Month, Day, Year)

FATHER

9. Full name Warren Almond O'Brien

10. Residence (usual place of abode) (If non-resident, give place and State) Caldwell, Idaho

11. Color or race White | 12. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Ripley Co, Ind

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. — —

16. Date (month and year) last engaged in this work — —, 19....

17. Total time (years) spent in this work — —

MOTHER

18. Full maiden name Minnie Florence Hartman

19. Residence (usual place of abode) (If non-resident, give place and State) Caldwell, Idaho

20. Color or race White | 21. Age at last birthday 36 (years)

22. Birthplace (city or place) (State or Country) Hancock Co Ill

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. — —

25. Date (month and year) last engaged in this work — —, 19....

26. Total time (years) spent in this work — —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living One (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 1 A m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) Dr. Myers, M. D.
or Warren Almond O'Brien Midwife
Father
Address Cargo Fila

Filed May, 1939

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

County
State of ..... } ss.
Town
County of ..... }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

..... being first duly sworn says that

..... is the ..... of .....
(Relationship of child)*

born ..... at ....., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said .....

..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ..... M. D. was the Midwife medical attendant at the birth of said ..... and that the said medical attendant is .....
(Now deceased (or) cannot be located)

Name of Affiant Warren Almond O'Brien

P. O. Address Gargo Fla

Subscribed and sworn to before me this ..... day of ....., 19..

Cathleen E Long
Notary Public, State of Florida at Large
My Commission Expires Nov. 22, 1941
Notary Public.

Residing at ....., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED MAY 18 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

278602

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 663-124 003 194 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Claude Leroy Walford

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Nov 24, 1906 (Month, Day, Year)

FATHER

9. Full name Guy Overton Walford
10. Residence (usual place of abode) (If non-resident, give place and State) Pebble Ida
11. Color or race White 12. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Marysville Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 1 year

MOTHER

18. Full maiden name Meda Florence Armstrong
19. Residence (usual place of abode) (If non-resident, give place and State) Pebble Ida
20. Color or race White 21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or Country) Waterloo Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work 1 year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Protargol & Silver

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 7 P. M. at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ellis Kaeser, M. D.
or ..... Midwife
Address Lava Hot Springs Ida

Give name added from a supplemental report .....
(Date of)

Filed May —, 1939

Registrar. Registrar.

DELAYED
BOTH

Doc of 06-330136

AFFIDAVIT OF BIRTH.

MAY 9 1939

State of California
Co. of Orange

Meda F. Wolford, being duly sworn, states that she is the Mother of Claude Leroy Wolford, andthat he was born on the 24th. day of November, 1906, at Bancroft, Idaho. Dr. Ellis Kauckley attending Physician.

Meda F. Wolford

State of California
Co. of Orange

Personal appeared before me a Notary Public, Meda F. Wolford , known to me to be the person who signed the above affidavit.

Bess Miller

Notary Public for Orange Co.
State of California.

My comm expires July.15.1942

DELAYED

697-101-022.249

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED
MAY 29 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

279606

279606

1. PLACE OF BIRTH
County of Fremont
City of Lyman, Idaho
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Calvin Henry Fix

3. Sex Male | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? Yes | 8. Date of birth Aug 1, 1906 (Month, Day, Year)

FATHER

9. Full name Henry Martin Fix
10. Residence (usual place of abode) (If non-resident, give place and State) Lyman Idaho
11. Color or race White | 12. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Norfolk - Nebr.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work Aug-1-, 1904
17. Total time (years) spent in this work 10 years

MOTHER

18. Full maiden name Maggie Priscilla Smith
19. Residence (usual place of abode) (If non-resident, give place and State) Lyman Idaho
20. Color or race White | 21. Age at last birthday 18 (years)
22. Birthplace (city or place) (State or Country) Union Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work Aug-1-, 1905
26. Total time (years) spent in this work ✓

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks
30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 3-30 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Maggie Priscilla Fix, M. D.
or ..... (Mother), Midwife
Address Elma. Wash.
Filed May, 1939

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Grays Harbor } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Maggie Priscilla Fix being first duly sworn says that she is the mother (Relationship of child)* of Calvin Henry Fix born August 1, 1906 (Date of birth) at Lyman, Fremont County, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Calvin Henry Fix hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Wiley ~~M.D.~~ Midwife was the medical attendant at the birth of said and that the said medical attendant is deceased. (Now deceased (or) cannot be located)

Name of Affiant Maggie Priscilla Fix

P. O. Address Elma. Wash.

Subscribed and sworn to before me this 26th day of May, 1939.

Frank Drummond
Notary Public.

Residing at , Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A 451 218 035 454

279619

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 279619

JUN 5 1939

1. PLACE OF BIRTH
County of Nez Perce
City of Reubens
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Eva Viola Mead

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? yes | 8. Date of birth March 18 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name H. E. (Bert) Mead	18. Full maiden name Maude Alma Demarest
10. Residence (usual place of abode) (If non-resident, give place and State) Coquille Oregon Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Reubens, Ida
11. Color or race White | 12. Age at last birthday 62 (years)	20. Color or race White | 21. Age at last birthday 59 (years)
13. Birthplace (city or place) (State or Country) Minnesota	22. Birthplace (city or place) (State or Country) Anoka, Minn.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. County Jailer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn 1

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report March 20 - 1939 (Date of)
H. E. (Bert) Mead
Father
Registrar. X

Filed June, 1939
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Coos } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Bert Mead being first duly sworn says that he is the father (Relationship of child)* of Eva Viola Mead born March 18, 1906 (Date of birth) at Reubens, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Eva Viola Mead hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Bert Mead

P. O. Address Coquille Ore

Subscribed and sworn to before me this 20 day of March, 1939

L. W. ODDY, COUNTY CLERK

By Julia Featherman Notary Public.

Residing at , ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOV 8 1968

A 869-126-009-419

RECEIVED JUN 6 1939

279631

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

279631

1. PLACE OF BIRTH
County of Bonner
City of Laclede
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD CHARLES MELVIN HORN

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth Dec. 26, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name CHARLES HENRY HORN	18. Full maiden name LENA MAE MARKHAM
10. Residence (usual place of abode) (If non-resident, give place and State) Laclede	19. Residence (usual place of abode) (If non-resident, give place and State) Laclede
11. Color or race W | 12. Age at last birthday 34 (years)	20. Color or race W | 21. Age at last birthday 24 (years)
13. Birthplace (city or place) [redacted] (State or Country)	22. Birthplace (city or place) PORTLAND, OREGON (State or Country)
OCCUPATION: 14. Trade, profession, or particular kind [redacted] logger	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. [redacted] sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN HOME
16. Date (month and year) last engaged in this work December, 1923 | 17. Total time (years) spent in this work 15	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? NONE

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation X months or weeks | 30. Cause of Stillbirth X During labor X Before labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

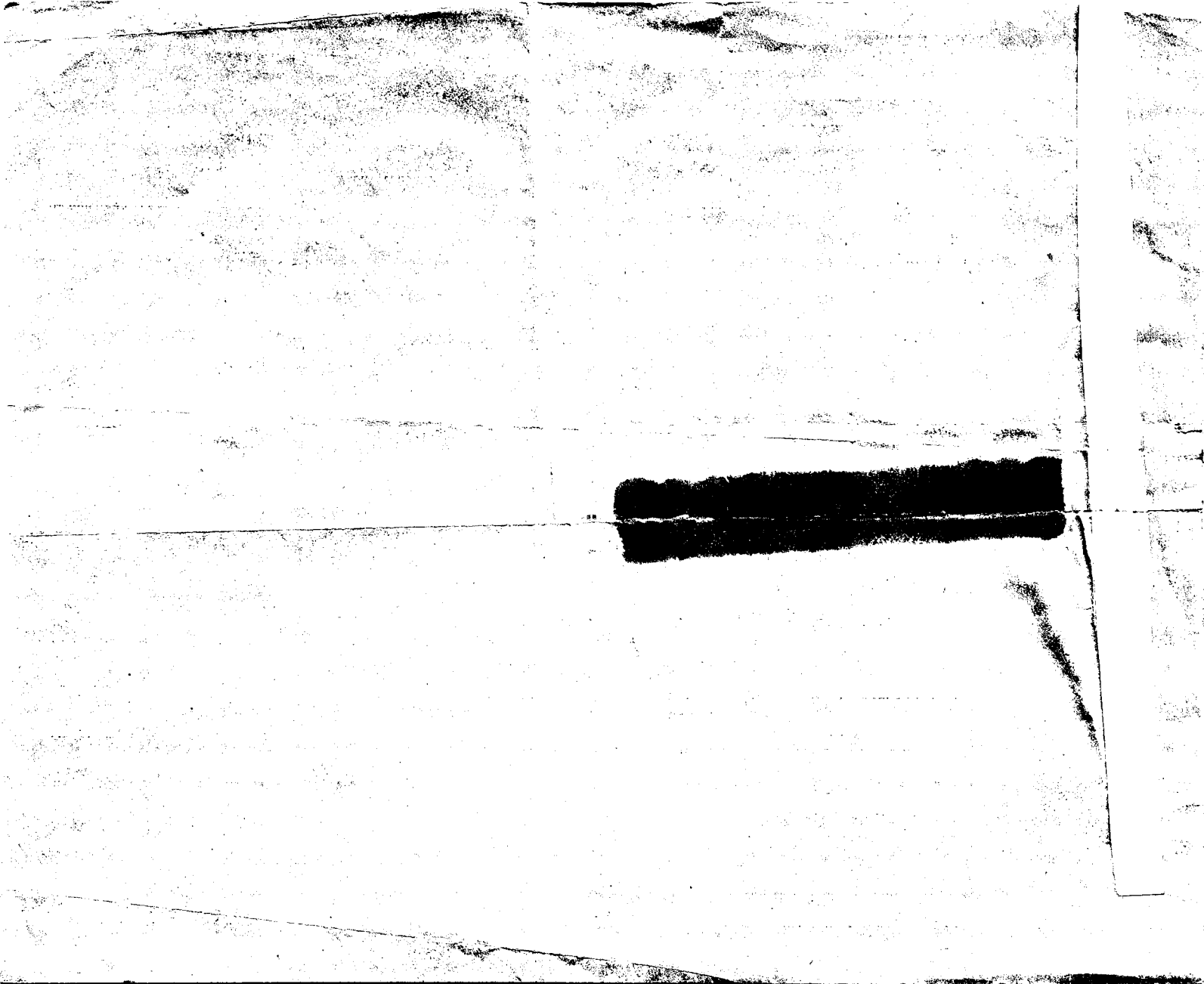
(Signed) ....., M. D.
or (Dr. deceased), Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed ....., 193.... .....
Registrar.

RECEIVED JUN 6 1939

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of BONNER } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

MRS. Lena M. HORN Eckalbar being first duly sworn says that she is the MOTHER of Charles Melvin HORN
(Relationship of child)*

born December 26, 1906 at Laclede, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Charles Melvin HORN

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that DOCTOR PRINDELL M. D. was the ~~Midwife~~ medical attendant at the birth of said Charles Melvin HORN and that the said medical attendant is Now Deceased
(Now deceased (or) cannot be located)

Name of Affiant Lena M. Horn Eckalbar

P. O. Address 96 Virginia Pontiac

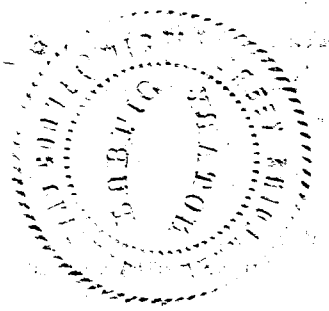
Subscribed and sworn to before me this 22nd day of May, 19 39.

Geraldine Keerl
Notary Public

Residing at Pontiac, Oakland Co., Mich.

My Com. Expires 4-4-43

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



319-224 028-239

279653

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED JUN 12 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

279653

1. PLACE OF BIRTH
County of Kootenai
City of Belgrove
No. St.
(If born in hospital or institution give name.)

Registration District No. 30 State File No.
Prim. Registration District No. 2051 Local Registrar's No. 169

2. FULL NAME OF CHILD Jacquetta Wilhelmina Larsen

3. Sex F | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature; Full term x | 7. Legitimate? Yes | 8. Date of birth Febr. 24, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Jacob Aal Larsen	18. Full maiden name: Karen Gurena Stinson
10. Residence (usual place of abode) (If non-resident, give place and State) Belgrove, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Belgrove, Ida.
11. Color or race white | 12. Age at last birthday 40 (years)	20. Color or race white | 21. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Madison Wisconsin	22. Birthplace (city or place) (State or Country) Cresco, Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Timber land owner postmaster	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work 15 years	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 12 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

..... Registrar.

(Signed) ....., M. D.
or Carrie (Karen) Larsen ~~Midwife~~
Address Belgrove Idaho Mother
Filed June 8, 1939 H. Dewcombe Mr.
Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of WASHINGTON
County of KING } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Carrie (Karen) Larsen being first duly sworn says that she is the mother (Relationship of child)* of Jacquetta Wilhelmina Larsen born February 24, 1906 (Date of birth) at Belgrove, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Jacquetta Wilhelmina Larsen hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that a (name forgotten) ~~XXX~~ was the Midwife medical attendant at the birth of said Jacquetta Wilhelmina Larsen and that the said medical attendant~~x~~ cannot be located (Now deceased (or) cannot be located)

Name of Affiant Carrie (Karen) Larsen

P. O. Address 4005 15th N.E., Seattle

Subscribed and sworn to before me this 7th day of June, 1939

Notary Public.

Residing at *Notary Public in and for the State of Washington, residing at Seattle, Wn.*, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

281 201 025-814

280661

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

280661

JUN 19 1939

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Idaho
City of White Bird
No. — St.
At home
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Magdelena (Lena) Elizabeth Shatzer

3. Sex: Female

If plural births: 4. Twin, triplet, or other: —; 5. Number, in order of birth: —

6. Premature: — Full term: Yes

7. Legitimate? Yes

8. Date of birth July 1, 1906 (Month, Day, Year)

FATHER

9. Full name: Washington A. Shatzer

10. Residence (usual place of abode) (If non-resident, give place and State): White Bird, Ida.

11. Color or race: White | 12. Age at last birthday: 46 (years)

13. Birthplace (city or place) (State or Country): Ohio

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: —

16. Date (month and year) last engaged in this work: —, 19—

17. Total time (years) spent in this work: Lifetime

MOTHER

18. Full maiden name: Elizabeth Hauck

19. Residence (usual place of abode) (If non-resident, give place and State): White Bird, Ida.

20. Color or race: White | 21. Age at last birthday: 34 (years)

22. Birthplace (city or place) (State or Country): Bavaria, Germany

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: - home

25. Date (month and year) last engaged in this work: —, 19—

26. Total time (years) spent in this work: Lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: 1 (b) Born alive but now dead: 0 (c) Stillborn: 0

29. If stillborn, period of gestation: — months or weeks

30. Cause of Stillbirth: — Before labor: — During labor: —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 4 A.m. on the date above stated.

(Signed) Elizabeth Shatzer Mother, ~~M. D.~~

or ____ Midwife

Address White Bird Idaho

Filed 6-19-39 193— Mae G. Atwood Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate return must be made for each, and number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of Idaho }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Elizabeth Shatzer being first duly sworn says that [redacted] is the Mother of Magdelena (Lena) Elizabeth Shatzer
(Relationship of child)*

born July 1, 1906 at White Bird, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Magdelena (Lena) Elizabeth Shatzer hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Ellen Brown ~~M.D.~~ Midwife was the medical attendant at the birth of said Magdelena (Lena) Elizabeth Shatzer and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Elizabeth Shatzer

P. O. Address White Bird, Idaho

Subscribed and sworn to before me this 10th day of June, 1939

Marie C. Shrock
Notary Public.

Residing at White Bird, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

-7-8-41

453-221-002-962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of FREMONT

City of ST. ANTHONY.

No. ROUTE # 3 St.

RECEIVED JUL 17 1939

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

280764

Registration District No. ..... State File No. 280764

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD GLADYS ELVA DeCAMP

3. Sex	If plural births: 4. Twin, triplet, or other ... 5. Number, in order of birth ...	6. Premature ... Full term X	7. Legitimate? X	8. Date of birth Aug. 21, 1906 (Month, Day, Year)
FEMALE				

FATHER	MOTHER
9. Full name: CHARLES HENRY DeCAMP	18. Full maiden name: IDA CAROLINE ROSENFIELD
10. Residence (usual place of abode) (If non-resident, give place and State): St. ANTHONY, IDA.	19. Residence (usual place of abode) (If non-resident, give place and State): St. ANTHONY, IDA
11. Color or race: White | 12. Age at last birthday: 47 (years)	20. Color or race: White | 21. Age at last birthday: 36 (years)
13. Birthplace (city or place) (State or Country): Letts, Iowa	22. Birthplace (city or place) (State or Country): Muscatine, Iowa
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: on own farm.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: 8/21/06, 19 ... 17. Total time (years) spent in this work:	25. Date (month and year) last engaged in this work: 8/21/06, 19 ... 26. Total time (years) spent in this work: 17 years.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother: 6 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 5:00 at P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) Dr. W. J. MIDDLETON, M. D.

or Ida R. DeCamp (MOTHER) ~~Midwife~~

Address St. Anthony, Idaho

Filed July, 1939

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO }
County of BONNEVILLE } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ida R. DeCamp being first duly sworn says that she is the mother (Relationship of child)* of Gladys Elva DeCamp born August 21, 1906 (Date of birth) at St. Anthony, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Gladys Elva DeCamp hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. W. J. MIDDLETON M. D. was the ~~Midwife~~ medical attendant at the birth of said Gladys Elva DeCamp and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant X Ida R. DeCamp

P. O. Address 1053 S. Boulevard, Idaho Falls, Idaho

Subscribed and sworn to before me this 14th day of July, 19 39.

O. R. Crawley
Notary Public.

Residing at Idaho Falls, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 264-[illegible] PLACE OF BIRTH 63

County of Washington

City of Weiser P.O.

No. Route No 1 ~~Str~~

(If born in hospital or institution give name.)

JUL 25 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

281916

Registration District No. ..... State File No. 281916

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Travis Joseph Bodrero

3. Sex Male

If plural births: 4. Twin, triplet, or other No; 5. Number, in order of birth 1

6. Premature No; Full term Yes

7. Legitimate? Yes

8. Date of birth Oct 17, 1936 (Month, Day, Year)

FATHER	MOTHER
9. Full name Joseph Bodrero	18. Full maiden name Ida Belle Bodrero
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Weiser Idaho
11. Color or race White; 12. Age at last birthday 40 (years)	20. Color or race White; 21. Age at last birthday 47 (years)
13. Birthplace (city or place) (State or Country) Logan Utah U.S.A.	22. Birthplace (city or place) (State or Country) Island City Oregon
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. None
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) ~~Two~~ One (a) Born alive and now living ~~X~~ 1 (b) Born alive but now dead Yes (c) Stillborn No

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ~~Dead~~ (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ida Belle Bodrero, M. D.

or Mother, Midwife

Address Weiser Idaho

Give name added from a supplemental report .....

(Date of)

Filed JUL 25 1939, 193.....

Registrar. Registrar.

STATE OF IDAHO

RECEIVED
JUL 28 1939

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Washington } ss.

Ida Belle Bodrero being first duly sworn says that

She is the Mother of Travis
(Relationship of child)*

born October 17- 1906 at Weiser, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Travis Joseph Bodrero

..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that E. B. Shirley M. D. was the Midwife medical attendant at the birth of said Travis and that the said medical attendant is now dead
(Now deceased (or) cannot be located)

Name of Affiant Ida Belle Bodrero

P. O. Address Weiser Idaho

Subscribed and sworn to before me this 27th day of July, 19 39

F. B. Lloyd
Notary Public

Residing at Weiser, Idaho.

Justice of The Peace, Notary Public.

Residing at Weiser Justice Precinct, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

SEP 20 1971

SEP 29 1971

1. 215-109-609-689 PLACE OF BIRTH

County of Bonner

City of Newport

No. Idaho St.

(If born in hospital or institution give name.)

JUL 25 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

281917

Registration District No. ..... State File No. 281917

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Oscar Lewis Stannard

3. Sex M | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth ..... | 6. Premature no Full term — | 7. Legitimate? yes | 8. Date of birth August 9th, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Albert Lay Stannard	18. Full maiden name Leona Mae Whitestone
10. Residence (usual place of abode) (If non-resident, give place and State) Newport Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Newport Idaho
11. Color or race white | 12. Age at last birthday 32 (years)	20. Color or race white | 21. Age at last birthday 19 (years)
13. Birthplace (city or place) (State or Country) Springfield Ctr NY	22. Birthplace (city or place) (State or Country) Crab Creek (Washington) Sprague Wash. Lincoln Co
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Driller in Mines	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work Jan 29th, 1909 | 17. Total time (years) spent in this work 5	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother ~~two~~ one (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) John J. Phillips (Deceased), M. D.

or Leona M. Stannard Feley (Mother) ~~Midwife~~

Address 5 Herkimer Road Utica N.Y.

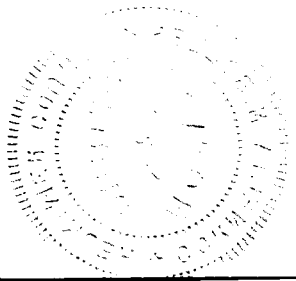
Filed JUL 25 1939, 1939

Registrar.

Registrar.

Commission Bolles
Notary Public

...one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of New York
County of Oneida } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Leona M Stannard Fuley being first duly sworn says that she is the Mother of Oscar L. Stannard
(Relationship of child)*

born August 9th 1906 at Newport Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Leona M Stannard Fuley desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Oscar L. Stannard are true hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that John T Phillips (Deceased) M. D. was the medical attendant at the birth of said Oscar L Stannard (Deceased) Midwife and that the said medical attendant is (both are Deceased)
(Now deceased (or) cannot be located)

Name of Affiant Leona M Stannard Fuley

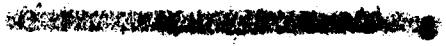
P. O. Address 51 Herkimer Road Utica N. Y.

Subscribed and sworn to before me this 4 day of May, 1939

[illegible]
Notary Public.

Residing at 124 S. 3rd Ave., [illegible], ~~Idaho~~ New York

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



A469-111-004-389

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

281931

RECEIVED JUL 27 1939

1. PLACE OF BIRTH
County of Bear Lake
City of Liberty
No. ....
(If born in hospital or institution give name.)

Registration District No. .... State File No. 281931
Prim. Registration District No. .... Local Registrar's No. ....

2. FULL NAME OF CHILD Clifford Christensen Morgan

3. Sex Male | If plural births: 4. Twin, triplet, or other Single | 5. Number, in order of birth 1 | 6. Premature .... Full term ✓ | 7. Legitimate? Yes | 8. Date of birth 12/11, 1906 (Month, Day, Year)

FATHER

9. Full name William Roberts Morgan
10. Residence (usual place of abode) (If non-resident, give place and State) Liberty Ida.
11. Color or race white | 12. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or Country) Liberty Bear Lake Co. Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. On Farm
16. Date (month and year) last engaged in this work July, 1939 | 17. Total time (years) spent in this work 25

MOTHER

18. Full maiden name Martha Amelia Christensen
19. Residence (usual place of abode) (If non-resident, give place and State) Liberty Ida.
20. Color or race white | 21. Age at last birthday 32 (years)
22. Birthplace (city or place) (State or Country) Bloomington Bear Lake Co. Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work Dec. 12th, 1906 | 26. Total time (years) spent in this work 25

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ....

28. Number of children of this mother (At time of this birth and including this child) Four
(a) Born alive and now living 4 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation .... months or weeks | 30. Cause of Stillbirth .... During labor .... Before labor ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was .... at .... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ...., M. D.
or ...., Midwife
Address ....

Give name added from a supplemental report ....
(Date of) ....
Registrar.

Filed JUL 28 1939, 193.... ....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 27 1939

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Bear Lake } ss.

I, William R. Morgan being first duly sworn says that

he is the father of Clifford Christensen Morgan
(Relationship of child)*

born Dec. 11, 1906 at Liberty, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Clifford Christensen Morgan

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. C. E. Clark M. D. was the Midwife

medical attendant at the birth of said Clifford Christensen Morgan and that

the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Wm R Morgan

P. O. Address Ovid, Idaho

Subscribed and sworn to before me this 20 day of July 1939

Notary Public.

Residing at , Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

655-19-23-384

281480

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 10 1939

CERTIFICATE OF BIRTH

281980

1. PLACE OF BIRTH

County of Lewis County Idaho
City of P.O. Lenore
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Francis Myron Henderson

3. Sex male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature no Full term .....

7. Legitimate? yes

8. Date of birth August 1, 1906. (Month, Day, Year)

FATHER

9. Full name Thomas Francis Hnderson
10. Residence (usual place of abode) (If non-resident, give place and State) Lewis County
11. Color or race White
12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Oberlin Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. rancher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm
16. Date (month and year) last engaged in this work August 1 1906
17. Total time (years) spent in this work 5 yrs

MOTHER

18. Full maiden name Anna Delle Cumming
19. Residence (usual place of abode) (If non-resident, give place and State) Lewis County
20. Color or race white
21. Age at last birthday 35 (years)
22. Birthplace (city or place) (State or Country) Fairplay Colorado

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. house wife
25. Date (month and year) last engaged in this work August 1, 1906
26. Total time (years) spent in this work 14 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) three prior
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillborn ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Anna Delle Henderson, M. D.
or mother, Midwife
Address AUG 10 1939
Filed AUG 10 1939, 193....

Give name added from a supplemental report .....
(Date of)
Registrar.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT one child at birth a Separate Return must be made for each, and the number

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of New Mexico
County of San Juan } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Anna Della Henderson being first duly sworn says that she is the mother (Relationship of child)* of Francis Myron Henderson born August 1 1906 (Date of birth) at Lewis County (on ranch), Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Francis Myron Henderson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that there was no physican M. D. was the Midwife medical attendant at the birth of said Francis Myron Henderson and that the said medical attendant ~~x~~ was Mrs Mike Kootz, reported dead, cannot hear from her. (Now deceased (or) cannot be located)

Name of Affiant Anna Della Henderson

P. O. Address Aztec New Mexico

Subscribed and sworn to before me this 3rd day of August, 19 39

My Commission expires
February 14th, 1940.

Jorge F. Brewington
Notary Public.

Residing at Aztec New Mexico, ~~Idaho.~~ xx

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 18 1944

MAR 22 1971

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

145-124-01K-437

1. **PLACE OF BIRTH**

County of Canyon

City of St. & Nampa

No. 5th & 11th Ave. North

(If born in hospital or institution give name.)

RECEIVED
AUG 12 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

281991

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. **FULL NAME OF CHILD** Phillip Frank Dunn

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male	-----	----	Yes	Yes	Nov. 24, 1906.

FATHER

9. Full name: William Samuel Walker Dunn

10. Residence (usual place of abode) (If non-resident, give place and State): Nampa, Idaho

11. Color or race: White | 12. Age at last birthday: 32 (years)

13. Birthplace (city or place) (State or Country): Workington, England

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Blacksmith

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Foundry

16. Date (month and year) last engaged in this work: Nov. 28, 1906

17. Total time (years) spent in this work: About 6 years

MOTHER

18. Full maiden name: Leslie Maud McGinn

19. Residence (usual place of abode) (If non-resident, give place and State): Nampa, Idaho

20. Color or race: White | 21. Age at last birthday: 20 (years)

22. Birthplace (city or place) (State or Country): Gore Bay, Ontario Canada.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home

25. Date (month and year) last engaged in this work: Dec. 7th, 1905

26. Total time (years) spent in this work: About 1 year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living one (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ (months or weeks)

30. Cause of Stillbirth ____ (Before labor ____ / During labor ____)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 4 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.

or Miss Elizabeth Morden Midwife

Address 503 11th Ave north Nampa Idaho

Filed Aug 12, 1939

Registrar.

Registrar.

RECEIVED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Canyon. } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Leslie Maud Dunn being first duly sworn says that she is the mother (Relationship of child)* of Phillip Frank Dunn born November 24th, 1906 (Date of birth) at Nampa, Idaho, whose certificate of birth is hereto attached, and that this affiant desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Phillip Frank Dunn hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that one, Dr. B. F. Miller M. D. was the [redacted] medical attendant at the birth of said Phillip Frank Dunn and that the said medical attendant [redacted] cannot be located; that one Mrs. Elizabeth Morden was the midwife attending said birth (Now deceased (or) cannot be located)

Name of Affiant Leslie Maud Dunn

P. O. Address R. F. D. #1, Nampa, Idaho

Subscribed and sworn to before me this 11th day of August, 1939

[signature]
Notary Public.

Residing at Nampa, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A459-209-014-445

1. PLACE OF BIRTH

County of Canyon

City of Caldwell

No. 1321 Albany St.

(If born in hospital or institution give name.)

RECEIVED AUG 4 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

282035

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Laura Edna Merritt

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Nov. 9, ~~193~~ 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Hugh Alexander Merritt	18. Full maiden name Sarah Margaret Dunlap
10. Residence (usual place of abode) (If non-resident, give place and State) Meadows Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Meadows Ida
11. Color or race W | 12. Age at last birthday 38 (years)	20. Color or race W | 21. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Clay City Illinois	22. Birthplace (city or place) (State or Country) Grayville Ill
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed Aug., 1939

..... Registrar.

..... Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

REGISTERED

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Canyon } ss.

H. A. Merritt being first duly sworn says that he is the father (Relationship of child)* of Laura Edna Merritt born Caldwell November 9 1906 (Date of birth) at Caldwell, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Laura Edna Merritt hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. J. A. Young M. D. was the ~~Midwife~~ medical attendant at the birth of said Laura Edna Merritt and that the said medical attendant is now deceased. (Now deceased (or) cannot be located)

Name of Affiant H. A. Merritt

P. O. Address Athena Oregon

Subscribed and sworn to before me this 2nd day of Aug 1937

Jessie D. Walker
Notary Public.

Residing at Caldwell, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

DEC 29 1965

755-21-014-318

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 31 1939

CERTIFICATE OF BIRTH 282036

Registration District No. 3 State File No.
Prim. Registration District No. 330 Local Registrar's No. 106

1. PLACE OF BIRTH
County of CANYON-PAYETTE.
City of PAYETTE.
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD KATHERINE FRANCES PENCE.

3. Sex: Female
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature: No. Full term: Yes
7. Legitimate? Yes
8. Date of birth: Dec. 21, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: ALBERT LOYD PENCE	18. Full maiden name: CARRIE EFFIE TAYLOR
10. Residence (usual place of abode) (If non-resident, give place and State): PAYETTE, ID.	19. Residence (usual place of abode) (If non-resident, give place and State): PAYETTE, ID.
11. Color or race: W. | 12. Age at last birthday: 29 (years)	20. Color or race: W. | 21. Age at last birthday: 30 (years)
13. Birthplace (city or place): CANYON COUNTY (State or Country): IDAHO	22. Birthplace (city or place): PRAIRIE CITY (State or Country): OREGON
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: FARMER	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: HOUSEWIFE
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work, 19 | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work, 19 | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 0000000000000

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation: months or weeks
30. Cause of Stillbirth: During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ---- m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) J. R. Woodward, M. D.
or , Midwife
Address PAYETTE, IDAHO.
Filed 7/24/1939, 193
J. C. Woodward
Registrar

JUL 27 1967

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

294-21-040-143

1. PLACE OF BIRTH
County of SHOSHONE
City of KELLOGG LOA
No. 606 Second St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 10 1939

CERTIFICATE OF BIRTH

282051

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD AGNES LOUISE SIMMONS

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Aug 19, 1906 (Month, Day, Year)

FATHER

9. Full name Charles William Simmons

10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg Ida

11. Color or race White | 12. Age at last birthday 47 (years)

13. Birthplace (city or place) Mokelumne Hill (State or Country) California

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining

16. Date (month and year) last engaged in this work April, 1934

17. Total time (years) spent in this work 5 4

MOTHER

18. Full maiden name Agnes Rodman Auld

19. Residence (usual place of abode) (If non-resident, give place and State) Kellogg Ida

20. Color or race White | 21. Age at last birthday 38 (years)

22. Birthplace (city or place) Hereford (State or Country) Scotland

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work August, 1917

26. Total time (years) spent in this work 19

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 7 months ~~or weeks~~

30. Cause of stillbirth ? Before labor Yes During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or ~~Stillborn~~) at 5.50 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) J. R. Mason, M. D.

or ....., Midwife

Address Kellogg Idaho.

Filed Aug. 10, 1939 Mae G. Atwood State Registrar.

SEP 17 1969

238-127.044-433

282939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 19 1939

Registration District No. ____ State File No. 282939

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Washington
City of Cambridge
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lawrence Donald Schmitz

3. Sex: male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? yes

8. Date of birth Nov. 27, 1936 (Month, Day, Year)

FATHER

9. Full name: Charles Ernest Schmitz

10. Residence (usual place of abode) (If non-resident, give place and State): Cambridge

11. Color or race: White | 12. Age at last birthday: 27 (years)

13. Birthplace (city or place) (State or Country): Mapleton Kans.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: M. D.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work: ____, 19____

17. Total time (years) spent in this work: 3½ yrs.

MOTHER

18. Full maiden name: Myrtle May McClain

19. Residence (usual place of abode) (If non-resident, give place and State): Cambridge

20. Color or race: white | 21. Age at last birthday: 25 (years)

22. Birthplace (city or place) (State or Country): Scheel City Mo.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____

25. Date (month and year) last engaged in this work: ____, 19____

26. Total time (years) spent in this work: 2½ yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother: two (At time of this birth and including this child) (a) Born alive and now living: 2 (b) Born alive but now dead: ____ (c) Stillborn: ____

29. If stillborn, period of gestation: ____ months or weeks

30. Cause of Stillbirth: ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) Myrtle M. Schmitz, ~~M. D.~~

or mother, ~~Midwife~~

Address ____

Filed AUG 19 1939, 193____

Registrar. ____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of Washington }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Myrtle M. Schmitz being first duly sworn says that she is the Mother of Lawrence Donald Schmitz
(Relationship of child)*

born November 27, 1906 at Cambridge, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lawrence Donald Schmitz hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Charles Ernest Schmitz M. D. was the Midwife medical attendant at the birth of said Lawrence Donald Schmitz and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Myrtle M. Schmitz

P. O. Address Cambridge, Idaho

Subscribed and sworn to before me this 18th day of August, 19 39

Margaret Vogel
Notary Public.

Residing at Cambridge, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A219-209-006-819

282 964

RECEIVED
AUG 24 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 282964

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Bingham
City of Idaho Falls, Idaho
No. 331 Basalt St. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Eva May Bain

3. Sex: Female
If plural births: 4. Twin, triplet, or other: ssss; 5. Number, in order of birth: XXX
6. Premature: XXX Full term: Yes
7. Legitimate? Yes
8. Date of birth: April 9, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Peter William Bain	18. Full maiden name: Delia Adeline ~~Bain~~ Hardy
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls	19. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls
11. Color or race: White | 12. Age at last birthday: 44 (years)	20. Color or race: White | 21. Age at last birthday: 35 (years)
13. Birthplace (city or place) (State or Country): Kenosha, Wisconsin	22. Birthplace (city or place) (State or Country): St. Charles, Utah
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, ~~sawyer, bookkeeper~~, etc.: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Ranch	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: April, 1906	25. Date (month and year) last engaged in this work: April, 1906
17. Total time (years) spent in this work: 22	26. Total time (years) spent in this work: 18

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child): Five
(a) Born alive and now living: 4 (b) Born alive but now dead: 1 (c) Stillborn: None

29. If stillborn, period of gestation: XXX months or weeks XXX
30. Cause of Stillbirth: XXX Before labor: ____ During labor: ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____
(Date of)

Filed Aug 24 1939, 193... ____
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California } ss.
County of Santa Clara }

Addie Bain being first duly sworn says that she is the mother of Eva May Bain
(Relationship of child)*

born April 9, 1906 at Idaho Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Eva May Bain hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Colethard - M. D. M. D. was the Midwife medical attendant at the birth of said Eva May Bain and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Addie Bain

P. O. Address 217 N. 3rd St., Klamath Falls, Oregon

Subscribed and sworn to before me this 21st day of August, 1929

Harold Holden
Notary Public.

Residing at Morgan Hill, California, Idaho.
(Santa Clara County)

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

OCT 25 1961

864-113 003-394

282521
283021

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 31 1939

283021

1. PLACE OF BIRTH
County of Bannock
City of Pocatello Idaho
No. 1105 N. Hayes ave St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Alfred Lester Young

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? yes | 8. Date of birth August 13, ~~193~~ 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name William Arthur Young	18. Full maiden name Gertrude Helen Crosshaw ~~[illegible]~~
10. Residence (usual place of abode) 1105 N Hayes ave (If non-resident, give place and State) Pocatello Idaho	19. Residence (usual place of abode) 1105 N Hayes ave (If non-resident, give place and State) Pocatello Idaho
11. Color or race White | 12. Age at last birthday 29 (years)	20. Color or race White | 21. Age at last birthday 27 (years)
13. Birthplace (city or place) Birkenhead (State or Country) England	22. Birthplace (city or place) Portabella (State or Country) England
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road Water Service Foreman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U. P. Rail Road	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. in own Home
16. Date (month and year) last engaged in this work Since Feb 1A, 1900 | 17. Total time (years) spent in this work 39 Years Now	25. Date (month and year) last engaged in this work Since Dec 25, 1900 | 26. Total time (years) spent in this work 38 Years Now

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Three (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead None (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.
Give name added from a supplemental report Dr H. A. Castle Now Dead
(Date of)

(Signed) William Arthur Young Father, ~~M. D.~~
or Gertrude Helen Young Mother, Midwife
Address 1105 N Hayes ave Pocatello Idaho August 11 1939
Filed AUG 31 1939, 193...

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Bannock } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

William Arthur Young and Gertrude Helen Graham Young Mother being first duly sworn says that
He and She is the Father and Mother of Alfred Leslie Young
(Relationship of child)*
born August 13 - 1904 at Pocatello, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that They desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Alfred Leslie Young
hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. N. A. Castle M. D. was the ~~Midwife~~ medical attendant at the birth of said Alfred Leslie Young and that the said medical attendant is Now deceased
(Now deceased (or) cannot be located)

Name of Affiant William Arthur Young Father ; Gertrude Helen Young Mother

P. O. Address 105 N. Hayes Ave Pocatello Idaho

Subscribed and sworn to before me this 28th day of August, 1939

D M Engraved
Notary Public.

Residing at Pocatello, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A-432-21-035-367

282586

1. PLACE OF BIRTH

County of Nezperce

City of Nezperce

No. Rural Route St.

(If born in hospital or institution give name.)

RECEIVED SEP 12 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE 283086
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 283086

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Mabel Ruth McBride

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
female		Yes	Yes	March 11, 1906

FATHER	MOTHER
9. Full name: Frank Edward McBride	18. Full maiden name: Ora Earnestine Copher
10. Residence (usual place of abode) (If non-resident, give place and State): dead	19. Residence (usual place of abode) (If non-resident, give place and State): Troy, Idaho
11. Color or race: white | 12. Age at last birthday: 30 (years)	20. Color or race: white | 21. Age at last birthday: 25 (years)
13. Birthplace (city or place) (State or Country): Springfield Iowa	22. Birthplace (city or place) (State or Country): Little Rock Arkansas
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: house wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: March 25, 1921	17. Total time (years) spent in this work: 24 years
25. Date (month and year) last engaged in this work: Still working 1939	26. Total time (years) spent in this work: 4 1/4 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
three
(a) Born alive and now living 2 (b) Born alive but now dead one (c) Stillborn

29. If stillborn, period of gestation ... { months or weeks

30. Cause of Stillbirth ... { During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ... at ... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ..., M. D.

or ..., Midwife

Address

Give name added from a supplemental report

(Date of)

Filed SEP 12 1939, 193...

Registrar.

Registrar.

MAR 6 1942

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho, } ss.
County of Latah

Ora E Vandervanter being first duly sworn says that she is the mother of Mabel Ruth McBride
(Relationship of child)*

born March 11-1906 at Lez Perce -, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that I desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Mabel Ruth McBride hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs Sarah L. Rice ~~M. D.~~ Midwife was the medical attendant at the birth of said Mabel Ruth McBride and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Ora E Vandervanter

P. O. Address Troy Idaho

Subscribed and sworn to before me this 7 day of Sept, 1939

H C Brooke
Notary Public.

Residing at Troy, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

FEB 14 1942

MAR 8 1942

766-22 9-001-343

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 283099

Prim. Registration District No. ..... Local Registrar's No. .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Meridian Ida
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Verla-Belle-Pfost

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth 1-29, 1906 (Month, Day, Year)

FATHER

9. Full name Lee Wilson Pfost

10. Residence (usual place of abode) (If non-resident, give place and State) Meridian Ida

11. Color or race White 12. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or Country) Meridian Ida

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Grocery Store

16. Date (month and year) last engaged in this work January 29, 1906

17. Total time (years) spent in this work 1 yr

MOTHER

18. Full maiden name Fannie-Golden-Tucker

19. Residence (usual place of abode) (If non-resident, give place and State) Meridian Ida

20. Color or race White 21. Age at last birthday 22 (years)

22. Birthplace (city or place) (State or Country) Triplett Mo

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) ✓ 2
(a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Fannie Golden Pfost (Mother) M. D.
or ....., Midwife

Address 5916 Marmion Way, Los Angeles, Calif.

Give name added from a supplemental report .....
(Date of)

Filed 9/14/39, 193.....

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California
County of Los Angeles } ss.

Fannie-Golden-Pfost being first duly sworn says that she is the Mother (Relationship of child)* of Verla-Belle-Pfost born 1-29-1906 (Date of birth) at Meridian, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Verla Belle Pfost. hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr C L Dutton M. D. was the ~~Midwife~~ medical attendant at the birth of said Verla Belle Pfost and that the said medical attendant is Now deceased. (Now deceased (or) cannot be located)

Name of Affiant Fannie Golden Pfost

P. O. Address 5916 Marmion Way, Los Angeles, Calif.

Subscribed and sworn to before me this 28th day of August, 19 39

Ella Cornwall
Notary Public.

My Commission Expires October 15, 1939.

Residing at Los Angeles, Calif., ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 20 1966
AUG 4 1966

DEC 4 1944

653-107.035-243

RECEIVED
SEP 14 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 283100

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Nez Perce
City of Near Culdesac
No. _____ St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Harold Ralph Fels

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term ✓

7. Legitimate? _____

8. Date of birth Feb. 7, 1906 (Month, Day, Year)

FATHER

9. Full name Frederick Newton Fels

10. Residence (usual place of abode) (If non-resident, give place and State) Near Culdesac Idaho

11. Color or race white | 12. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) New Brandenburg Johnson Co. Mo.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

16. Date (month and year) last engaged in this work December, 1938

17. Total time (years) spent in this work 13 years before present period

MOTHER

18. Full maiden name Saphronia Arabelle Butler

19. Residence (usual place of abode) (If non-resident, give place and State) Near Culdesac Ida.

20. Color or race white | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) Near Brownsville Lynn Co, Oregon

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work to date - Aug 31 1939

26. Total time (years) spent in this work 45

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
three
(a) Born alive and now living 1 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation none months or weeks

30. Cause of Stillbirth nil — During labor nil — Before labor nil

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed SEP 14 1939, 193_

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Washington } ss.
County of Asotin }

Sophronia Fels being first duly sworn says that she is the mother of Harold Ralph Fels
(Relationship of child)*

born February 7, 1906 near Cloverdale, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Harold Ralph Fels hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Bigler (Given name not known) was the Midwife medical attendant at the birth of said Harold Ralph Fels and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Sophronia Fels

P. O. Address Clarkston Washington

Subscribed and sworn to before me this 12 day of June, 19 39

[signature] Notary Public.

Residing at Clarkston, Wash., ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 16 1942

JUN 25 1969

A 744-120-001-43

283125

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

283125

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Meridian

No. ____ St. ____

(If born in hospital or institution give name.) ____

2. FULL NAME OF CHILD Erwin Allen Griffin

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term X

7. Legitimate? yes

8. Date of birth 7-20, 1906 (Month, Day, Year)

FATHER

9. Full name: Eathan Allen Griffin

10. Residence (usual place of abode) (If non-resident, give place and State): Idaho

11. Color or race: white | 12. Age at last birthday: 43 (years)

13. Birthplace (city or place) (State or Country): Unionville, Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 1908

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name: Rebecca Daly

19. Residence (usual place of abode) (If non-resident, give place and State) ____

20. Color or race: white | 21. Age at last birthday: 41 (years)

22. Birthplace (city or place) (State or Country): Wyetta, Putnam Co. Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____

(Date of) ____

Filed ____, 193____

Registrar. **Registrar.**

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Eldora Daly being first duly sworn says that she is the Aunt (Relationship of child)* of Erwin Allen Griffin born July 20, 1906 (Date of birth) at Meridian, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Erwin Allen Griffin hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. C. L. Dutton M. D. was the ~~Midwife~~ medical attendant at the birth of said Erwin Allen Griffin and that the said medical attendant is now Deceased
(Now deceased (or) cannot be located)

Name of Affiant Eldora Daly

P. O. Address Rt. 1. Meridian Idaho

Subscribed and sworn to before me this 19th day of September, 1939

Beverley M. Gray
Notary Public.

Residing at Boise, Idaho, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. A755102001962 St.
St. Lukes Hosp.
(If born in hospital or institution give name.)

[illegible]

Registration District No. ..... State File No. 284201
Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Avery Frederick Peterson

3. Sex Male | **If plural births** 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Aug. 2, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Van Frederick Peterson	18. Full maiden name: Helen R. Roberts
10. Residence (usual place of abode) (If non-resident, give place and State) Boise	19. Residence (usual place of abode) (If non-resident, give place and State) Boise
11. Color or race W | 12. Age at last birthday 42 (years)	20. Color or race W | 21. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Sweden	22. Birthplace (city or place) (State or Country) New Jersey
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager of Natatorium	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 9:00 at A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

(Signed) ....., M. D.
or ....., Midwife
Address .....
Filed Oct, 1939
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Boise } ss.
County of Ada }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Helen Roberts Peterson being first duly sworn says that

She is the Mother of Avery Frederick Peterson
(Relationship of child)*

born August 2, 1906 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Avery Frederick Peterson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Collister M. D. was the Midwife medical attendant at the birth of said Avery Frederick Peterson and that the said medical attendant is Deceased
(Now deceased (or) cannot be located)

Name of Affiant Helen Roberts Peterson

P. O. Address 106 W. S. Ave. Boise, Idaho.

Subscribed and sworn to before me this 3rd day of October, 1939

Ross A. Hayworth
Notary Public.

Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Idaho (Nampa)

No. 693 125 014 773 St.

(If born in hospital or institution give name.)

RECEIVED MAR 24 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

284207

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mark Wayne Wilson

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Oct 25, 1936 (Month, Day, Year)

FATHER

9. Full name Fred W. Wilson

10. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Idaho

11. Color or race White | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Atlantic Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work Still Engaged, 19 39

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Jessie Pearl Patterson

19. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Idaho

20. Color or race White | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or Country) Bayard Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ..... 19 .....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 0.5% Nit. Sol.

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 5 A. m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

(Signed) J. H. Murray, M. D.

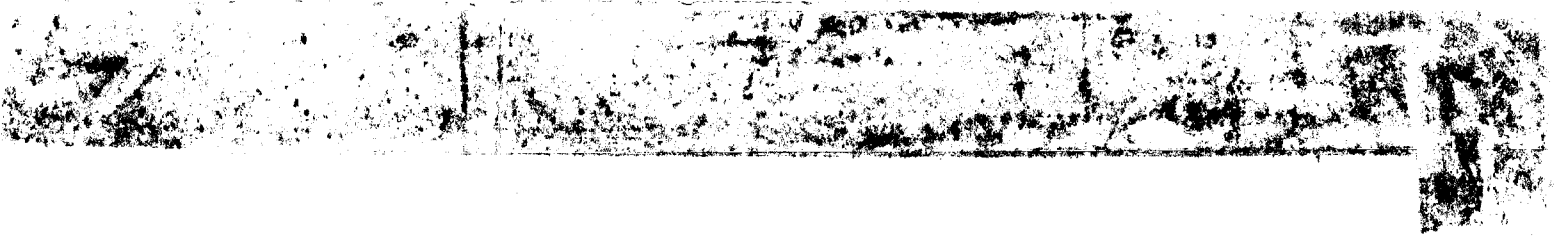
or ....., Midwife

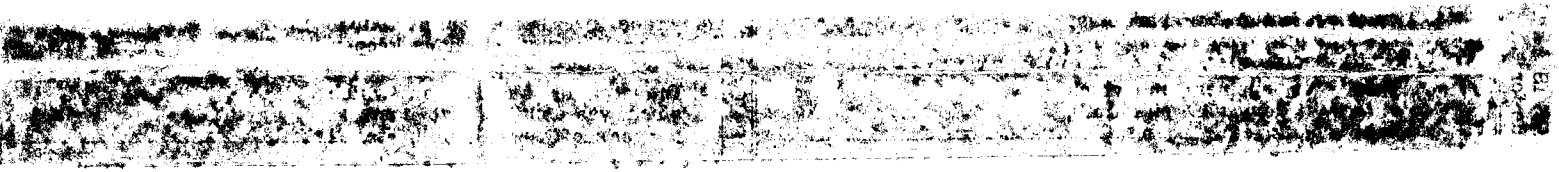
Address .....

Filed OCT 4 1938, 193.....

Registrar.

Registrar.





STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of San Diego } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Fred W. Wilson being first duly sworn says that he is the Father (Relationship of child)* of Max Wayne Wilson born October 25th 1906 (Date of birth) at Nampa, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Max Wayne Wilson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. J. H. Murray M. D. was the Midwife medical attendant at the birth of said Max Wayne Wilson and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Fred W. Wilson

P. O. Address 1106 Edgemont St San Diego Calif.

Subscribed and sworn to before me this 14th day of March, 1939

Helen C. Polk
Notary Public.

Residing at San Diego, Calif., ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires January 28, 1941

MAY 17 1961
JUN 2 1966
MAR 1 9 1969
OCT 1 7 1942
JUN 4 1959
MAR 1 9 1968

284 222

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 6 1939

Registration District No. 61 State File No. 284222

Prim. Registration District No. 1011 Local Registrar's No. 949

1. PLACE OF BIRTH
County of Latah
City of East Cove
No. 331 223029 816 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Gladys Elma Clark

3. Sex: female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Aug. 23, 1906 (Month, Day, Year)

FATHER

9. Full name: James Whitcome Clark

10. Residence (usual place of abode): East Cove
(If non-resident, give place and State) Latah County

11. Color or race: white | 12. Age at last birthday: 46 (years)

13. Birthplace (city or place): Greenville
(State or Country) Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work: 30

MOTHER

18. Full maiden name: Lizzie H. Clark Hawley

19. Residence (usual place of abode): East Cove
(If non-resident, give place and State) Latah County

20. Color or race: white | 21. Age at last birthday: 43 (years)

22. Birthplace (city or place): Greenville
(State or Country) Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work: Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? yes

28. Number of children of this mother 6 (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 6:00 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W.S. Dartt, M. D.

or ....., Midwife

Address Palouse, Washington

Give name added from a supplemental report ..... (Date of)

Filed 10-4, 1939

..... Registrar.

Registrar.

NOV 25 194

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington } ss.
County of Whitman }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lizzie H. Clark being first duly sworn says that she is the Mother of Gladys Elma Clark
(Relationship of child)*

born August 23rd, 1906 at East Cove, Latah County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said ..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that W. S. Dartt M. D. was the ~~Midwife~~ medical attendant at the birth of said Gladys Elma Clark and that the said medical attendant is Living at Palouse, Wash
~~(Now deceased (or) cannot be located)~~

Name of Affiant Lizzie H Clark Palouse Wash.

P. O. Address [illegible] Palouse, Wash

Subscribed and sworn to before me this 29th day of Sept. 1939

[signature]
Notary Public.

Residing at Palouse, Wash, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

TE PLAINLY WITH UNFADING INK—T IS PERMANENT RECORD
ld at birth a separate Return must be

NOV 25 1942

795-111 001-419

Mrs. N. J. Greig 366 Madison Ave.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. Grove street St.

(If born in hospital or institution give name.)

RECEIVED OCT 7 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

New York 284 225

Registration District No. ..... State File No. 284225

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Humboldt James Greig

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature No Full term Yes | 7. Legitimate? Yes | 8. Date of birth Jan. 11, 1906 (Month, Day, Year)

FATHER

9. Full name James Greig

10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Ida.

11. Color or race White | 12. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or Country) Collingwood Ont., Canada

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Carlson-Lusk Hardware

16. Date (month and year) last engaged in this work March 17, 1939

17. Total time (years) spent in this work One year

MOTHER

18. Full maiden name Hattie May Martin

19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

20. Color or race White | 21. Age at last birthday 33 (years)

22. Birthplace (city or place) (State or Country) Albany, Oregon

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Clerk

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Baumers Store

25. Date (month and year) last engaged in this work ....., 1904

26. Total time (years) spent in this work four yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother One (At time of this birth and including this child) (a) Born alive and now living One (b) Born alive but now dead No (c) Stillborn No

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 2 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) John Brock, M. D.

or ....., Midwife

Address Boise Ida

Filed OCT 7 1939, 193.... Registrar.

385-27 003-791

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of .....
No. ..... St. .....
(If born in hospital or institution give name.)

OCT 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

284276

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. 45

2. FULL NAME OF CHILD Virginia Blanche Chester

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
F		one		No		Yes	4-17-06, 193

	FATHER	MOTHER
9. Full name	William H. Chester	
18. Full maiden name		Ellen Pratt
10. Residence (usual place of abode) (If non-resident, give place and State)	Henry, Idaho	
19. Residence (usual place of abode) (If non-resident, give place and State)		Henry, Idaho
11. Color or race		
12. Age at last birthday (years)		
20. Color or race		
21. Age at last birthday (years)		
13. Birthplace (city or place) (State or country)	England	
22. Birthplace (city or place) (State or country)		Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Merchnt	
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		Wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work ....., 19.....		
25. Date (month and year) last engaged in this work ....., 19.....		
17. Total time (years) spent in this work		
26. Total time (years) spent in this work		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrate of Silver

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation 0 months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 4-17-06 (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ellis Kackley Ellis Kackley, M. D.

or ....., Midwife

Address Soda Springs, Idaho

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed Oct 1, 193 9 Dr. Ellis Kackley

Registrar.

APR 25 1963

A 299 115 028 692

285351

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 285353

RECEIVED
OCT 23 1939

PLACE OF BIRTH

County of Kootenai
City of Coeurd'Alene
No. N. Seventh St.
(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. **FULL NAME OF CHILD** RAY N. KIRKPATRICK

3. Sex M | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term X | 7. Legitimate? Yes | 8. Date of birth Oct. 15, ~~19~~ 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: GEORGE H. KIRKPATRICK	18. Full maiden name: NORA ALICE FISHLEY
10. Residence (usual place of abode) (If non-resident, give place and State): N. Seventh St.	19. Residence (usual place of abode) (If non-resident, give place and State): N. Seventh St.
11. Color or race: White | 12. Age at last birthday: 31 (years)	20. Color or race: White | 21. Age at last birthday: 29 (years)
13. Birthplace (city or place) (State or Country): Clare, Mich.	22. Birthplace (city or place) (State or Country): Clare, Mich.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Telegraph Operator	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Railroad	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: =, 19	25. Date (month and year) last engaged in this work: =, 19
17. Total time (years) spent in this work: 1 yr.	26. Total time (years) spent in this work: all

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

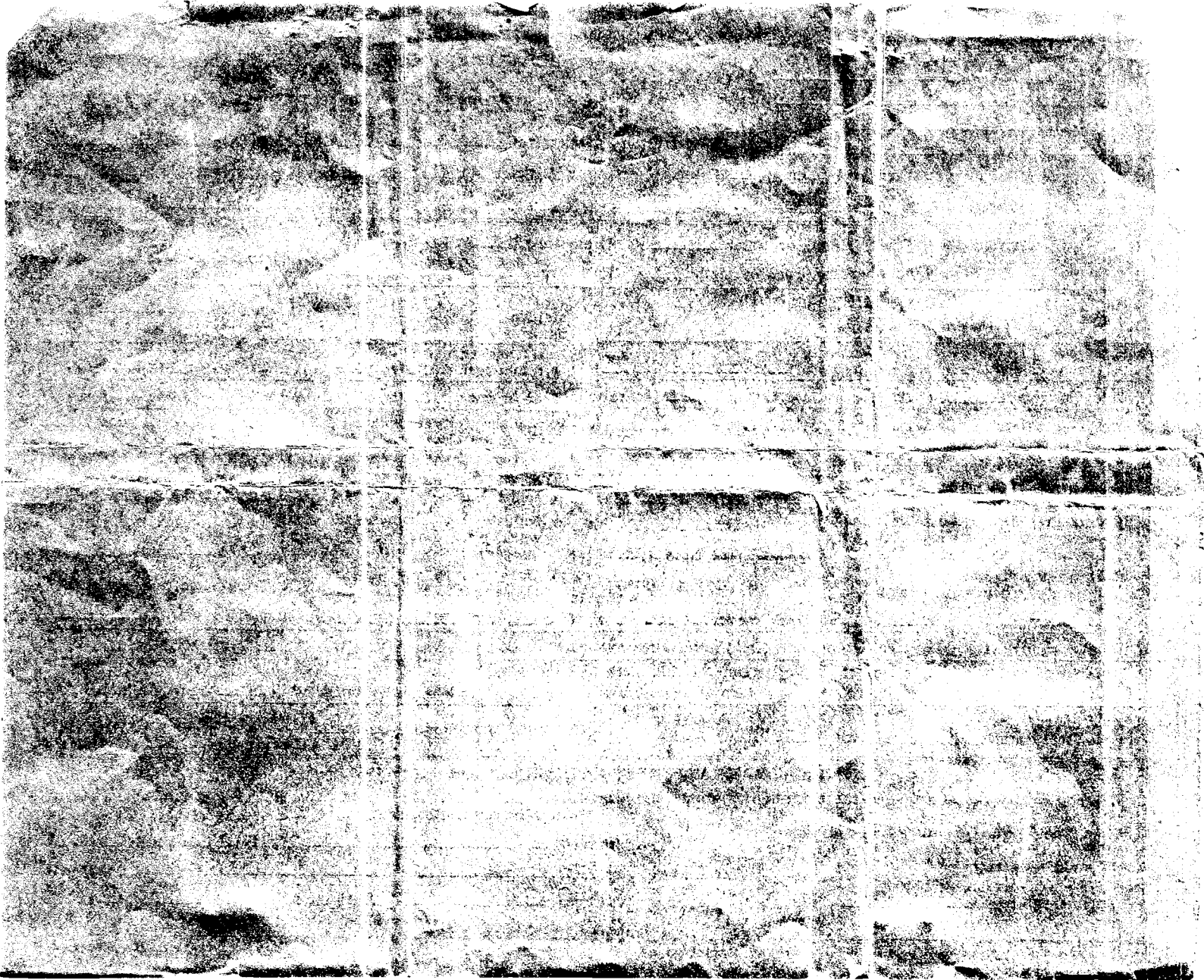
When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report _____
(Date of)

(Signed) _____, M. D.
or RECEIVED, Midwife
Address _____
Filed OCT 23 1939, 193_

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
one child at birth a Separate Return must be made for each, and the number of each, in order



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Michigan
County of Wayne } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nora Alice Kirkpatrick being first duly sworn says that she is the Mother (Relationship of child)* of Ray N. Kirkpatrick born October 15th. 1906 (Date of birth) at Coeur d'Alene, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ray N. Kirkpatrick hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that a Midwife was the medical attendant at the birth of said Ray N. Kirkpatrick and that the said medical attendant is ~~deceased~~ (or) cannot be located)

Name of Affiant Nora Alice Kirkpatrick

P. O. Address 5255 S. Clarendon Ave. Detroit, Mich.

Subscribed and sw to before me this 17th. day of October, 19 39

Ella Mae Anderson
Notary Public.

Residing at Detroit, Mich., ~~Idaho~~.

Comm. expires Dec. 18-1942.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A365 717 016 249

285358

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
OCT 23 1939

Registration District No. ..... State File No. 285358

Prim. Registration District No. ..... Local Registrar's No. .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Cassia
City of Burley
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Wayne Porter Long

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth March 17, 1916 (Month, Day, Year)

FATHER

9. Full name David Walter Long
10. Residence (usual place of abode) (If non-resident, give place and State) Burley
11. Color or race White | 12. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Abingfield Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Building Contractor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 5

MOTHER

18. Full maiden name Sarah Bertha Burke
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race White | 21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or Country) Anazonia Clay County Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Three
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) ....., M. D.
or ....., Midwife
Address .....

(Date of) .....
Registrar.

Filed OCT 23 1939 193...
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Cassia } ss.

Everett W. Long being first duly sworn says that

he is the Brother (Relationship of child)* of Wayne Porter Long

born March 17 - 1906 (Date of birth) at Burley, Idaho,

whose certificate of birth is hereto attached, and that ____ desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Wayne Porter Long

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Florence Burke ~~M. D.~~ was the Midwife ~~medical attendant~~ at the birth of said Wayne Porter Long and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant Everett W. Long

P. O. Address Burley - Idaho

Subscribed and sworn to before me this 21 day of October, 1939.

J. H. Truman
Notary Public.

Residing at Burley, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

15 207028 455

1. PLACE OF BIRTH

County of Kootenai

City of St Maries

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED OCT 26 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 285379

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ruth D Annis

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term X	7. Legitimate? X	8. Date of birth Tuesday Jan 4, 1916 (Month, Day, Year)
Female						

	FATHER	MOTHER
9. Full name / 18. Full maiden name	Arthur Butler Annis	Mary Elizabeth Denney
10. Residence (usual place of abode) (If non-resident, give place and State) / 19.	Algona Iowa	Waitsburg Washington
11. Color or race / 20.	White	White
12. Age at last birthday (years) / 21.	24	22
13. Birthplace (city or place) (State or Country) / 22.	Algona Iowa	Waitsburg Washington
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. / 23.	Druggist	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. / 24.	Drug Store	
16. Date (month and year) last engaged in this work / 25.	Present, 19	Present, 19
17. Total time (years) spent in this work / 26.	4	4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: Two (At time of this birth and including this child) ~ 2 ~
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 8 a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

.....
Registrar.

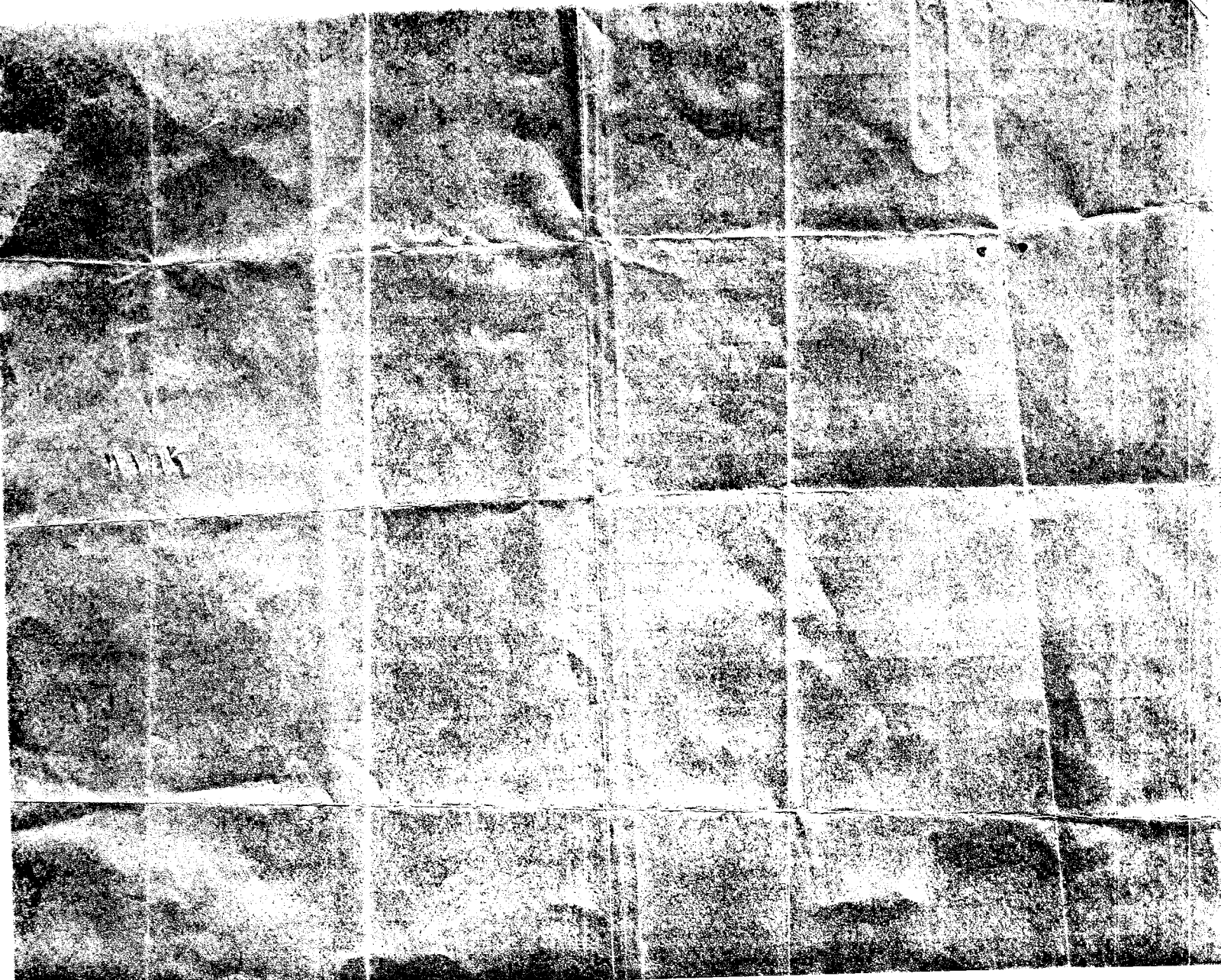
(Signed) Geo S Thompson, M. D.

or ....., Midwife

Address St Maries

Filed OCT 26 1939 193.....

Registrar



381 219 028 845

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N... than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 6 1939

285409

1. PLACE OF BIRTH
County of Kootenai
City of Harrison
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Alta Muriel Chadbourne

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth Sept. 19, 1906 (Month, Day, Year)

FATHER

9. Full name William Edward Chadbourne

10. Residence (usual place of abode) (If non-resident, give place and State) Harrison

11. Color or race White 12. Age at last birthday 34 (years)

13. Birthplace (city or place) Detriot (State or Country) Minnesota

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill worker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill

16. Date (month and year) last engaged in this work November, 1914

17. Total time (years) spent in this work 8 yrs.

MOTHER

18. Full maiden name Dora Huntley

19. Residence (usual place of abode) (If non-resident, give place and State) Harrison

20. Color or race White 21. Age at last birthday 23 (years)

22. Birthplace (city or place) Frazee (State or Country) Minnesota

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid Solution

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living X (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

(Signed) ....., M. D.

or Mrs. Ada Chadbourne Midwife

Address Mariner Rt. Coeur d'Alene Ida.

Filed 11/6/39, 193....

Registrar.

Registrar.

DELAYED

A795 213 001-553

285435

1. PLACE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 285435

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Leota Nadine Gress

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth Apr. 13, 1906 (Month, Day, Year)

FATHER

9. Full name Howard Apsey Gress

10. Residence (usual place of abode) (If non-resident, give place and State) Meridian

11. Color or race W | 12. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or Country) Nebaska

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mason

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Flora Rosalind Nelson

19. Residence (usual place of abode) (If non-resident, give place and State) Meridian

20. Color or race W | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) McPherson Co. Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed Nov. 30, 1939

Registrar.

Registrar.

WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each in order of birth stated.

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Owyhee } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Leota Nadine Gress being first duly sworn says that she is the daughter of Howard & Flora Nelson Gress
(Relationship of child)*

born April 13, 1906 at Meridian, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Leota Nadine Gress hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said Leota Nadine Gress and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant Howard Gress Flora Nelson Gress

P. O. Address

Subscribed and sworn to before me this 10th day of November, 1939

Marjorie Lands Lowman
Notary Public.

Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 State File No. 285436
Prim. Registration District No. 216 Local Registrar's No.

1. PLACE OF BIRTH
County of Lemhi
City of Salmon
No. ____ St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Margaret Elizabeth Coles

3. Sex f | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ____ | 7. Legitimate? Yes | 8. Date of birth Feb 25, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Henry Coles	18. Full maiden name Fannie Margaret Long
10. Residence (usual place of abode) (If non-resident, give place and State) Salmon Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Salmon Idaho
11. Color or race White | 12. Age at last birthday 35 (years)	20. Color or race White | 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) England	22. Birthplace (city or place) (State or Country) Kansas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife all life
16. Date (month and year) last engaged in this work ____, 19____	25. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work All life	26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Fannie M. Coles Mother, M. D.
or John Henry Coles Father, Midwife
Address ____

Give name added from a supplemental report ____ (Date of)

Filed Sept 7, 1939 Clive C. Bellamy Registrar.

Registrar.

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO }
County of LEMHI } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

JOHN HENRY COLES being first duly sworn says that

HE is the FATHER of MARGARET ELIZABETH COLES
(Relationship of child)*

born FEBRUARY 25, 1906 at SALMON, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that HE desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said MARGARET ELIZABETH COLES

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that DR. KINNEY M. D. was the Midwife medical attendant at the birth of said MARGARET ELIZABETH COLES and that the said medical attendant is NO DECEASED
(Now deceased (or) cannot be located)

Name of Affiant John Henry Coles

P. O. Address SALMON, IDAHO

Subscribed and sworn to before me this 19th day of OCTOBER, 19 39

Maurine C. McBride
Notary Public.

Residing at SALMON, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

285491

CERTIFICATE OF BIRTH

NOV 6 1939

Registration District No. 84 State File No.

Prim. Registration District No. 2161 Local Registrar's No. 84

1. PLACE OF BIRTH
County of Bannock
City of Thatcher, Ida
No. 381 130 003 319 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Henry Kay Thatcher

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
	One	1st	No / Yes	Yes	3-30-1906 1939

9. Full name of FATHER	18. Full maiden name of MOTHER
Henry Kitchen Thatcher	Cora Genieve Larkin
10. Residence (usual place of abode) (If non-resident, give place and State) Thatcher, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Thatcher
11. Color or race W | 12. Age at last birthday 28 (years)	20. Color or race W | 21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country) Thatcher, Idaho	22. Birthplace (city or place) (State or Country) Cove, Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ..., 19... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ..., 19... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrate of Silver

28. Number of children of this mother (At time of this birth and including this child) 1st child
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ... months or weeks

30. Cause of Stillbirth ... During labor ... Before labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 4 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ellis Kackley Ellis K. Kackley, M. D.

or ..., Midwife

Address Soda Springs, Idaho

Give name added from a supplemental report ...

(Date of) ...

Filed Oct-14, 1939 Mrs. G. G. Fitt Registrar.

Registrar.

JAN 25 1971

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 310 State File No. 285492

Prim. Registration District No. ____ Local Registrar's No. 37

1. PLACE OF BIRTH
County of Boise
City of McCall
No. ____ St.
A464 225 008-231
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Hazel Marie Douglass

3. Sex Female

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth 1

6. Premature ____ Full term X

7. Legitimate? yes

8. Date of birth Aug 25, 1916 (Month, Day, Year)

FATHER

9. Full name William Edward Douglass

10. Residence (usual place of abode) (If non-resident, give place and State) near McCall

11. Color or race W. | 12. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or Country) Mexico Mo.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm

16. Date (month and year) last engaged in this work Aug 25, 1916

17. Total time (years) spent in this work 15 yrs

MOTHER

18. Full maiden name Irene Blankenship

19. Residence (usual place of abode) (If non-resident, give place and State) near McCall Ida

20. Color or race W. | 21. Age at last birthday 22 (years)

22. Birthplace (city or place) (State or Country) Seneca Mo.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Aug 25, 1916

26. Total time (years) spent in this work 2 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 11-P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report William E. Douglass (Date of)

Filed Oct 31, 1939

Myrtle M. Gardner
Registrar.

____
Registrar.

FEB

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Valley } ss.

William Edward Douglass being first duly sworn says that

he is the Father of Hazel Marie Douglass
(Relationship of child)*

born Aug. 25 - 1906 at McCall, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Hazel Marie Douglass hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Neusman (mid wife) M. D. was the Midwife medical attendant at the birth of said Hazel Marie Douglass and that the said medical attendant is (Now deceased)
(Now deceased (or) cannot be located)

Name of Affiant William Edward Douglass

P. O. Address Donnelly Ida

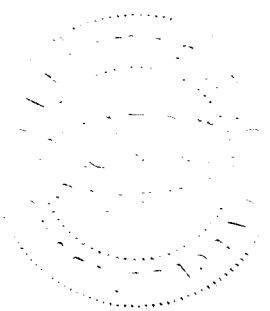
Subscribed and sworn to before me this 28th day of October, 1939.

E Campbell
Notary Public

Residing at Cascade, Idaho. My Comm Exp. 4/25/43

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

FEB 1 8 1944



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. 719-20704-146 St.
(If born in hospital or institution give name.)

NOV 21 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 285502

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Rosa Duretta Park

3. Sex Fem
If plural births: 4. Twin, triplet, or other..... 5. Number, in order of birth.....
6. Premature..... 7. Legitimate? Yes
Full term Yes
8. Date of birth June 7, 1906 (Month, Day, Year)

FATHER

9. Full name John H Park
10. Residence (usual place of abode) Caldwell Ida
(If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 43 (years)
13. Birthplace (city or place) Hardin Co Ky
(State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work.....

MOTHER

18. Full maiden name Minnie Alice Amos
19. Residence (usual place of abode) Caldwell Ida
(If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 35 (years)
22. Birthplace (city or place) Smithfield Ill
(State or country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work.....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Sol Argyrol
28. Number of children of this mother (At time of this birth and including this child) 9
(a) Born alive and now living 7 (b) Born alive but now dead 2 (c) Stillborn.....
29. If stillborn, period of gestation..... months or weeks 30. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

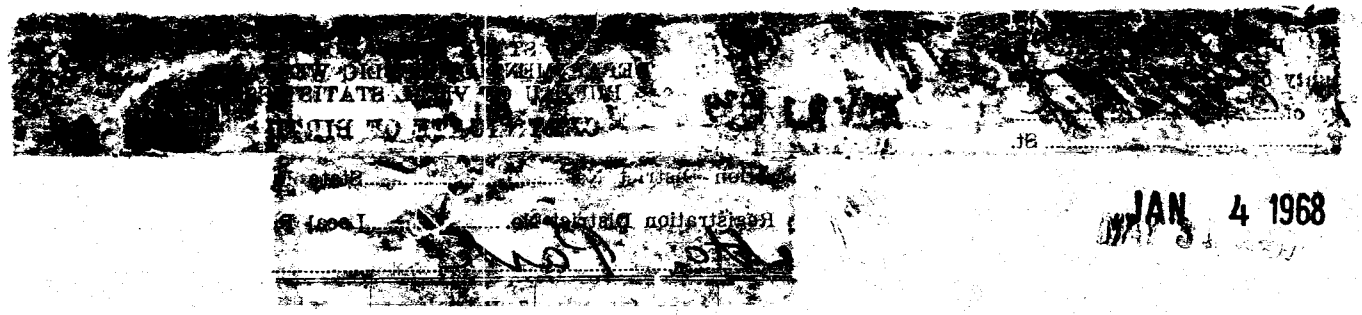
I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at P — m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Murray, M. D.
or ....., Midwife
Address Nampa Ida

Give name added from a supplemental report.....
(Date of)
.....
Registrar.

Filed Nov. 21, 1939 Mae G. Attwood
State Registrar.



JAN 4 1968

331-222-022843

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

285606

1. PLACE OF BIRTH
County of Fremont
City of Rudy
No. ..... St.
(If born in hospital or institution give name.)

NOV 6 1933

Registration District No. 99 State File No. .....
Prim. Registration District No. 2177 Local Registrar's No. 1508

2. FULL NAME OF CHILD Twila maud clark

3. Sex Female | If plural births { 4. Twin, triplet, or other Single / 5. Number, in order of birth 2nd } | 6. Premature no / Full term yes | 7. Legitimate? yes | 8. Date of birth Jan 22nd 1906 (Month, Day, Year)

FATHER

9. Full name Thomas owen clark
10. Residence (usual place of abode) (If non-resident, give place and State) Wallace Ida
11. Color or race white 12. Age at last birthday 31 (years)
13. Birthplace (city or place) Benson (State or Country) Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. woodsman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill
16. Date (month and year) last engaged in this work ....., 1933
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name martha ann Hulse [redacted]
19. Residence (usual place of abode) (If non-resident, give place and State) Wallace Idaho
20. Color or race white | 21. Age at last birthday 25 (years)
22. Birthplace (city or place) Millville (State or Country) Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric acid Solution
28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2nd (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... { months or weeks
30. Cause of stillbirth ..... { Before labor / During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 145 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.
Give name added from a supplemental report .....
(Date of)
.....
Registrar.

(Signed) [redacted], M. D.
or Susie M. young, Midwife
Address Rigby Idaho - Box 337
Filed Oct 20, 1939 Sarah B Munk
Registrar.

655-207-044-654

286561

Oregon State Board of Health
Division of Vital Statistics

Certificate of Birth

State Registered No. 286561
Local Registered No. 286561

1. Place of Birth
County (Washington) Now Adams State Idaho
Township ..... or Village .....
City Council No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its name instead of street and number)
(If in country, give distance and direction from nearest town)

2. Full name of child Crystal Edna Weed
If child is not yet named, make supplemental report, as directed

DEC 13 1939

3. Sex of child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. Number in order of birth	6. Premature	Full term	7. Legitimate?	8. Date of birth
Female			1		yes	yes	April 7 – 1906 (Month, day, year)

FATHER	MOTHER
9. Full name: FRED Eugene Weed	18. Full maiden name: Elizabeth Ann Weddle
10. Residence (Usual place of abode) If nonresident, give place and state: Council	19. Residence (Usual place of abode) If nonresident, give place and state: Council
11. Color or race: White	12. Age at last birthday: 23 (years)
20. Color or race: White	21. Age at last birthday: 23 (years)
13. Birthplace (city or place): LIVERMORE (state or country): Iowa	22. Birthplace (city or place): Council (state or country): Idaho
Occupation 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman	**Occupation** 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Store	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
16. Date (month and year) last engaged in this work ....., 19..	17. Total time (years) spent in this work: 4
25. Date (month and year) last engaged in this work ....., 19..	26. Total time (years) spent in this work: 3

27. Number of children of this mother (Taken as of time of birth of child herein certified and including this child): one
Were precautions taken against ophthalmia neonatorum? Yes
(a) Born alive and now living: yes (b) Born alive but now dead: ..... (c) Stillborn: .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at Council, Idaho m. on the date above stated.

Signature Frank E. Brown M.D.
Physician
(Physician or midwife)

Address 1695 State St. Salem, Ore

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report ..... (Month, day, year)

Filed Mar. 11, 1940

Registrar ..... Registrar

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated. This certificate must be filed by the attending physician or midwife with the local registrar within 10 days after birth.

POST OFFICE ADDRESS OF MOTHER .....

UNITED STATES STANDARD CERTIFICATE OF BIRTH

Why births should be registered—There is hardly a relation of life, social, legal, or economic, in which the evidence furnished by an accurate registration of births may not prove to be of the greatest value, not only to the individual but also to the public at large. It is not only an act of civilization to register birth certificates but good business, for they are frequently used in many practical ways, some of which are listed below:

(1) As evidence to prove the age and legitimacy of heirs;

(2) As proof of age to determine the validity of a contract entered into by an alleged minor;

(3) As evidence to establish age and proof of citizenship and descent in order to vote;

(4) As evidence to establish the right of admission to the professions and to many public offices;

(5) As evidence of legal age to marry;

(6) As evidence to prove the claims of widows and orphans under the widows' and orphans' pension law;

(7) As evidence to determine the liability of parents for the debts of a minor;

(8) As evidence in the administration of estates, the settlement of insurance and pensions;

(9) As evidence to prove the irresponsibility of children under legal age for crime and misdemeanor, and various other matters in the criminal code;

(10) As evidence in the enforcement of law relating to education and to child labor;

(11) As evidence to determine the relations of guardians and wards;

(12) As proof of citizenship in order to obtain a passport;

(13) As evidence in the claim for exemption from or the right to jury and military service.

Statement of occupation—Make some entry in this section for each parent. For a woman whose only occupation is that of home housework, write "housework" in answer to question 23 and "own home" in answer to question 24. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as "housekeeper—private family," "cook—hotel," etc. For a person who has no occupation whatever write "none."

To be complete, an occupation return must state:

(14) and (23) The trade, profession, or particular kind of work done.
(15) and (24) The industry or business in which the work is done.
(16) and (25) The month and year the person last worked at the occupation.
(17) and (26) The number of years the person followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employe," "worker," "operative," etc. Find out the particular kind of work done and return that, as "spinner," "weaver," etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as "grocery store," "soap factory," "cotton mill," etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as "civil engineer," "mechanical engineer," "mining engineer," "stationary engineer," etc. Avoid the term "laborer" when a more precise statement of occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as "carpenter," "painter," "machinist," etc. Distinguish carefully between "retail merchants" and "wholesale merchants." A person who sells goods should be called a "salesman" and not a "clerk."

STATE PRINTING DEPT.

395-117 042-292

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. Ida St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 13 1939
Registration District No. ____ State File No. 286583
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD George Alexander Lincoln

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term X
7. Legitimate? yes
8. Date of birth Feb 17, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: George Alexander Lincoln	18. Full maiden name: Amanda Almeda Sibbett
10. Residence (usual place of abode) (If non-resident, give place and State): Twin Falls	19. Residence (usual place of abode) (If non-resident, give place and State):
11. Color or race: White; 12. Age at last birthday: 45 (years)	20. Color or race: White; 21. Age at last birthday: 32 (years)
13. Birthplace (city or place) (State or Country): Bountiful Utah	22. Birthplace (city or place) (State or Country): Morgan City Utah
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: housewife
16. Date (month and year) last engaged in this work: Dec 28, 1939	25. Date (month and year) last engaged in this work: ____, 19____
17. Total time (years) spent in this work: lifetime	26. Total time (years) spent in this work: lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother: Three
(At time of this birth and including this child) (a) Born alive and now living ____ (b) Born alive but now dead 1 (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks
30. Cause of Stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Feb 17 1906 at ____ m. on the date above stated.
(Born Alive or ~~Stillborn~~)

(Signed) Amanda Almeda Lincoln mother, M. D.

or ____, Midwife

Address Twin Falls Ida 730-3rd ave W.

Filed Dec. 18, 1939 193 Mae G. Atwood
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Amanda Lincoln, being first duly sworn says that she is the Mother (Relationship of child)* of George Alexander Lincoln born Feb. 17th. 1906 (Date of birth) at Twin Falls, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said George Alexander Lincoln hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Clouchek M. D. was the Midwife medical attendant at the birth of said Georg Alexander Lincoln and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant Amanda A Lincoln

P. O. Address 730- 3rd. Ave. W. Twin Falls, Idaho.

Subscribed and sworn to before me this 16th day of Dec. 1939., 19

C. Hall
Notary Public.

Residing at Twin Falls, Idaho., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Certified Copy Issued Feb. 7, 1941. E.M.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RE[C]ORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

469-111-830-365

1. PLACE OF BIRTH

County of Lemhi

City of Town of May

No. born at home, no Doctor but midwife, now deceased

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 26 1939

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 287489

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Kermit Dick Morphey

3. Sex: male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 3rd

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth June 11th 1906 (Month, Day, Year)

FATHER

9. Full name: Richard William Motphey

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race white | 12. Age at last birthday 42 (years)

13. Birthplace (city or place) (State or Country) Morris Ill

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch or Farm

16. Date (month and year) last engaged in this work six years, 19....

17. Total time (years) spent in this work six years at May

MOTHER

18. Full maiden name: Mamie Long

19. Residence (usual place of abode) (If non-resident, give place and State) May Idaho

20. Color or race White | 21. Age at last birthday 35 (years)

22. Birthplace (city or place) (State or Country) LeRoy Ill

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None that I know of

28. Number of children of this mother (At time of this birth and including this child) three

(a) Born alive and now living 3 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at —— m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Lloyd Dan Morphey, MXXX

or ..... (older brother) XXXXXX

Address Route 8, Box 1635, Portland Oregon

Filed ..... 193....

Registrar.

287489

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

DEC 26 1939

State of Oregon
County of Multnomah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lloyd Alan Morphey being first duly sworn says that he is the brother (Relationship of child)* of Kermit Dick Morphey born June 11th, 1906 (Date of birth) at May Idaho, Idaho, whose certificate of birth is hereto attached, and that Kermit Dick Morphey desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Kermit Dick Morphey hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that there was no doctor in attendance but a midwife ~~M. D.~~ was the medical attendant at the birth of said viz. Mrs. A.L. Barslau, a midwife attended and that she is now deceased and that the ~~medical attendant~~ is deceased.

(Now deceased (or) cannot be located)

Name of Affiant Lloyd Alan Morphey

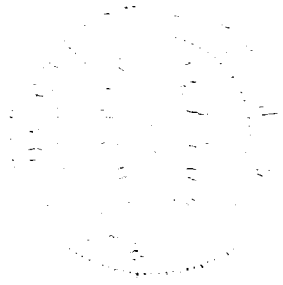
P. O. Address Box 1635 Route 8, Portland Ore

Subscribed and sworn to before me this 13th day of December, 19 39

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES MAR 10 1940

K. P. Lamb
Notary Public.
Residing at Portland Oregon, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



967-108090-36 Idaho 287492

[redacted] State Board of Health

Record No. 287492

BUREAU OF VITAL STATISTICS

Registered No. _____

CERTIFICATE OF BIRTH

DEC 26 1939

1. PLACE OF BIRTH

County of Shoshone

City or Town of Wallace

Registration Dist. No. _____ No. _____ St., _____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

1a. RESIDENCE OF MOTHER State Idaho County _____

(If not same as place of birth)

CITY OR TOWN Wallace No. _____ Street

2. FULL NAME OF CHILD John C. Rogers {If child is not yet named, make supplemental report, as directed

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, day, year)
Male				Dec. 8, 1936

FATHER		MOTHER	
9. Full name: Harry A. Rogers		17. Full maiden name: Eva M. Coate	
10. Color or race: White	11. Age at last birthday: 25 (years)	18. Color or race: White	19. Age at last birthday: 21 (years)
12. Birthplace (city or place) _____ (State or country): Iowa		20. Birthplace (city or place) _____ (State or country): Texas	
OCCUPATION 13. Trade, profession, or particular kind of work done, as Spinner, Sawyer, Bookkeeper, etc.: Deputy County Auditor		OCCUPATION 21. Trade, profession, or particular kind of work done, as Housekeeper Typist, Nurse, Clerk, etc.: Housewife	
14. Industry or business in which work was done, as Silk Mill, Sawmill, Bank, etc. _____		22. Industry or business in which work was done, as Own Home, Lawyer's Office, Silk Mill, etc.: Own home	
15. Date (month and year) last engaged in this work _____, 19____	16. Total time (years) spent in this work _____	23. Date (month and year) last engaged in this work _____, 19____	24. Total time (years) spent in this work _____

25. Number of children of this mother (At time of this birth and including this 1) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

26. If stillborn, period of gestation _____ {months or weeks} 27. Cause of stillbirth _____ {Before labor / During labor}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at _____ m., on the date above stated.

{*When there was no attending physician or midwife, then the father, householder, etc., should make this return.}

(Signed) Chas. R. Mowry, M. D.

or _____, Midwife

Address _____

Give name added from a supplemental report _____

Filed 12/26/39 19____

_____ Registrar. _____ Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

252

S. F. No. 817—1936. 6550.

A653-225-029-292

287500

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of LATAH

City of POTLATCH

No. ..... St.

IN HOME

(If born in hospital or institution give name.)

RECEIVED DEC 28 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 287500

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD HELEN LEWINE WETHERELL

3. Sex FEMALE

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 3RD

6. Premature ..... Full term YES

7. Legitimate? YES

8. Date of birth DEC. 25, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name JOSEPH EDWARD WETHERELL	18. Full maiden name ALICE H. BISTLINE
10. Residence (usual place of abode) (If non-resident, give place and State) POTLATCH, IDAHO	19. Residence (usual place of abode) (If non-resident, give place and State) POTLATCH, IDAHO
11. Color or race WHITE | 12. Age at last birthday 50 (years)	20. Color or race WHITE | 21. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or Country) MAGNOLIA WISCONSIN	22. Birthplace (city or place) (State or Country) CARTHAGE MISSOURI
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PLUMBER	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. SCHOOL TEACHER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. GENERAL PLUMBING	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. PUBLIC SCHOOL
16. Date (month and year) last engaged in this work DECEMBER, 1906 | 17. Total time (years) spent in this work 15	25. Date (month and year) last engaged in this work JUNE, 1900 | 26. Total time (years) spent in this work 12 YRS.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother THREE (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address RECEIVED

Give name added from a supplemental report .....
(Date of)

Filed DEC 28 1939 193.....

..... Registrar. ..... Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Washington
County of Whitman } ss.

Alice H. Wetherell being first duly sworn says that

She is the Mother of Helen L. Strohm
(Relationship of child)*

born December 25, 1906 at Potlatch, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Helen L. Strohm

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Divers ~~M. D.~~ was the Midwife medical attendant at the birth of said Helen L. Strohm and that the said medical attendant is inaccessible if living
(Now deceased (or) cannot be located)

Name of Affiant Alice H. Wetherell

P. O. Address 605 Gladstone St, Pullman, Wn

Subscribed and sworn to before me this 13th day of December, 1939

Luther Giles
Notary Public.

Residing at Pullman Wash., ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A 815-101-005-466 Also 204425

PLACE OF BIRTH

County of ~~Idaho~~ Boise

City of Van Wyck

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 28 1906

Registration District No. ..... State File No. 287502

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Carl Edward Hall

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1

6. Premature ..... Full term x

7. Legitimate? Yes

8. Date of birth Dec. 9, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Fred Hall	18. Full maiden name Emma Alta Dowell
10. Residence (usual place of abode) (If non-resident, give place and State) Van Wyck	19. Residence (usual place of abode) (If non-resident, give place and State) Van Wyck
11. Color or race W | 12. Age at last birthday 30 (years)	20. Color or race W | 21. Age at last birthday 16 (years)
13. Birthplace (city or place) Boston, Mass. (State or Country) Mass.	22. Birthplace (city or place) Altona (State or Country) Kansas
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own ranch	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work Dec. 9, 1906 | 17. Total time (years) spent in this work 5	25. Date (month and year) last engaged in this work Dec., 1906 | 26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Wouldn't know

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation --- months or weeks

30. Cause of Stillbirth -- Before labor --- During labor ---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed DEC 28 1906 193.....

Registrar.

BOTH
DELAYED

dup 001906-204425

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho or Boise
County of Idaho } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Carl Edward Hall being first duly sworn says that

He is the Son of Mrs. Emma A. Poole
(Relationship of child)*

born December 9, 1906 at Van Wyck, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Mrs. Emma A. Poole desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Carl Edward Hall

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Noggle M. D. was the Midwife medical attendant at the birth of said Carl Edward Hall and that the said medical attendant is Deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs Emma A. Poole

P. O. Address 4433 13th Ave, Sacramento, Calif.

Subscribed and sworn to before me this 18th day of December, 19 39

George S. Edwards
Notary Public.

Residing at Sacramento Calif, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

433-213-007-754

#~ 787529

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Blaine

City of Ketchum

No. ____ St. ____

State of Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JAN 8 1940

Registration District No. ____ State File No. 287529

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Ruth Emma Mc Coy

3. Sex white | If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ } | 6. Premature ____ Full term ____ | 7. Legitimate? yes | 8. Date of birth Feb. 13 1906 (Month, Day, Year)

9. Full name of FATHER	18. Full maiden name of MOTHER
Charles Alexander Mc Coy	Josie Ella Perkins
10. Residence (usual place of abode) (If non-resident, give place and State)	Ketchum, Idaho
11. Color or race white | 12. Age at last birthday 28 (years)	20. Color or race white | 21. Age at last birthday 28 (years)
13. Birthplace (city or place) Millford, Utah. (State or Country) Beaver County	22. Birthplace (city or place) Corinne, Utah. (State or Country) Box Elder County
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. died June 14th 1905	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work ____, 19__	17. Total time (years) spent in this work ____
	25. Date (month and year) last engaged in this work ____, 19__
	26. Total time (years) spent in this work From 1896 to present time

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks } | 30. Cause of stillbirth ____ { Before labor ____ During labor ____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.

or ____, Midwife

Address 256 So Lemon St Orange Calif

Filed Jan, 1940

Registrar. ____ Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

City of Orange

MAY 2 1940

State of California
County of Orange } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Josie Ella Mc Coy being first duly sworn says that she is the Mother (Relationship of child)* of Ruth Emma Mc Coy born February 13th, 1906 (Date of birth) at Ketchum, Blaine County, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ruth Emma Mc Coy hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Agnes Rothwell was the Midwife medical attendant at the birth of said Ruth Emma Mc Coy and that the said medical attendant is believed to be deceased. (Now deceased (or) cannot be located)

Name of Affiant Josie E. McCoy.

P. O. Address 256 So. Lemon St. Orange, California

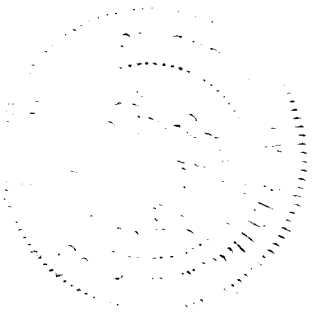
Subscribed and sworn to before me this 5th day of January, 1940

W. Gy. Whitney
Notary Public.

My Commission Expires Nov. 13, 1943

Residing at Orange, Calif., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

819-213-022-464

1. PLACE OF BIRTH

County of Fremont

City of Spencer

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JAN 26 1940

Registration District No. ..... State File No. 287610

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Sarah Augusta Hardy

3. Sex F

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth 11-13, 1926 (Month, Day, Year)

FATHER	MOTHER
9. Full name Charles Willoughby Hardy	18. Full maiden name Sarah Katrina Dodge
10. Residence (usual place of abode) (If non-resident, give place and State) Spencer, Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Spencer, Ida
11. Color or race White 12. Age at last birthday 33 (years)	20. Color or race White 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Cleveland, Ohio	22. Birthplace (city or place) (State or Country) Unionville, Ohio
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Treasurer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Livestock Co	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work At present 19 ..... 17. Total time (years) spent in this work 4 yrs.	25. Date (month and year) last engaged in this work At present 19 ..... 26. Total time (years) spent in this work 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 A. M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Gabriel E Earle, M. D.

or ....., Midwife

Address Grand Rapids, Mich.

Give name added from a supplemental report .....
(Date of)

Filed Jan. 16, 1940 Mae G. Atwood State Registrar.

..... Registrar.

OCT 8 1941

NOV 28 1942

A434 226 044-797

288802

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JAN 23 1940

1. PLACE OF BIRTH

County of Washington

City of Co. near Weiser, Idaho

No. ..... St.

at Home, residence

(If born in hospital or institution give name.)

Registration District No. ..... State File No. 288802

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Vada Irene McMahan

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth Oct. 26, 1906 (Month, Day, Year)

FATHER

9. Full name Horace Edmund McMahan

10. Residence (usual place of abode) (If non-resident, give place and State) near Weiser

11. Color or race white | 12. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or Country) Arkansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. working on fruit ranch

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work July, 1908

17. Total time (years) spent in this work est. 5 yrs.

MOTHER

18. Full maiden name Myrtie Agnes Pipkin

19. Residence (usual place of abode) (If non-resident, give place and State) near Weiser, Idaho

20. Color or race white | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or Country) Casey, Macon Co., Tenn.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House keeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boracic acid

28. Number of children of this mother 1 (At time of this birth and including this child) First child

(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed Jan, 1940

..... Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ~~Idaho~~ Dominion of Canada Province of Alberta } ss.
County of

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Myrtie Agnes McMahan being first duly sworn says that

R. B. she is the ~~mother~~ ~~daughter~~ of ~~Myrtie~~ Vada Irene McMahan
(Relationship of child)*

born October the 26th 1906 at near, Weiser, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Vada Irene McMahan hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Shirley M. D. was the ~~Midwife~~ medical attendant at the birth of said Vada Irene McMahan and that the said medical attendant is Deceased
(Now deceased (or) cannot be located)

Name of Affiant Myrtie Agnes McMahan

P. O. Address Blackie, Alberta, Canada

Subscribed and sworn to before me this 11th day of January 1940, 19

R. B. Barnes
Notary Public in & for the Province of Alberta Canada
Residing at Coleman Alberta, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

288844

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 2 1940

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 288844

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Oneida
City of Malad
No. 236 219 038 515 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ruth Elizabeth Scofield

3. Sex Female | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth Dec. 19, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Frank Louis Scofield	18. Full maiden name: Lulu Mae Vanpelt
10. Residence (usual place of abode) (If non-resident, give place and State): Malad Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Malad Ida
11. Color or race: W | 12. Age at last birthday: 28 (years)	20. Color or race: W | 21. Age at last birthday: 24 (years)
13. Birthplace (city or place): Trenton (State or Country): Missouri	22. Birthplace (city or place): Superior (State or Country): Nebraska
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Telegrapher	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Railroad	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: Dec. 19, 1906	17. Total time (years) spent in this work: 6 yrs
25. Date (month and year) last engaged in this work: Dec. 19, 1906	26. Total time (years) spent in this work: 5 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 9 A m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Frank Louis Scofield, father ~~M. D.~~

or ____, Midwife

Address 1455 2dW - Logan Utah

Filed Feb 2, 1940

Registrar. Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED FEB 2 1940

State of Utah
County of Cache } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Frank Louis Scofield being first duly sworn says that he is the father (Relationship of child)* of Ruth Elizabeth Scofield born December 19, 1906 (Date of birth) at Malad, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ruth Elizabeth Scofield hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Wright M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is Cannot be located (Now deceased (or) cannot be located)

Name of Affiant Frank Louis Scofield

P. O. Address 145 So 2nd W- Logan Utah

Subscribed and sworn to before me this 31 day of January, 1940

Annie Peterson
Notary Public.

Com. Ex Jan 18 1944 Residing at Logan - Utah, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A763 1140 42-249

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

288870

FEB 7 1940

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Twin Falls, Idaho
City of Twin Falls
No. Maple Hill Farm St.
2½ miles west of Twin Falls, Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 288870
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Rex William Potter

3. Sex Male
If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term Yes
7. Legitimate? Yes
8. Date of birth Nov. 14, 1906 (Month, Day, Year)

FATHER

9. Full name Thomas William Potter
10. Residence (usual place of abode) (If non-resident, give place and State) Los Angeles Calif.
11. Color or race White | 12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Canada
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Apt. House owner of
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Same
16. Date (month and year) last engaged in this work Jan. 24, 1935 (Date of Death)
17. Total time (years) spent in this work 14 years

MOTHER

18. Full maiden name Mary Josephine Smith
19. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls
20. Color or race White | 21. Age at last birthday [illegible] (years)
22. Birthplace (city or place) (State or Country) Redding, Calif. Shasta Co.
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Hotel + Apt house
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Same
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work 19 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks
30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed Feb. ....., 1940
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 7 1940

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Mary J. Potter being first duly sworn says that

She is the Mother of Rex William Potter
(Relationship of child)*

born Nov. 14, 1906 at Twin Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Mrs. Mary J. Potter desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Child, Rex William Potter

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Turman O Boyd M. D. was the ~~Midwife~~ medical attendant at the birth of said Rex William Potter and that the said medical attendant is Now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mary J. Potter

P. O. Address 635 West 41st St Los Angeles

Subscribed and sworn to before me this 6 day of February 1940

Notary Public.

My Commission Expires February 14, 1942

Residing at Los Angeles County, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 State File No. 288898

Prim. Registration District No. ____ Local Registrar's No. 23

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'alene
No. — Fourth St.
Idaho.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Flora Amanda Spencer

3. Sex: Female

If plural births: 4. Twin, triplet, or other: One; 5. Number, in order of birth: ____

6. Premature: ____ Full term: Yes

7. Legitimate? Yes

8. Date of birth: Dec. 28, 1926 (Month, Day, Year)

FATHER

9. Full name: Harry Dalton Spencer

10. Residence (usual place of abode) (If non-resident, give place and State): ____

11. Color or race: White | 12. Age at last birthday: 30 (years)

13. Birthplace (city or place) (State or Country): Rices Minnesota.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mill Worker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Planing Mill

16. Date (month and year) last engaged in this work: ____, 19____

17. Total time (years) spent in this work: Two

MOTHER

18. Full maiden name: Ella Martha ~~Spencer~~ Smith

19. Residence (usual place of abode) (If non-resident, give place and State): ____

20. Color or race: White | 21. Age at last birthday: 29 (years)

22. Birthplace (city or place) (State or Country): Dixon County Spring Bank, Nebraska.

OCCUPATION

23. ~~Trade, profession, or particular~~ kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home.

25. Date (month and year) last engaged in this work: ____, 19____

26. Total time (years) spent in this work: Life Time.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
Four
(a) Born alive and now living 4 (b) Born alive but now dead 4 (c) Stillborn None

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Ella M Spencer (Mother) M.D.

or ____, Midwife

Address Crescent City, California

Give name added from a supplemental report ____

(Date of) ____

Filed 2-15, 1927 [illegible] Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of del Norte } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ella Spencer being first duly sworn says that

is the Mother of Flora Amanda Spencer
(Relationship of child)*

born December 28th 1906 at Coeur d'alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Flora Amanda Spencer hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that She does not Remember Doctors Name M. D. was the Midwife medical attendant at the birth of said Flora Amanda Spencer and that the said medical attendant is do not know
(Now deceased (or) cannot be located)

Name of Affiant Ella M. Spencer

P. O. Address Crescent City, California

Subscribed and sworn to before me this 13th day of February, 1940

John L. Smith
del Norte County Recorder ~~Notary Public.~~

Residing at Crescent City Calif., ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOV 1969

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada A363-204001-241

City of Boise

No. 1302 North 12 th St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 288905

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Dorothy Francis Tolman

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Nov 4, 1906 (Month, Day, Year)

FATHER

9. Full name: Fred Albert Tolman

10. Residence (usual place of abode) (If non-resident, give place and State): Boise, Idaho

11. Color or race: W | 12. Age at last birthday: 36 (years)

13. Birthplace (city or place) (State or Country): Keene, New Hampshire

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Civil Engineer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: City Engineer

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work: 14

MOTHER

18. Full maiden name: Anna Nettie Smart

19. Residence (usual place of abode) (If non-resident, give place and State): Boise, Idaho

20. Color or race: W | 21. Age at last birthday: 28 (years)

22. Birthplace (city or place) (State or Country): Bellows Falls, Vermont

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work: 11

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Two
(a) Born alive and now living: 2 (b) Born alive but now dead: 0 (c) Stillborn: 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed Feb. 20, 1940 Mae G. Attwood Registrar.

Bureau of [illegible]

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Fred A. Tolman being first duly sworn says that he is the Father (Relationship of child)* of Dorothy Francis Tolman born November 4, 1906 (Date of birth) at 1302 North 12 th Street, Boise Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Dorothy Francis Tolman hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that George Collister, M. D., was the ~~MIDWIFE~~ medical attendant at the birth of said Dorothy Francis Tolman and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Fred A. Tolman

P. O. Address 110 East Jefferson, Boise, Idaho

Subscribed and sworn to before me this 20th day of February, 19 40

Marjorie Sanborn
Notary Public.

Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate certificate must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

288938

RECEIVED
FEB 12 1940

1. PLACE OF BIRTH
County of Kootenai
City of Lane
No. A 463 114 028 814 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Harvey Hammer Doty

3. Sex male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth March 14 1906 (Month, Day, Year)

FATHER

9. Full name William Sherman Doty

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race white | 12. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) Polk Co. Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

15. ~~Industry or business in which~~ work was done, as silk mill, sawmill, bank, etc. at mine & on farm and at nail. Bark

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work 39

MOTHER

18. Full maiden name Laura Viola Hammer

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

20. Color or race white | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Auburn Sangamon Co. Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work 39

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) three
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or ....., Midwife
Address .....
Filed Feb, 1940
Registrar.

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

FEB 12 1940

State of Oregon
County of Jackson } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Laura Viola Doty being first duly sworn says that is the mother (Relationship of child)* of Harvey Hammer Doty born March 14 1906 (Date of birth) at Lane, Kootenai Co., Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Harvey Hammer Doty hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Stevens ~~M. D.~~ was the Midwife medical attendant at the birth of said Harvey Hammer Doty and that the said medical attendant is cannot be located (~~Now deceased~~ (or) cannot be located)

Name of Affiant ~~Mrs.~~ Laura Viola Doty

P. O. Address Cave Junction, Oregon

Subscribed and sworn to before me this 10th day of February, 1940

Victor A. Fergusson
~~Notary Public~~
U.S. Commissioner-Dist. of Oregon
Residing at Medford, Oregon, ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

UNCLASSIFIED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of

City of Culdesac

No. 386-117-035-666 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 289917

FEB 27 1940

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD ARTHUR ROLLO THOMPSON

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male	4. Twin, triplet, or other / 5. Number, in order of birth		Yes	Oct. 17, 1906

FATHER

9. Full name: Arthur Martin Thompson

10. Residence (usual place of abode) (If non-resident, give place and State): Culdesac, Idaho

11. Color or race: White | 12. Age at last birthday: 37 (years)

13. Birthplace (city or place): Denver (State or Country): Colorado

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teamster

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work: , 19

17. Total time (years) spent in this work:

MOTHER

18. Full maiden name: Emma Elizabeth Wooley

19. Residence (usual place of abode) (If non-resident, give place and State): Culdesac, Idaho

20. Color or race: White | 21. Age at last birthday: 34 (years)

22. Birthplace (city or place): Eugene (State or Country): Oregon

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:

25. Date (month and year) last engaged in this work: , 19

26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation: months or weeks

30. Cause of Stillbirth: Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 11 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) No doctor in attendance, M. D.

or , ~~Midwife~~ Mother

Address Culdesac, Idaho.

Give name added from a supplemental report

(Date of)

Filed Feb, 1940

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

~~1940~~

State of Washington } ss.
County of Yakima }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

EMMA ELIZABETH THOMPSON being first duly sworn says that she is the mother (Relationship of child)* of ARTHUR ROLLO THOMPSON born Oct. 17, 1906 (Date of birth) at Culdesac, Idaho, whose certificate of birth is hereto attached, and that it is her desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Arthur Rollo Thompson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that she was all alone at the time of this birth M. D., ~~was the~~ Midwife ~~medical attendant at the birth of said~~ except for an eight year old son ~~and that the said medical attendant is~~ (Now deceased (or) cannot be located)

Name of Affiant Emma Elizabet Thompson

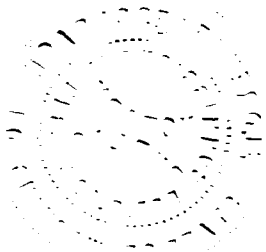
P. O. Address 504 So. 4th St., Yakima, Wash.

Subscribed and sworn to before me this 21st day of February, 19 40.

Florence Eschbach
Notary Public.

Residing at Yakima, Washington, ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**



263-206 001495

290005

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

290005

1. PLACE OF BIRTH
County of Ada
City of Boise
No. Walnut St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Helen ~~Marie~~ Thelma Bock

3. Sex girl | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth 1906 June 1, 193.. (Month, Day, Year)

FATHER	MOTHER
9. Full name Richard Adolph Bock	18. Full maiden name Theresa Mink
10. Residence (usual place of abode) (If non-resident, give place and State) Boise	19. Residence (usual place of abode) (If non-resident, give place and State) Walnut St
11. Color or race white | 12. Age at last birthday 41 (years)	20. Color or race white | 21. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Germany	22. Birthplace (city or place) (State or Country) Germany
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Business	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. (1) June 1-1906	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own (1) home June 1-1906
16. Date (month and year) last engaged in this work June 1, 1906 | 17. Total time (years) spent in this work 23	25. Date (month and year) last engaged in this work ....., 19.. | 26. Total time (years) spent in this work 15 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? X

28. Number of children of this mother (At time of this birth and including this child) Seven (a) Born alive and now living six (b) Born alive but now dead one (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Theresa Bock Mother, ~~M. D.~~
or ....., Midwife
Address 1007 Denver St, Boise Idaho

Give name added from a supplemental report .....
(Date of)

Filed March, 1940

..... Registrar. ..... Registrar.

STATE OF IDAHO

390005

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Theresa Bock being first duly sworn says that she is the Mother (Relationship of child)* of Helen Thelma Bock

born June 1 1906 (Date of birth) at Boise, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Helen Thelma Bock hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Earl Young, M. D., was the Midwife medical attendant at the birth of said Helen Thelma Bock and that the said medical attendant is Now Deceased (Now deceased (or) cannot be located)

Name of Affiant Theresa Bock

P. O. Address 1001 Denver St Boise Idaho

Subscribed and sworn to before me this 9th day of March, 1940

Dudley M. Gray
Notary Public.

Residing at Boise, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

713 214010-295

290013

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of Bonneville

City of Idaho Falls, Idaho

No. Residence-Utah Idaho Sugar Factory St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. 290013

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Dorothy Letitia Patterson

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term x

7. Legitimate? Yes

8. Date of birth June 14th, 1906 (Month, Day, Year)

FATHER

9. Full name Ellis Reynolds Patterson

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Idaho

11. Color or race White | 12. Age at last birthday 47 (years)

13. Birthplace (city or place) (State or Country) Leavenworth, Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sugar factory

16. Date (month and year) last engaged in this work June 14th, 1906

17. Total time (years) spent in this work 15 years

MOTHER

18. Full maiden name Henrietta Christina Sievers

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Idaho

20. Color or race White | 21. Age at last birthday 34 (years)

22. Birthplace (city or place) (State or Country) North Bend, Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work June 14, 1906

26. Total time (years) spent in this work 16 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 12 Noon m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Ellis Reynolds Patterson, Father

or .....

Address 1630 University Ave., Berkeley, Calif.

Give name added from a supplemental report .....

(Date of)

Filed MAR 13 1940, 193...

Registrar.

Registrar.

STATE OF IDAHO

390013

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of ALAMEDA } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ellis Reynolds Patterson being first duly sworn says that he is the father (Relationship of child)* of Dorothy Letitia Patterson born June 14, 1906 (Date of birth) at Idaho Falls, Idaho, whose certificate of birth is hereto attached, and that Ellis Reynolds Patterson desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Dorothy Letitia Patterson hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Bridges, Idaho Falls, Idaho M. D. was the ~~Midwife~~ medical attendant at the birth of said Dorothy Letitia Patterson and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Ellis Reynolds Patterson

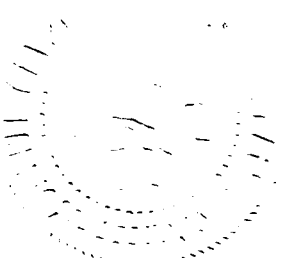
P. O. Address 1630 University Ave., Berkeley, Calif.

Subscribed and sworn to before me this 11th day of March, 19 40

Margaret Williamson
Notary Public. Alameda County

Residing at 1630 University Ave., Berkeley, ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



763 227 025863

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Idaho

City of P.O. Pollock

No. ____ St. ____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAR 4 1940

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 290092

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Cesma Irene Gotzinger

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female				yes	yes	Sept 27, 1936

FATHER	MOTHER
9. Full name Otto Gotzinger	18. Full maiden name Elsie Belle Hollenbeak
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race white | 12. Age at last birthday 39 (years)	20. Color or race white | 21. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Germany	22. Birthplace (city or place) (State or Country) Pittville Calif
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Stockraising	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
16. Date (month and year) last engaged in this work ____, 19__	17. Total time (years) spent in this work 10
25. Date (month and year) last engaged in this work ____, 19__	26. Total time (years) spent in this work 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at 8 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) ____ M.D.
or Mary E Hollenbeak Grandmother Midwife

Address Pollock Idaho

Filed Mar. 4, 1940 Mae G. Attwood
Registrar.
Bureau of Vital Statistics

Registrar.

MAR 27 1969

A966-113-OCN-533

290997

1. PLACE OF BIRTH

County of Washington

City of Caldwell

No. ____ St. ____

(If born in hospital or institution give name.) ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 25 1940

CERTIFICATE OF BIRTH 290997

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Warren Lorenzo Root

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth June 18, 1906 (Month, Day, Year)

FATHER

9. Full name Ira Lorenzo Root

10. Residence (usual place of abode) Caldwell, Idaho. (If non-resident, give place and State) ____

11. Color or race White | 12. Age at last birthday 37 (years)

13. Birthplace (city or place) Farm near Newberg (State or Country) Oregon

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grade Teacher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work May, 1906 | 17. Total time (years) spent in this work 15

MOTHER

18. Full maiden name Edwina Julia Elton

19. Residence (usual place of abode) (If non-resident, give place and State) ____

20. Color or race White | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) Caldwell (State or Country) Ill

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper in own home.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) Two
(a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 3 A.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____ (Date of) ____

Filed Mar, 1940

Registrar. Registrar.

one child at birth a Separate Return must be made for each, and the number of each, in order of birth s...

STATE OF IDAHO

290997

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

FEB 21 1940

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Washington } ss.

Edwina J Root & I. L. Root being first duly sworn says that they ~~is~~ are the Mother & father of Warren Lorenzo Root
(Relationship of child)*

born June 13, 1906 at Salubria, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Warren Lorenzo Root hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Chas. E. Schmitz M. D. was the ~~Midwife~~ medical attendant at the birth of said Warren Lorenzo Root and that the said medical attendant is deceased.
(Now deceased (or) cannot be located)

Name of Affiant Edwina J. Root, I. L. Root,
P. O. Address Weiser Idaho

Subscribed and sworn to before me this 20 day of February, 1940

Geo Donovan
Notary Public.

Residing at Weiser, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

249-108-025-815

291017

1. PLACE OF BIRTH

County of Idaho

City of Kooskia

No. — St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAR 26 1940

CERTIFICATE OF BIRTH

291017

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mansfield H Smith

3. Sex Male

If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth —

6. Premature — Full term —

7. Legitimate? Yes

8. Date of birth Feb. 8, 1906 (Month, Day, Year)

FATHER

9. Full name William Edwin Smith

10. Residence (usual place of abode) (If non-resident, give place and State) Kooskia Idaho

11. Color or race White | 12. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or Country) Leonia New Jersey

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Drug Store

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work 2 yrs

MOTHER

18. Full maiden name Olena Hansen

19. Residence (usual place of abode) (If non-resident, give place and State) Kooskia Idaho

20. Color or race White | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Rothaay Minnesota

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work 2 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not known

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation — months or weeks

30. Cause of Stillbirth — During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 5 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) William E Smith ~~M. D.~~

or ..... ~~Midwife~~

Address Kooskia, Idaho

Filed March, 1940

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A ... one child at birth a Separate Return must be made for each, and the ...

291017

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of San Diego } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

William E. Smith being first duly sworn says that

is the father (Relationship of child)* of Mansfield H. Smith

born Feb 8 1906 (Date of birth) at Kooskia, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Mansfield H Smith

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Louisa Smith ~~M. D. was the~~ Midwife ~~medical~~ attendant at the birth of said Mansfield H Smith and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant William E Smith

P. O. Address 4334—35th San Diego, Calif

Subscribed and sworn to before me this 22nd day of March, 1940

B B Warner
Notary Public

Residing at 3533 El Cajon Blvd, San Diego, Calif ~~Idaho~~

My Commission Expires August 15- 1940

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

851-120-030-256

1. PLACE OF BIRTH

County of Lemhi

City of Sunfield

No. Idaho St.

(If born in hospital or institution give name.)

RECEIVED APR 13 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291057

Registration District No. ..... State File No. 291057

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Elmer, Edwin, Yearian

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1st

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth Dec 20 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Alpha Agenda Yearian	18. Full maiden name Minnie Lee, Snodgrass
10. Residence (usual place of abode) (If non-resident, give place and State) at Home	19. Residence (usual place of abode) (If non-resident, give place and State) at Home
11. Color or race White 12. Age at last birthday 55 (years)	20. Color or race White 21. Age at last birthday 19 (years)
13. Birthplace (city or place) (State or Country) Junction Lemhi Co. Ida	22. Birthplace (city or place) (State or Country) Salmon Lemhi Co Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Custom Work	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work May 15, 1912	25. Date (month and year) last engaged in this work March 2, 1925
17. Total time (years) spent in this work 10 years	26. Total time (years) spent in this work 25 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother One (At time of this birth and including this child) (a) Born alive and now living X (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed Apr, 1940

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

291057

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

APR 13 1940

State of Idaho }
County of Adams } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Alpha Agenda Yearian being first duly sworn says that he is the Father of Elmer Edwin Yearian
(Relationship of child)*

born Dec 20 1906 at Sunfield, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Elmer Edwin Yearian hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Lorenzo Barnett, ~~M. D., was the~~ Midwife medical attendant at the birth of said Elmer Edwin Yearian and that the said medical attendant is Deceased
(Now deceased (or) ~~cannot be located~~)

Name of Affiant Alpha Agenda Yearian

P. O. Address Indian Valley Idaho

Subscribed and sworn to before me this 5 day of April, 19 40

P. H. Ware
Notary Public.

Residing at Indian Valley, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A 993-220-014-252

#2 91070

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Caldwell

No. 1520 Cleveland Boulevard St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291070

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Josephine Elizabeth Rice

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female				X	Yes	January 20, 1906

	FATHER	MOTHER
9. Full name	John Campbell Rice	
10. Residence (usual place of abode) (If non-resident, give place and State)	1520 Cleveland Caldwell, Idaho	
11. Color or race	White	
12. Age at last birthday	41 (years)	
13. Birthplace (city or place) (State or Country)	Jacksonville, Illinois	
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Attorney-at-Law	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		
16. Date (month and year) last engaged in this work	....., 19.....	
17. Total time (years) spent in this work	16	
18. Full maiden name		Maude Muller Beshears
19. Residence (usual place of abode) (If non-resident, give place and State)		1520 Cleveland Caldwell, Idaho
20. Color or race		White
21. Age at last birthday		29 (years)
22. Birthplace (city or place) (State or Country)		Vandalia, Missouri
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		Own Home
25. Date (month and year) last engaged in this work		....., 19.....
26. Total time (years) spent in this work		11 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed April, 1940

Registrar.

STATE OF IDAHO

291070

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Thurston } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Elbert G. Rice being first duly sworn says that

he is the brother (Relationship of child)* of Josephine Elizabeth Rice

born January 20, 1906 (Date of birth) at Caldwell, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Josephine Elizabeth Rice hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J. W. Gue, M. D., was the ~~Midwife~~ medical attendant at the birth of said Josephine Elizabeth Rice and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Elbert G. Rice

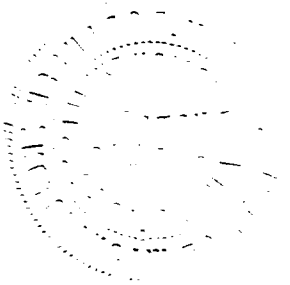
P. O. Address Olympia, Wash.

Subscribed and sworn to before me this 10th day of April, 1940

John M. Johnsen
Notary Public.

Residing at Olympia Wash., ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

252-207002-271

1. PLACE OF BIRTH
County of Adams
City of Council
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
RECEIVED
APR 16 1940

CERTIFICATE OF BIRTH

291114

Registration District No. 300 State File No. .....
Prim. Registration District No. ..... Local Registrar's No. 549

2. FULL NAME OF CHILD Emma Martha Kesler

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female	0	0	0	Yes	Yes	Mar 7, 1906

FATHER	MOTHER
9. Full name: John Kesler	18. Full maiden name: Edna Adela Spangle
10. Residence (usual place of abode) (If non-resident, give place and State): Council	19. Residence (usual place of abode) (If non-resident, give place and State): Council
11. Color or race: W. | 12. Age at last birthday: 31 (years)	20. Color or race: W. | 21. Age at last birthday: 29 (years)
13. Birthplace (city or place) (State or Country): Virginia	22. Birthplace (city or place) (State or Country): Kansas
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lumber help	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housework
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Lumber	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: .....
16. Date (month and year) last engaged in this work: 3/7, 1906	25. Date (month and year) last engaged in this work: 3/7, 1906
17. Total time (years) spent in this work: life	26. Total time (years) spent in this work: 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8:00 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) Barker Brown, M. D.
or ....., Midwife
Address 1695 State St, Salem, Oregon
Filed 3-18-40, 193... Alma Thurston MD

Registrar. Registrar.

DEC

Dup of 1906-318855

BOTH DELAYED

693 212006-249

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**

County of Bingham

City of Presto Precinct,

No. ____ St. ____

(If born in hospital or institution give name.)

RECEIVED MAY 3 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

292244

Registration District No. ____ State File No. 292244

Prim. Registration District No. ____ Local Registrar's No. ____

2. **FULL NAME OF CHILD** Laura Elizabeth Williams.

3. Sex	If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____	6. Premature ____ Full term Yes	7. Legitimate? Yes	8. Date of birth June 12, 1906 (Month, Day, Year)
Female				

FATHER	MOTHER
9. Full name: Henry Kirk Williams,	18. Full maiden name: Margaret Mary Burrell,
10. Residence (usual place of abode) (If non-resident, give place and State): Presto, Idaho.	19. Residence (usual place of abode) (If non-resident, give place and State): Presto, Idaho.
11. Color or race: White | 12. Age at last birthday: 27 (years)	20. Color or race: White | 21. Age at last birthday: 21 (years)
13. Birthplace (city or place) (State or Country): Table Rock, Colorado	22. Birthplace (city or place) (State or Country): Presto, Bingham Co. Ida.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farming.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: Present time, 19 ____	25. Date (month and year) last engaged in this work: Present time 19 ____
17. Total time (years) spent in this work: 1 yr.	26. Total time (years) spent in this work: 13 Mo.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrate Silver Sol

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5:00 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

Registrar.

(Signed) W. E. Petrie, M. D.

or ____, Midwife

Address Blackfoot, Idaho.

Filed May 3, 1940 Mae G. Atwood
Registrar.

Bureau of Vital Statis

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH — A386-210 001-386

County of Ada

City of Caldwell Idaho

No. ____ St. At private house now forgotten

(If born in hospital or institution give name.)

RECEIVED MAY 6 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

292254

Registration District No. ____ State File No. 292254

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Grace Willett Thompson

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term	7. Legitimate?	8. Date of birth
Female	—	—	—	yes	yes	May 10, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Samuel Thompson	18. Full maiden name: Josephine Mary Pease Thompson
10. Residence (usual place of abode) (If non-resident, give place and State):	19. Residence (usual place of abode) (If non-resident, give place and State): Portland Ore
11. Color or race: White | 12. Age at last birthday: 63 (years)	20. Color or race: White | 21. Age at last birthday: 64 (years)
13. Birthplace (city or place) (State or Country): Joplin Missouri	22. Birthplace (city or place) (State or Country): Shell Rock, Butler Co. Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: contracting grading & excavating	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: —	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: home
16. Date (month and year) last engaged in this work: Mar 17, 1934	25. Date (month and year) last engaged in this work: retired, 1936
17. Total time (years) spent in this work: 20	26. Total time (years) spent in this work: 30

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) Two (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Midwife Mad (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report Mary Josephine Pease Thompson (Date of)

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed May 4, 1940

Registrar. Registrar.

STATE OF IDAHO

292254

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Multnomah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

.....being first duly sworn says that

Grace is the daughter (Relationship of child)* of Mary J. Thompson

born May 10. 1906 (Date of birth) at Caldwell, Idaho,

whose certificate of birth is hereto attached, and that .....desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said .....

..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Johnson Midwife, ~~M.D.~~, was the Midwife medical attendant at the birth of said Grace Willett Thompson and that the said medical attendant is Deceased.
(Now deceased (or) cannot be located)

Name of Affiant Laura Jane Everett

P. O. Address 249 N.E. 47 ave Portland, Ore.

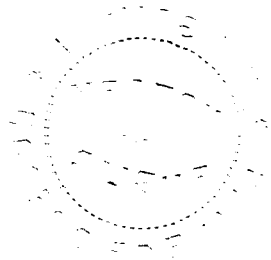
Subscribed and sworn to before me this 3rd day of May, 1940

L. A. Samuel
Notary Public.

Residing at Portland Ore, ~~Idaho.~~

My commission expires May 10/1940

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Wallace Ida.
No. 231 1/2 640-863 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

292274

CERTIFICATE OF BIRTH

Registration District No. 1 State File No.
Prim. Registration District No. Local Registrar's No. 292274

2. FULL NAME OF CHILD Paul Stalhamer

3. Sex: Male
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term ✓
7. Legitimate? yes
8. Date of birth May 4, 1926 (Month, Day, Year)

FATHER

9. Full name: Axel Albert Stalhamer
10. Residence (usual place of abode) (If non-resident, give place and State): Wallace Ida
11. Color or race: W
12. Age at last birthday: 34 (years)
13. Birthplace (city or place) (State or Country): Fallsjo City Sweden

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Lead & Silver
16. Date (month and year) last engaged in this work: , 1936
17. Total time (years) spent in this work: Lifetime

MOTHER

18. Full maiden name: Matilda Holstrom
19. Residence (usual place of abode) (If non-resident, give place and State): Wallace Ida
20. Color or race: W
21. Age at last birthday: 38 (years)
22. Birthplace (city or place) (State or Country): Fallsjo City Sweden

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: home
25. Date (month and year) last engaged in this work: April, 1938
26. Total time (years) spent in this work: Lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? natural

28. Number of children of this mother (At time of this birth and including this child) Six
(a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation 0 months or weeks
30. Cause of Stillbirth 0 Before labor During labor 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Axel Albert Stalhamer Father
or Midwife
Address Kirkland Wash.

Give name added from a supplemental report

(Date of)

Filed May 9, 1936 Mae G. Attwood
Registrar. LB

Registrar.

STATE OF IDAHO

292274

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of King } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Axel Albert Stalhamer being first duly sworn says that

is the father (Relationship of child)* of Paul Stalhamer

born May 4, 1906 (Date of birth) at Wallace, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Paul Stalhamer

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Johnson - midwife M. D., was the Midwife medical attendant at the birth of said Paul Stalhamer and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Axel Albert Stalhamer

P. O. Address Kirkland Wash.

Subscribed and sworn to before me this 1st day of May, 1940.

Bertha M Haeble
Notary Public.

Residing at Kirkland, Wash. ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A 415-127-028-493

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

292327

RECD MAY 8 '40

1. PLACE OF BIRTH
County of Kootenay
City of Laclede
No. ..... St.
Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Eugene Richard Davison

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? yes | 8. Date of birth June 27th, 1906 (Month, Day, Year)

FATHER

9. Full name William George Davison
10. Residence (usual place of abode) (If non-resident, give place and State) Laclede Idaho
11. Color or race white | 12. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Brussels Ont Canada

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill
16. Date (month and year) last engaged in this work Aug 1st, 1906
17. Total time (years) spent in this work three

MOTHER

18. Full maiden name Rosetta Miller
19. Residence (usual place of abode) (If non-resident, give place and State) Laclede Idaho
20. Color or race white | 21. Age at last birthday 32 (years)
22. Birthplace (city or place) (State or Country) New Hamburg, Ont Canada

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc. should make this return.

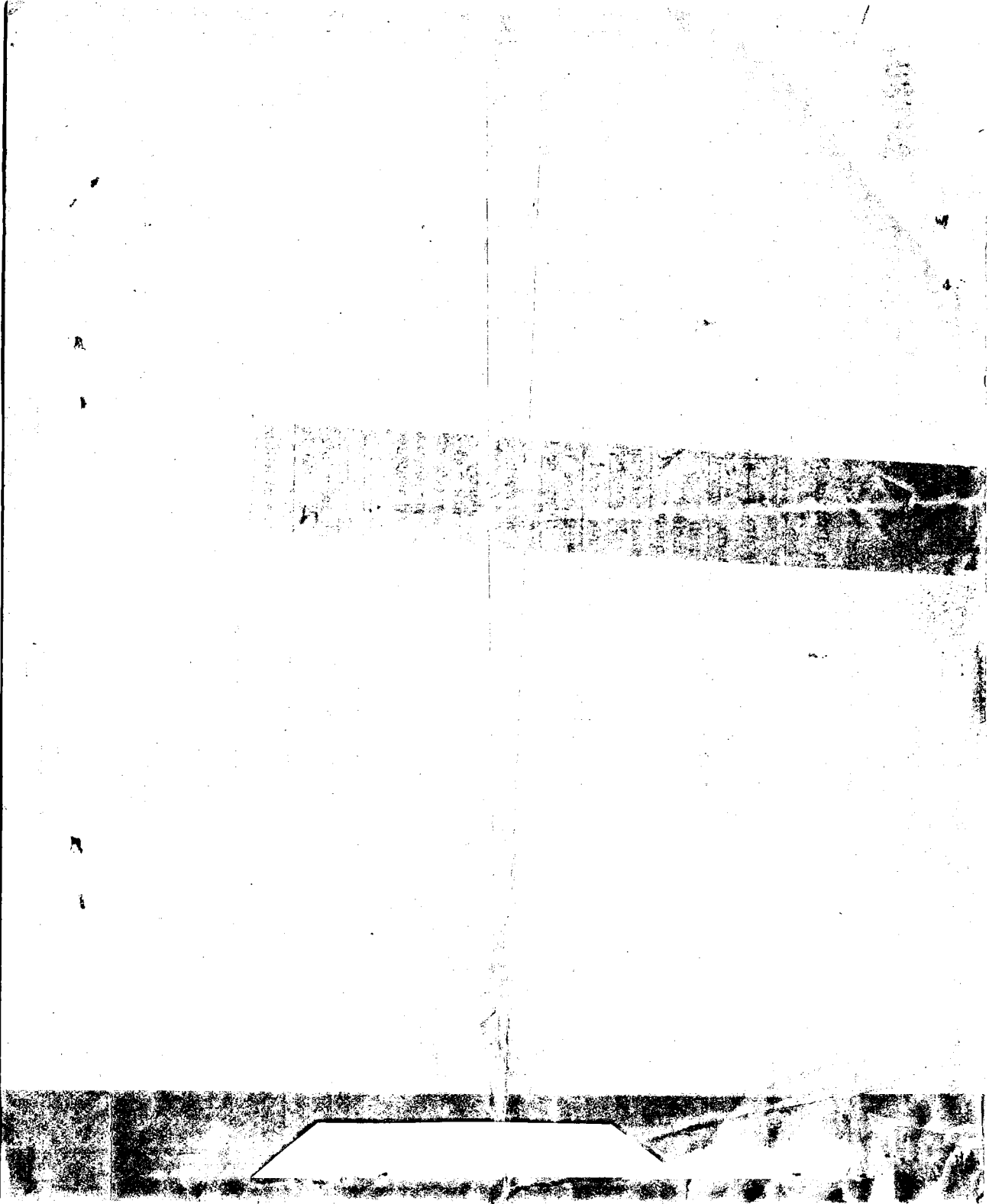
(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
Registrar.

Filed May, 1940
Registrar.

WRITE PLAINLY WITH UNFAD. INCLINK—THIS IS A PERMANENT RECORD. NB.—In case of more than one child at birth a Separate Return must be made for each order of birth stated.

K



292327

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Washington } ss.
County of Pend Oreille

William George Davison being first duly sworn says that he is the Father of Eugene Richard Davison
(Relationship of child)*

born June 27th 1906 at La Clede, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Eugene Richard Davison hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Prindle M. D. was the Midwife medical attendant at the birth of said Eugene Richard Davison and that the said medical attendant is his moved away & his Adress unknown
(Now deceased (or) cannot be located)

Name of Affiant William George Davison

P. O. Address Newport Wa

Subscribed and sworn to before me this 6 day of May, 1940

Chas O Barker
Notary Public.

Residing at Auditor Pend Oreille County, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 22 1968

NOV 15 1968

A895-28 022-396

293326

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Fremont
City of St. Anthony
No. ____ St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 21 1940

293326

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Edwin Crockett Hinsdale

3. Sex: Male
If plural births: 4. Twin, triplet, or other: 0; 5. Number, in order of birth: 0
6. Premature: No; Full term: Yes
7. Legitimate? Yes
8. Date of birth: May 28, 1906 (Month, Day, Year)

FATHER

9. Full name: Henry Vaughan Hinsdale
10. Residence (usual place of abode) (If non-resident, give place and State): St. Anthony
11. Color or race: White | 12. Age at last birthday: 26 (years)
13. Birthplace (city or place) (State or Country): Newton, Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dentist
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Own dental office
16. Date (month and year) last engaged in this work: Continuing, and including May 28, 1906
17. Total time (years) spent in this work: Three years

MOTHER

18. Full maiden name: Luella Crockett
19. Residence (usual place of abode) (If non-resident, give place and State): St. Anthony
20. Color or race: White | 21. Age at last birthday: 26 (years)
22. Birthplace (city or place) (State or Country): Alden, Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
25. Date (month and year) last engaged in this work: Continuing, and including May 28, 1906
26. Total time (years) spent in this work: Three yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boracic Acid

28. Number of children of this mother: Two (At time of this birth and including this child)
(a) Born alive and now living: 2 (b) Born alive but now dead: 0 (c) Stillborn: 0

29. If stillborn, period of gestation: — months or weeks
30. Cause of stillbirth: — Before labor: — During labor: —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.
or ____, Midwife
Address ____

Give name added from a supplemental report ____ (Date of)

Filed May, 1940

Registrar.

Registrar.

STATE OF IDAHO

293326

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

MAY 21 1940

State of WASHINGTON, } ss.
County of KING. }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Henry Vaughan Hinsdale being first duly sworn says that he is the Father (Relationship of child)* of Edwin Crockett Hinsdale born May, 28th 1906 (Date of birth) at St Anthony, Idaho, whose certificate of birth is hereto attached, and that Henry Vaughan Hinsdale desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Edwin Crockett Hinsdale hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that John D. Louis, M. D., was the ~~Midwife~~ medical attendant at the birth of said Edwin Crockett Hinsdale and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Henry Vaughan Hinsdale

P. O. Address 5543-34 Ave N.E. Seattle, Wn.

Subscribed and sworn to before me this 20th day of May, 1940. xx

Allie J. Poole
Notary Public in and for the State of Washington Residing at Seattle.

* **If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
JUN 3 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Fremont
City of St. Anthony
No. _____ St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Edwin Crockett Hinsdale

3. Sex Male | If plural births: 4. Twin, triplet, or other 0; 5. Number, in order of birth 0 | 6. Premature 0, Full term Yes | 7. Legitimate? Yes | 8. Date of birth May 28, 1906 (Month, Day, Year)

9. FATHER	18. MOTHER
9. Full name: Henry Vaughan Hinsdale	18. Full maiden name: Luella Crockett
10. Residence (usual place of abode) (If non-resident, give place and State): St. Anthony	19. Residence (usual place of abode) (If non-resident, give place and State):
11. Color or race: White	12. Age at last birthday: 26+ (years)
20. Color or race: White	21. Age at last birthday: 26+ (years)
13. Birthplace (city or place) (State or Country): Newton, Iowa	22. Birthplace (city or place) (State or Country): Alden, Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dentist	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Own Office (dental)	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work Including and Continuing May 28, 1906	17. Total time (years) spent in this work: Apx. 3yrs.
25. Date (month and year) last engaged in this work Including and Continuing May 28, 1906	26. Total time (years) spent in this work: Apx. 3 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boracic Acid

28. Number of children of this mother (At time of this birth and including this child): Two
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation — months or weeks | 30. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

_____ Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed _____, 193__ _____ Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED JUN 3 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Washington } ss.
County of King }

Luella Crockett Hinsdale being first duly sworn says that she is the Mother (Relationship of child)* of Edwin Crockett Hinsdale (E. C. Hinsdale)

born May 28, 1906 (Date of birth) at St. Anthony, Idaho,

whose certificate of birth is hereto attached, and that She, Luella Crockett Hinsdale, desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Edwin Crockett Hinsdale (E. C. Hinsdale, one and the same) hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J. D. Lewis, M. D., was the ~~Midwife~~ medical attendant at the birth of said Edwin Crockett Hinsdale and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Luella Crockett Hinsdale

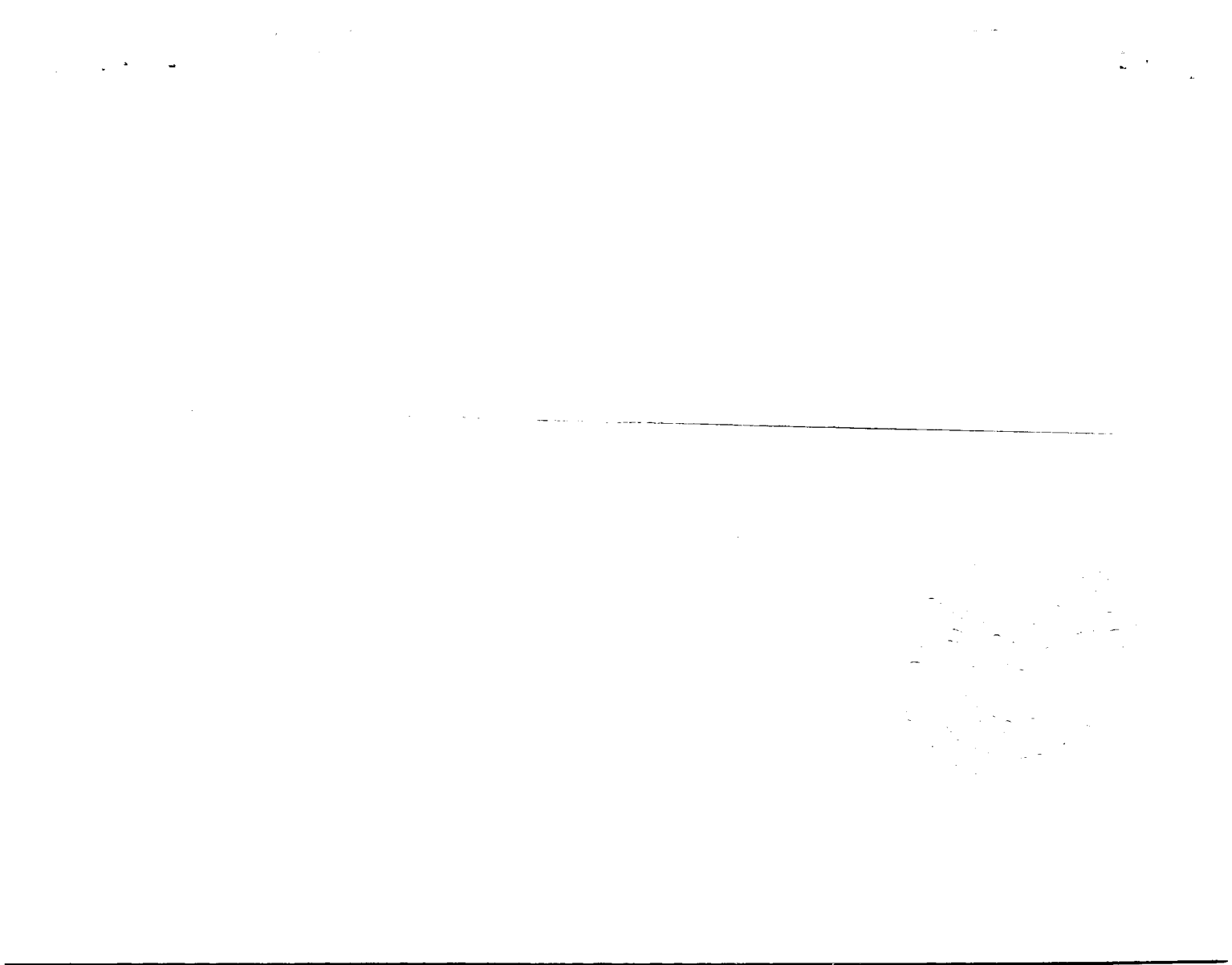
P. O. Address 5543 - 34 Avenue, Northeast, Seattle, Wash.

Subscribed and sworn to before me this 28th day of May, 1940

Thomas Jenkins
Notary Public.

Residing at Seattle, ~~Idaho.~~

* **If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**



RECEIVED
JUN 3 1940

STATE OF WASHINGTON)
) SS
COUNTY OF KING)

LUELLA CROCKETT HINSDALE, being first duly sworn, upon oath deposes and says: That she is the Mother of Edwin Crockett Hinsdale and that he was born to her on the 28th day of May, 1906 at St. Anthony, Idaho; that she was attended by one Dr. Lewis, now deceased; that her Husband, Henry V. Hinsdale was present at the time of said birth; that Affiant makes this affidavit for the puSpose of assisting her son in proving his birth and citizenship; Further Affiant sayeth not.

Luella Crockett Hinsdale

SUBSCRIBED AND SWORN To before me this 28th day of May, 1940.

Thomas Jenkins
Notary Public in and for the State of Washington, residing at Seattle.

248-203 001 449

293338

RECEIVED
MAY 22 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 293338

Prim. Registration District No. ____ Local Registrar's No. ____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Highland Valley
No. Highland Valley St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Bertha Elizabeth Smythe

3. Sex F

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term Yes

7. Legitimate? Yes

8. Date of birth July 3, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Dion Smythe	18. Full maiden name: Nettie Louisa Murphey
10. Residence (usual place of abode) (If non-resident, give place and State): Highland Valley	19. Residence (usual place of abode) (If non-resident, give place and State): Highland Valley
11. Color or race: W | 12. Age at last birthday: 37 (years)	20. Color or race: W | 21. Age at last birthday: 33 (years)
13. Birthplace (city or place) (State or Country): Iowa	22. Birthplace (city or place) (State or Country): So. Dakota
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mining Man	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19____	17. Total time (years) spent in this work ____
25. Date (month and year) last engaged in this work ____, 19____	26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 2:30 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)
____ Registrar.

(Signed) ____, M. D.
or Dion Smythe, Midwife
Address RECEIVED

Filed MAY 22 1940 193____ Registrar.

JUN 15 1971

235-124030-851

RECEIVED
MAY 22 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293345

293345

1. PLACE OF BIRTH
County of LEMHI
City of JUNCTION
No. ..... St.
IDAHO
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD HAROLD THOMAS STEWART

3. Sex MALE | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term YES | 7. Legitimate? YES | 8. Date of birth Sept 24, 1906 (Month, Day, Year)

FATHER
9. Full name ROBERT THOMAS STEWART
10. Residence (usual place of abode) (If non-resident, give place and State) JUNCTION, IDAHO
11. Color or race WHITE | 12. Age at last birthday 58 (years)
13. Birthplace (city or place) (State or Country) Chester, Illinois

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RANCHER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. STOCKRAISING
16. Date (month and year) last engaged in this work January, 1926
17. Total time (years) spent in this work 25 yrs

MOTHER
18. Full maiden name LILLY ELIZIBETH YEARIAN
19. Residence (usual place of abode) (If non-resident, give place and State) JUNCTION, IDAHO
20. Color or race WHITE | 21. Age at last birthday 57 (years)
22. Birthplace (city or place) (State or Country) DUQUOIN, ILLINOIS

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN HOME
25. Date (month and year) last engaged in this work Engaged in this work at present
26. Total time (years) spent in this work 35 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born at 11 P.M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Robert T Stewart, ~~M. D.~~
or Father, ~~Midwife~~
Address Jelle Mae Aug-18-1940

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed May, 1940
..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

293345

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

MAY 22 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Washington } ss.
County of Thurston }

Robert T. Stewart being first duly sworn says that

is the father (Relationship of child)* of Harold Thomas Stewart

born September 24, 1906 (Date of birth) at Junction, Lemhi County, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Harold Thomas Stewart

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Amson Murphy, M. D., was the Midwife medical attendant at the birth of said Harold Thomas Stewart and that the said medical attendant is Now Deceased (Now deceased (or) cannot be located)

Name of Affiant Robert T Stewart

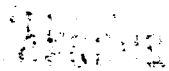
P. O. Address Yelm Wash

Subscribed and sworn to before me this 18 day of May 1940

Notary Public.

Residing at Yelm, Washington.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**



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RECEIVED
MAY 23 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293353

PLACE OF BIRTH

County of Payette

City of Payette

No. ____ St. home

(If born in hospital or institution give name.)

Registration District No. 3 State File No. ____

Prim. Registration District No. 330 Local Registrar's No. 82

2. FULL NAME OF CHILD Quinter Royal Keltner

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term Yes

7. Legitimate? Yes

8. Date of birth July 8, 1906 (Month, Day, Year)

FATHER

9. Full name: Lewis Elmer Keltner

10. Residence (usual place of abode) (If non-resident, give place and State): Payette

11. Color or race: white 12. Age at last birthday: 38 (years)

13. Birthplace (city or place) (State or Country): Lanark, Carroll Co, Ill

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Minister

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work: July, 1906

17. Total time (years) spent in this work: 19

MOTHER

18. Full maiden name: Bertha Elizabeth Buckwalter

19. Residence (usual place of abode) (If non-resident, give place and State): Payette

20. Color or race: white 21. Age at last birthday: 29 (years)

22. Birthplace (city or place) (State or Country): Lanark, Carroll Co, Ill

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____

25. Date (month and year) last engaged in this work: July, 1906

26. Total time (years) spent in this work: 8

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child): three

(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 4 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

Registrar.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed May 22 1940 193 J. C. Woodward Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1940

AFFIDAVIT

State of Idaho } ss.
County of Payette

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Bertha Keltner Gibbel being first duly sworn says that she is the mother (Relationship of child)* of Quinter Royal Keltner born July 8 - 1906 (Date of birth) at Payette, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Quinter Royal Keltner hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr O H Avey M. D. was the ~~Midwife~~ medical attendant at the birth of said Quinter Royal Keltner and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Bertha Keltner Gibbel

P. O. Address 754 Locust St - Pasadena, Calif

Subscribed and sworn to before me this 21st day of May, 1940

Mary Belle Reeve
Notary Public.

Residing at Pasadena California ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 2 5 1942

JUN 1 1971

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each child at birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293454

JUN 10 1940

Registration District No. ____ State File No. 293454

Prim. Registration District No. ____ Local Registrar's No. ____

1. **PLACE OF BIRTH**
County of Fremont
City of St. Anthony
No. 396-119-022-569 St.
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** Homer Morris Crosier

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term X

7. Legitimate? Yes

8. Date of birth Dec. 19, 1906 (Month, Day, Year)

FATHER

9. Full name: Isaac Newton Crosier

10. Residence (usual place of abode) (If non-resident, give place and State): St. Anthony

11. Color or race: White 12. Age at last birthday: 28 (years)

13. Birthplace (city or place) (State or Country): Michigan

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: St. Anthony, Idaho

16. Date (month and year) last engaged in this work: November, 19 06

17. Total time (years) spent in this work: 12 years

MOTHER

18. Full maiden name: Bessie North

19. Residence (usual place of abode) (If non-resident, give place and State): Darlington, Idaho

20. Color or race: White 21. Age at last birthday: 17 (years)

22. Birthplace (city or place) (State or Country): Helena, Montana

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housewife

25. Date (month and year) last engaged in this work: One year, 19 ____

26. Total time (years) spent in this work: 1 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child): 2 First
(a) Born alive and now living X (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation X months or weeks

30. Cause of Stillbirth X During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____

(Date of) ____

Filed June, 1940

Registrar. ____ Registrar.

STATE OF IDAHO

293454

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of Butte }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Bessie Crosier being first duly sworn says that she is the mother (Relationship of child)* of Homer Morris Crosier born December 19, 1906 (Date of birth) at St. Anthony, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Homer Morris Crosier hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. W. C. Dummell, M. D., was the Midwife medical attendant at the birth of said Homer Morris Crosier and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Bessie Crosier

P. O. Address Darlington, Idaho.

Subscribed and sworn to before me this 7th day of June, 19 40

Notary Public.

Residing at Arco, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

314 114 035 314

United States
Department of Commerce
Bureau of the Census

FEB 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 293461

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Slickpoo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Slickpoo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Slickpoo, Ida.

4. **FULL NAME OF CHILD** Wilbur Wane Cadwell

5. Date of Birth (Month, day, year) June 14, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Joseph F. Cadwell
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Goodhue (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan May Cadwell
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace ..... (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Feb. 10, 1941 (Date received) (b) Patricia Burke (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, J. F. Cadwell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Wilbur Wane Cadwell (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no physician (Name of attendant at birth), ~~who~~ attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

J. F. Cadwell Signature

Lapwai, Idaho P. O. Address

Subscribed and sworn to before me on this 15 day of February, 1941.

(SEAL) Kirby Weisgerber Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Nez Perce
City of Jacques Spur
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 11 1940

CERTIFICATE OF BIRTH

293461

Registration District No. 221 State File No. .....
Prim. Registration District No. 96 Local Registrar's No. .....

2. FULL NAME OF CHILD Wilbur Wayne Cadwell

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term — | 7. Legitimate? yes | 8. Date of birth June 14, 1906 (Month, Day, Year)

FATHER

9. Full name Joseph Francis Cadwell
10. Residence (usual place of abode) (If non-resident, give place and State) Ranch Stickpoo Idaho
11. Color or race W | 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Goodhue Minnesota

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Susan May Nicholas
19. Residence (usual place of abode) (If non-resident, give place and State) Ranch Stickpoo Idaho
20. Color or race W | 21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or Country) Pullman Washington

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Cadwell, ~~M. D.~~
or (Father), ~~Midwife~~
Address .....

Give name added from a supplemental report ..... (Date of)

Filed June 10, 1940 Mae B. McNeeman Wm
Registrar.

Registrar.

STATE OF IDAHO

29346

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED JUN 11 1940

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I J. F. Caldwell being first duly sworn says that
he is the father (Relationship of child)* of Wilbur Wayne Caldwell
born June 14, 1906 (Date of birth) at Lapwai Idaho, Idaho,
whose certificate of birth is hereto attached, and that J. F. Caldwell desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Wilbur Wayne Caldwell
hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Burke, M. D., was the Midwife
medical attendant at the birth of said Wilbur Wayne Caldwell and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant J. F. Caldwell

P. O. Address Lapwai, Idaho

Subscribed and sworn to before me this 10 day of June, 1940

Notary Public.

Residing at [illegible], Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

REC'D

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

JAN 13 1940

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 3[redacted]
Local Reg. No. REUSED
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Nez Perce (b) City Lick Pool Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 4 years — month — days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Slickpoo
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Wilbur Wayne Caldwell

5. Date of Birth (Month, day, year) June 16, 1907

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Francis Caldwell
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Goodyear (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan May Caldwell
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Pullman (City or town) Washington (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 13 1940 (Date received) (b) Clyde A. Bridges Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Joseph Francis Caldwell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Wilbur Wayne Caldwell (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Burke (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

J. F. Caldwell ..... Signature

Lapwai — Idaho ..... P. O. Address

Subscribed and sworn to before me on this 11th day of January, 1940

(SEAL) Russell Wirth ..... Notary Public, residing at Lapwai, Idaho

cc 2/25/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**

County of

City of Coeur d'Alene

No. 791 219 028 242 St.

(If born in hospital or institution give name)

RECEIVED
JUN 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293464

293464

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Sarah Lucille Grant

3. Sex F

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Y

8. Date of birth 8 19, 1926 (Month, Day, Year)

FATHER

9. Full name George Wallace Grant

10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene

11. Color or race W | 12. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or Country) Onaway, Michigan

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumberman

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Myrtle Carrie Bush

19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene

20. Color or race W | 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or Country) Onaway Mich.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Myrtle Grant (mother), M. D.

or ....., Midwife

Address 615 So. Charles Lansing Mich.

Give name added from a supplemental report .....
(Date of)

Filed June 13, 1940 Mae G. Atwood
Registrar.

.....
Registrar.

STATE OF IDAHO

293464

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

JUN 1940

State of Michigan
County of Ingham } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Myrtle Grant being first duly sworn says that she is the mother (Relationship of child)* of Sarah Lucilia Grant born August 19 1906 (Date of birth) at Coeur d'Alene, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Sarah Lucilia Grant hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Doctor Day, M. D., was the ~~Midwife~~ medical attendant at the birth of said Sarah Lucilia Grant and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Myrtle L. Grant (Mother)

P. O. Address 615 S. Charles St Lansing Mich.

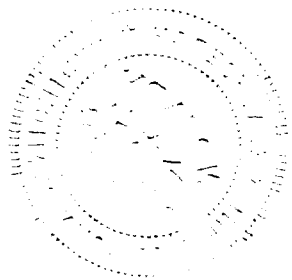
Subscribed and sworn to before me this 8 day of June, 19 40.

E. A. Foerch Notary Public.

Residing at Notary Public, Ingham County, Mich., Idaho.

My Commission Expires July 23, 1943

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more th one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 619-274-008-435

PLACE OF BIRTH

County of Boise

City of Roseberry,

No. ..... St.

at Home

(If born in hospital or institution give name.)

JUN 17 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293517

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Estel Emma Ward.

3. Sex Girl | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth November 14 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Adam Edward Ward.	18. Full maiden name Minerva Jane McNames
10. Residence (usual place of abode) (If non-resident, give place and State) Roseberry,	19. Residence (usual place of abode) (If non-resident, give place and State) Roseberry
11. Color or race white | 12. Age at last birthday 33 (years)	20. Color or race white | 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Hall Town, Missouri	22. Birthplace (city or place) (State or Country) Macon Missouri
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. home	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
16. Date (month and year) last engaged in this work Nov. 14, 1906 | 17. Total time (years) spent in this work 15	25. Date (month and year) last engaged in this work Nov. 14, 1906 | 26. Total time (years) spent in this work 13

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead all alive (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or Valeria McFall, Midwife

Address Roseberry

Give name added from a supplemental report .....

(Date of)

Filed June, 1940

..... Registrar.

..... Registrar.

APR 1 1 1968

795-125-231-791

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Owyhee
City of Bruneau
No. ..... St. .....
(If born in hospital or institution give name.)

RECEIVED
JUN 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293546

Registration District No. 380 State File No. .....
Prim. Registration District No. ..... Local Registrar's No. 15

2. FULL NAME OF CHILD Jess B. Pinkston, Jr.

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term yes	yes	1906 Apr. 25, 1906

FATHER	MOTHER
9. Full name: Jess B. Pinkston	18. Full maiden name: Ada May Grayson
10. Residence (usual place of abode) (If non-resident, give place and State): Bruneau Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Bruneau Idaho
11. Color or race: white | 12. Age at last birthday: 35 (years)	20. Color or race: white | 21. Age at last birthday: 33 (years)
13. Birthplace (city or place) (State or Country): St. Genevieve County Missouri	22. Birthplace (city or place) (State or Country): St. Francis County Missouri
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ranching	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Renting	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 9 m P M on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.
or Mrs Iona Grabb, Midwife
Address Mountain Home, Idaho
Filed May 27, 1940 193.....

Registrar.

Nov. 4, 1940 L.B.

DELAYED

A 964-122-044-439

293552

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 4 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Washington
City of Weiser
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Emmit Eugene Routson

3. Sex M | If plural births: 4. Twin, triplet, or other other; 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Oct. 22nd., 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John Washington Routson,	18. Full maiden name: Lettie Cmementine McRoberts
10. Residence (usual place of abode) (If non-resident, give place and State): Weiser	19. Residence (usual place of abode) (If non-resident, give place and State): Weiser
11. Color or race W | 12. Age at last birthday 33 (years)	20. Color or race W | 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country): Lewistown, Ill.	22. Birthplace (city or place) (State or Country): Midvale, Idaho.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ~~mine~~, farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: home
16. Date (month and year) last engaged in this work: Oct, 19 06	25. Date (month and year) last engaged in this work: Oct, 19 06
17. Total time (years) spent in this work: 17	26. Total time (years) spent in this work: 9

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother four (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ~~unknown~~. During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed June 4, 1940

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

DELAYED

STATE OF IDAHO

RECEIVED 29355
JUN 4 1940

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Washington } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lettie Routson being first duly sworn says that

she is the Mother (Relationship of child)* of Emmit Eugene Routson

born October 22, 1906 (Date of birth) at Weiser, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Emmit Eugene Routson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. G. N. Waterhouse, M. D., was the Midwife medical attendant at the birth of said Emmit Eugene Routson and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant Lettie Routson

P. O. Address Weiser, Idaho

Subscribed and sworn to before me this 1st day of June, 19 40

W B Lloyd
Notary Public.

Residing at Weiser, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JUL 3

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

2945 74

294574

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. **PLACE OF BIRTH**
County of Blaine
City of Hailey
No. A391-228 007613 St.
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** Louise Cramer

3. Sex

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term ✓

7. Legitimate? Yes

8. Date of birth Jan. 28, ~~193~~ 1906 (Month, Day, Year)

FATHER

9. Full name Leo Cramer

10. Residence (usual place of abode) (If non-resident, give place and State) Hailey, Ida.

11. Color or race White | 12. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or Country) Eagle Pass Texas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Bank

16. Date (month and year) last engaged in this work Jan., 1906 | 17. Total time (years) spent in this work 7

MOTHER

18. Full maiden name Sarah Adelia Walker

19. Residence (usual place of abode) (If non-resident, give place and State) Hailey, Ida.

20. Color or race White | 21. Age at last birthday 26 (years)

22. Birthplace (city or place) (State or Country) Galena Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work _____, 19____ | 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 5:15 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Give name added from a supplemental report _____ (Date of)

Filed 6-21-, 1940

Registrar.

Registrar.

294574

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Sarah Adelia W. Cramer being first duly sworn says that she is the mother (Relationship of child)* of Louise Cramer born June 28th, 1906 (Date of birth) at Hailey, Idaho, Idaho, whose certificate of birth is hereto attached, and that Sarah A. W. Cramer desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Louise Cramer hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J. C. Plummer, M. D., was the Midwife medical attendant at the birth of said Louise Cramer and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Sarah Adelia W Cramer

P. O. Address 86 B. Street, Salt Lake City, Utah

Subscribed and sworn to before me this 7th day of June, 1940, 19

Lester B. Merrill
Notary Public.

Residing at Salt Lake City, Utah, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JUN 23 1966

A 445-109 035-666

2945 E 3

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 20 1940
Registration District No. ..... State File No. 294583
Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Nez Perce
City of Myrtle
No. ..... St.
farm home
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lester Elsworth Duncan

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth Oct. 9, 1906 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	Arthur Elsworth Duncan	18. Full maiden name Annie Rachael Wood
10. Residence (usual place of abode) (If non-resident, give place and State)	Myrtle, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Lenore
11. Color or race	W	20. Color or race W
12. Age at last birthday	55 (years)	21. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or Country)	Illinois	22. Birthplace (city or place) (State or Country) North Dakota
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work	Apr. 1926, 19	25. Date (month and year) last engaged in this work Nov. 2, 1908, 19
17. Total time (years) spent in this work	all this life	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 6 (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead none Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Dr. Livingston at ..... m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Myrtle Boyd, M. D.
or ....., Midwife
Address Pullman Wash.

Give name added from a supplemental report .....
(Date of)

Filed June, 1940

Registrar.

Registrar.

294583

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of [redacted] W. Whitman } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Myrtle Boyd being first duly sworn says that she is the sister (Relationship of child)* of Lester Elsworth Duncan

born October 9, 1906 (Date of birth) at Moscow, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lester Elsworth Duncan

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Farrington of Deary, Idaho, M. D., was the ~~Midwife~~ medical attendant at the birth of said Lester Elsworth Duncan and that the said medical attendant is probably deceased, but not sure. (Now deceased (or) cannot be located)

Name of Affiant Myrtle Boyd

P. O. Address Pullman Wash

Subscribed and sworn to before me this 19th day of June, 19[illegible]

Frank Lange
Notary Public.

Residing at Pullman Wash, ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

DEC 6 1962

235-209029-253

294608

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 24 1940

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. Rural. St.
(If born in hospital or institution give name)

Registration District No. 200 State File No. 294608
Prim. Registration District No. Local Registrar's No. 1123

2. FULL NAME OF CHILD Edith Phoebe Stephenson

3. Sex Female | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature; Full term ✓ | 7. Legitimate? Yes. | 8. Date of birth Apr. 9, 1906 (Month, Day, Year)

FATHER

9. Full name Maurice Alvin Stephenson
10. Residence (usual place of abode) (If non-resident, give place and State) Moscow Ida.
11. Color or race White | 12. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country) Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm
16. Date (month and year) last engaged in this work Apr. 9, 1906
17. Total time (years) spent in this work 4

MOTHER

18. Full maiden name Maria E. Beck
19. Residence (usual place of abode) (If non-resident, give place and State) Moscow, Ida.
20. Color or race White | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Antigo Wisc.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Apr. 9, 1906
26. Total time (years) spent in this work 3.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? [illegible]

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or Ellen Stephenson (deceased), Midwife
Address .....
Filed June 14, 1934 J. Harry Emhouse
Registrar.

Give name added from a supplemental report .....
(Date of)
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED

STATE OF IDAHO

294608

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 24 1940

State of Idaho, } ss.
County of Latah. }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Maria E. Stephenson, being first duly sworn says that she is the mother (Relationship of child)* of Edith Pheobie Stephenson born April 9, 1906 (Date of birth) at Moscow, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Edith Pheobie Stephenson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Ellen Stephenson ~~XXXX~~ was the Midwife medical attendant at the birth of said Edith Pheobie Stephenson and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Maria E. Stephenson

P. O. Address 242 North Jackson, Moscow, Idaho.

Subscribed and sworn to before me this 14th day of June, 1940.

Adrian Nelson
Notary Public

Residing at Moscow, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294723

RECEIVED JUL 5 1940

1. PLACE OF BIRTH
County of Latah
City of Troy Little Bear Ridge
No. 855722029-243 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Donald Wesley Henderson

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1 | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth June 22, 1906 (Month, Day, Year)

FATHER

9. Full name Clyde Glenn Henderson
10. Residence (usual place of abode) (If non-resident, give place and State) Pullman Wash
11. Color or race White | 12. Age at last birthday 61 (years)
13. Birthplace (city or place) (State or Country) Smith Center Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work June, 1940
17. Total time (years) spent in this work 18

MOTHER

18. Full maiden name Ethel Adell Sutton
19. Residence (usual place of abode) (If non-resident, give place and State) Pullman Wash
20. Color or race White | 21. Age at last birthday 56 (years)
22. Birthplace (city or place) (State or Country) Wyota Wisconsin Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work June, 1940
26. Total time (years) spent in this work 35

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING ~~PHYSICIAN OR MIDWIFE~~ Father

I hereby certify that I attended the birth of this child, who was born at 7 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) C G Henderson Father ~~M. D.~~
or ....., Midwife
Address 605 Campus, Pullman Wash
Filed June 30, 1940 Mrs Chas A. Meyer
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED JUL 5 1940

294723

State of Washington }
County of Whitman } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Clyde G Henderson being first duly sworn says that he is the Father (Relationship of child)* of Donald Wesley Henderson born June 22- 1906 (Date of birth) at Troy, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Donald Wesley Henderson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ..... M. D., was the Midwife medical attendant at the birth of said ..... and that the said medical attendant is ..... (Now deceased (or) cannot be located)

Name of Affiant C. G Henderson

P. O. Address Pullman Wash

Subscribed and sworn to before me this 26 day of June, 19 40

..... Notary Public.

Residing at Pullman Wash ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294729

JUL 5 1940

CERTIFICATE OF BIRTH

294729

1. PLACE OF BIRTH
County of Bear Lake
City of Georgetown
No. 4866-221-004852 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Veneta Hoff

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Oct. 21, 1906 (Month, Day, Year)

FATHER

9. Full name George Jacob Hoff

10. Residence (usual place of abode) (If non-resident, give place and State) Georgetown, Ida.

11. Color or race White | 12. Age at last birthday 42 (years)

13. Birthplace (city or place) (State or Country) Salt Lake City, Ut.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work Lifetime

MOTHER

18. Full maiden name Deadys Cordelia Hess

19. Residence (usual place of abode) (If non-resident, give place and State) Georgetown, Ida.

20. Color or race White | 21. Age at last birthday 40 (years)

22. Birthplace (city or place) (State or Country) Farmington, Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Oct., 1906

26. Total time (years) spent in this work 21

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 9 (At time of this birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed July, 1940

Registrar. Registrar.

294729

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 5 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California
County of Los Angeles } ss.

Harriet Hoff being first duly sworn says that she is the Sister (Relationship of child)* of Veneta Hoff born October 21, 1906 (Date of birth) at Georgetown, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Veneta Hoff hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Emma Clark ~~M. D.~~ was the Midwife medical attendant at the birth of said Veneta Hoff and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Harriet Hoff.

P. O. Address 2642 West Adams Gardens Los Angeles

Subscribed and sworn to before me this 3rd day of July 1940

Irene E. Long
NOTARY PUBLIC in and for the County of Los Angeles, State of California. Notary Public.

Residing at ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires March 31, 1941

449-213-203-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 294740

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruby Durand			2. Date Of Birth (month) August (day) 13 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Bertram Arthur Durand			7. State or Country of Father's Birth: Buffalo, New York
MOTHER	8. Full Maiden Name of Mother: Mable Grass			9. State or Country of Mother's Birth: Helena, Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby Rothenfluh		11. Present Address of Registrant: 510 S. Florence Sandpoint Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: June 13, 1963	12. Signature of Notary: Wm + McBurney		13. Notary Commission expires: March 15, 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: #89 application Fraternal Order of Eagles	By whom issued and signed: Chas Guenther, Grand Sec.	Date issued: July 1, 1949	Date Orig. Entry: July 1, 1949
	Date of Birth: August 13 1906	Birth Place: ---- ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Statement regarding School Record	By whom issued and signed: Class A School Dist. #25 Bannock County, Pocatello, Ida.	Date issued: May 23, 1963	Date Orig. Entry: Jan 22, 1915
	Date of Birth: August 13 1906	Birth Place: ----	Full Name of Mother: Mrs. Bert Durand	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #233125	Date issued: ----	Date Orig. Entry: child born June 4, 1935
	Date of Birth: Age 28	Birth Place: Pocatello, Idaho	Full Name of Mother: ----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Joyce B. Foltz	June 25, 1963

FORM BH 56067

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

494740

294740

1. PLACE OF BIRTH

County of Bannock
City of Pocatello
No. 535 S. Arthur St.
Idaho
(If born in hospital or institution give name.)

RECEIVED JUL 5 1940

Registration District No. ..... State File No. 294740
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ruby Durand

3. Sex female

If plural births: 4. Twin, triplet, or other X; 5. Number, in order of birth X

6. Premature X; Full term X

7. Legitimate? yes

8. Date of birth 7-13-1906 193.. (Month, Day, Year)

FATHER

9. Full name Bertran Arthur Durand

10. Residence (usual place of abode) (If non-resident, give place and State) Sandpoint, Idaho

11. Color or race white 12. Age at last birthday 56 (years) Now deceased

13. Birthplace (city or place) (State or Country) Buffalo, N. Y.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mailcarrier

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ....., 19..

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Mable Grass

19. Residence (usual place of abode) (If non-resident, give place and State) Sandpoint, Ida

20. Color or race white 21. Age at last birthday 54 (years)

22. Birthplace (city or place) (State or Country) Helena Montana

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work now so engaged 19..

26. Total time (years) spent in this work 35

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Don't know

28. Number of children of this mother (At time of this birth and including this child) None (a) Born alive and now living 7 (b) Born alive but now dead Nil (c) Stillborn Nil

29. If stillborn, period of gestation Nil months or weeks

30. Cause of Stillbirth X Before labor X During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at - m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) + Mrs Mabel Durand, M. D.

or Mother, Midwife

Address

Give name added from a supplemental report Dr. H. C. Castle, deceased (Date of)

Registrar.

Filed ....., 193.. Registrar.

294740

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 5 1940

State of IDAHO, } ss.
County of Bonner, }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mable Durand being first duly sworn says that she is the Mother (Relationship of child)* of Ruby Durand Rothenflun born August 13, 1906 (Date of birth) at Helena, Montana, ~~Idaho;~~

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ruby Durand, made by Mable Durand hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. H. C. Castle, M. D., was the Midwife medical attendant at the birth of said Ruby Durand and that the said medical attendant is now deceased. (Now deceased (or) cannot be located)

Name of Affiant + Mrs Mabel Durand

P. O. Address 209 S. Florence Avenue, Sandpoint, Id.

Subscribed and sworn to before me this 3rd day of July, 1940

E. J. Simmons
Notary Public.

Residing at Sandpoint, Idaho, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JUN 25 1968

JUL 2 1968

WRITE PLAINLY with UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Washington
City of Cambridge.
No. 653 111 0444 285 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294760

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Herman Welker

3. Sex: Male.
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ✓
7. Legitimate? yes
8. Date of birth Dec. 11, 1906 (Month, Day, Year)

FATHER

9. Full name: John Houston Welker
10. Residence (usual place of abode) (If non-resident, give place and State): Cambridge, Idaho
11. Color or race: White | 12. Age at last birthday: 39 (years)
13. Birthplace (city or place) (State or Country): Greensboro North Carolina.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Public Official
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farmer.
16. Date (month and year) last engaged in this work: June, 1937
17. Total time (years) spent in this work: 25 years

MOTHER

18. Full maiden name: Zella Shepard (Welker)
19. Residence (usual place of abode) (If non-resident, give place and State): Cambridge Idaho
20. Color or race: White | 21. Age at last birthday: 39 (years)
22. Birthplace (city or place) (State or Country): Alamance County North Carolina

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____
25. Date (month and year) last engaged in this work: ____, 19____
26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate
28. Number of children of this mother (At time of this birth and including this child): Seven Eight
(a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn ____
29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Zella Welker (Mother)
or ____, Midwife
Address ____
Give name added from a supplemental report ____
(Date of)
Filed July 8, 1937
Registrar. Registrar.

STATE OF IDAHO - 294760

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Washington } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Zella Welker being first duly sworn says that she is the mother (Relationship of child)* of Herman Welker born December 11, 1906 (Date of birth) at Cambridge, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Herman Welker hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Chas F. Schmitz, M. D., was the Midwife medical attendant at the birth of said Herman Welker and that the said medical attendant is Now Deceased (Now deceased (or) cannot be located)

Name of Affiant Zella Welker

P. O. Address Cambridge, Idaho

Subscribed and sworn to before me this 9th day of June, 1940

Notary Public.

Residing at Weiser Idaho, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bear Lake

City of St Charles

No. 335-118004-269

(If born in hospital or institution give name.)

RECEIVED JUL 9 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294765

CERTIFICATE OF BIRTH 294765

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Stafford Cornell Cleveland

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term	yes	Mar. 18, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Cornell Stafford Cleveland,	18. Full maiden name: Adelia Sorenson,
10. Residence (usual place of abode) (If non-resident, give place and State): St Charles, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): St Charles Idaho
11. Color or race: White | 12. Age at last birthday: 64 (years)	20. Color or race: White | 21. Age at last birthday: 61 (years)
13. Birthplace (city or place) (State or Country): St Charles, Idaho	22. Birthplace (city or place) (State or Country): St Charles, Idaho
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: home
16. Date (month and year) last engaged in this work: July 6th, 1940	17. Total time (years) spent in this work: 45
25. Date (month and year) last engaged in this work: July 6, 1940 19....	26. Total time (years) spent in this work: 45

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
two
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ✓ Cornell Stafford Cleveland father, ~~M.D.~~

or ✓ Adelia S Cleveland mother, ~~M.D.~~

Address St Charles, Idaho.

Filed July, 1940

Registrar.

294765

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 9 1940

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

C. Stafford Cleveland and Adelia S. Cleveland being first duly sworn says that they are the parents (Relationship of child)* of Stafford Cornell Cleveland born March 18th 1906 (Date of birth) at St Charles, Idaho, whose certificate of birth is hereto attached, and that they desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Stafford Cornell Cleveland, hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiants further states that Doctor, Warren B. West, M. D., was the ~~MIDWIFE~~ medical attendant at the birth of said Stafford Cirnell Cleveland and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiants Cornell Stafford Cleveland
Adelia S. Cleveland

P. O. Address St Charles, Idaho

Subscribed and sworn to before me this 6th day of July, 1940.

Notary Public.

Residing at Paris, Idaho, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JAN 17 1969

415-775020-415

RECEIVED JUL 10 1940

294786

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294786

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Elmore
City of Mountain Home
No. ..... Idaho ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Fred Garrielt Daniels

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term 1
7. Legitimate? .....
8. Date of birth Jan. 25, 1906 (Month, Day, Year)

FATHER

9. Full name Garrielt Daniels
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 41 (years)
13. Birthplace (city or place) (State or Country) Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, ~~sawyer, bookkeeper~~, etc. Freighter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. road
16. Date (month and year) last engaged in this work ....., 1906
17. Total time (years) spent in this work 8 yrs.

MOTHER

18. Full maiden name Mary Effie Daniels
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race White | 21. Age at last birthday 36 (years)
22. Birthplace (city or place) (State or Country) Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work Jan. 25, 1906
26. Total time (years) spent in this work 18 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn 2

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Living (Born Alive or Stillborn) at 4 P m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Mary Effie Daniels
or ....., Midwife
Address Mountain Home Idaho

Give name added from a supplemental report .....

(Date of) .....

Filed July, 1940

Registrar. Registrar.

294786

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED JUN 6 1940

JUL 10 19[illegible]

State of Ohio
County of Miami } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Effie Liley being first duly sworn says that she is the mother (Relationship of child)* of Fred G. Daniels born Jan 25 1906 (Date of birth) at Mountain Home, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Fred G. Daniels hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Newkirk & Dr. Calloway M. D. was the Midwife medical attendant at the birth of said Fred G. Daniels and that the said medical attendant is ~~(Now deceased (or)~~ cannot be located)

Name of Affiant Effie Liley
P. O. Address Troy, Ohio

Subscribed and sworn to before me this 25th day of May, 1940

L. E. GROSS, Notary Public
In and for Miami County, Ohio

L E Gross
Notary Public.

Residing at Troy, Ohio, ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

294809

RECEIVED JUL 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 221 State File No. 294809

Prim. Registration District No. 96 Local Registrar's No.

1. PLACE OF BIRTH
County of Nez Perce
City of Lenore
No. A 793-212-035-814 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Mabel Francis Gilbert

3. Sex F | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term yes | 7. Legitimate? yes | 8. Date of birth June 12, 1906 (Month, Day, Year)

FATHER

9. Full name Walter W. Gilbert, deceased

10. Residence (usual place of abode) (If non-resident, give place and State) Lenore Id

11. Color or race white | 12. Age at last birthday 50 (years)

13. Birthplace (city or place) (State or Country) Silver City Nev

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work Nov. 14, 1916 19__

17. Total time (years) spent in this work 20 yrs.

MOTHER

18. Full maiden name Effie Hamilton

19. Residence (usual place of abode) (If non-resident, give place and State) Lenore Id

20. Color or race white | 21. Age at last birthday 65 (years)

22. Birthplace (city or place) (State or Country) Waitsburg, Wash

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work todate 19__

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
5 (a) Born alive and now living 5 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation ... months or weeks

30. Cause of Stillbirth ... During labor ... Before labor ...

See other side

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ... at ... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Signed) ..., M. D.

or ..., Midwife

Address ...

(Date of)

Filed July 3, 1940 Patricia Burke Deputy
Registrar.

Registrar.

A Dr. Gamord, then or Lookout, Idaho was the attending physican. For many years he was the Indian doctor at the Indian Agency at Lapwai, Idaho. He died about four years ago.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED JUL 11 1940

294809

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Effie Hamilton Gilbert (now Mrs. Effie H. Darland. mother of Mabel Francis Gilbert being first duly sworn says that is the (Relationship of child) Now Mrs. Mabel Francis Pohle

born June 12, 1906 (Date of birth) at Lenore, Idaho, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Mrs. Mabel Francis Pohle hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Ganord, M. D., was the ~~XXXXXX~~ medical attendant at the birth of said Mrs. Bael Francis Pohle and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs Effie G Darland

P. O. Address Lenore Idaho

Subscribed and sworn to before me this 8 day of June, 1940.

W Bruce Harvey
Notary Public.

Residing at Lenore, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294813

JUL 11 1940

Registration District No. ..... State File No. 294813

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Latah

City of Moscow

No. A742-219 029 168 St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Nora Christina Gustafson

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth Nov. 19, 1906 (Month, Day, Year)

FATHER

9. Full name: Frank Mandus Gustafson

10. Residence (usual place of abode) (If non-resident, give place and State) Moscow

11. Color or race W | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) ..... (State or Country) Sweden

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work Present ....., 19.....

17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name: Amy Christina Johnson

19. Residence (usual place of abode) (If non-resident, give place and State) Moscow

20. Color or race W | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) St. James (State or Country) Minnesota

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Present ....., 19.....

26. Total time (years) spent in this work 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 11:00am on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed July, 1940

Registrar.

Registrar.

STATE OF IDAHO

File No. 294813

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Amy Christina Gustafson being first duly sworn says that she is the Mother (Relationship of child)* of Nora Christina Gustafson born November 19, 1906 (Date of birth) at Moscow, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Nora Christina Gustafson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Joseph Aspry, M. D., was the Midwife medical attendant at the birth of said Nora Christina Gustafson and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Amy Christina Gustafson

P. O. Address 850 E. Seventh St. Moscow, Idaho

Subscribed and sworn to before me this 10th day of July, 1940

A. M. Ledgerwood
Notary Public.

Residing at Moscow, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

294847

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 294847

JUL 19 1940

1. PLACE OF BIRTH
County of Bear Lake
City of Montpelier Idaho
No. 299 221 284 355 St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Mollie Ellen Kirk

3. Sex: Female.
If plural births: 4. Twin, triplet, or other —; 5. Number, in order of birth 1st
6. Premature ____ Full term yes
7. Legitimate? yes
8. Date of birth Dec. 2nd, 1916 (Month, Day, Year)

FATHER

9. Full name: Roy Ely Kirk
10. Residence (usual place of abode) Los Angeles, Calif. (If non-resident, give place and State)
11. Color or race: White
12. Age at last birthday: 25 (years)
13. Birthplace (city or place) Kirksville. (State or Country) Adair County, Missouri.

OCCUPATION
14. Trade, profession, or particular kind of work done, as farmer, sawyer, bookkeeper, etc.: Locomotive Engineer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Rail Road.
16. Date (month and year) last engaged in this work: Still employed on July 3rd, 1940.
17. Total time (years) spent in this work: 5 years

MOTHER

18. Full maiden name: Ora Lee
19. Residence (usual place of abode) Los Angeles, Calif. (If non-resident, give place and State)
20. Color or race: White
21. Age at last birthday: 22 (years)
22. Birthplace (city or place) Lexington. (State or Country) Dawson County, Nebraska

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House Wife.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home.
25. Date (month and year) last engaged in this work: July 3rd, 1940
26. Total time (years) spent in this work: 25 years.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____
28. Number of children of this mother (At time of this birth and including this child) This child first
First Child, 4 Children in all (a) Born alive and now living 3 (b) Born alive but now dead One (c) Stillborn ____
29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 9:00 at ____ p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)
Registrar.

(Signed) ____, M. D.
or ____, Midwife
Address ____
Filed July, 1940
Registrar.

STATE OF IDAHO

29847

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Los Angeles, Calif.
County of Los Angeles } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Roy Ely Kirk and Ora Lee Kirk being first duly sworn says that they are the Father and Mother (Relationship of child)* of Mollie Ellen Kirk born Dec 2nd 1906. (Date of birth) at Montpelier, Idaho, whose certificate of birth is hereto attached, and that Mollie Ellen Kirk desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Mollie Ellen Kirk hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that D'Orr Poynter, M. D., was the ~~Midwife~~ medical attendant at the birth of said Mollie Ellen Kirk and that the said medical attendant is Whereabouts unknown to us (Now deceased (or) cannot be located)

Name of Affiant Roy Ely Kirk Ora Lee Kirk

P. O. Address 3346 Wilshire Blvd, Los Angeles

Subscribed and sworn to before me this 13 day of July 1940

Geo. M. Bolton
Notary Public.

~~Residing at~~ Los Angeles County ~~Idaho~~, Calif.

My Commission Expires Sept. 22 1942

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294848

1. **PLACE OF BIRTH**
County of Shoshone
City of Mullan, Idaho
No. A417114 040847 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 294848
Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Walter William Daxon

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth 5	Full term Yes	Yes	Aug 14 1906

	FATHER	MOTHER
9. Full name	William Daxon Deceased 3/6/1931	
18. Full maiden name		Cora Clementine Hughes
10. Residence (usual place of abode) (If non-resident, give place and State)	Mullan, Idaho	Mullan, Idaho
11. Color or race	White	White
12. Age at last birthday	74 (years)	68 (years)
13. Birthplace (city or place) (State or Country)	Rock Island Illinois	Fitzville Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Mine Operator	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Mine	
16. Date (month and year) last engaged in this work	June, 15th., 1928	
17. Total time (years) spent in this work	23 yrs	
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		Own Home
25. Date (month and year) last engaged in this work		Feb. 28, 1940
26. Total time (years) spent in this work		46 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (Five) (At time of this birth and including this child) Five
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn **

29. If stillborn, period of gestation ** { months or weeks

30. Cause of Stillbirth ** { Before labor ** During labor **

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) ....., M. D.

or ....., Midwife

Address .....

(Date of) Filed July, 1940

Cora Clementine Daxon
Registrar.

Registrar.

STATE OF IDAHO

294843

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

Washington

State of Idaho (Mullan) } ss.

County of ~~Shoshone~~ King }

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Cora Clementine Daxon being first duly sworn says that she is the Mother (Relationship of child)* of Walter William Daxon born Aug. 14 1906 (Date of birth) at Mullan, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Walter William Daxon hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Wolfe (M.D.) M. D., was the Midwife medical attendant at the birth of said Walter William Daxon and that the said medical attendant is Cannot be located. (Now deceased (or) cannot be located)

Name of Affiant Cora Clementine Daxon

P. O. Address 2228 2nd Ave. West

Subscribed and sworn to before me this 10th day of July, 19 40

Dora L. Dyer

Notary Public.

Residing at Reno Nev., ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce
City of Fletcher
No. A754 210 035 315 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
294860

RECEIVED
JUN 15 1940

CERTIFICATE OF BIRTH

294860

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Sarah Edna Pedigo

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
female	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term X	X	Feb. 10, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Samuel Francis Pedigo	18. Full maiden name Dora Dean Landis
10. Residence (usual place of abode) (If non-resident, give place and State) Dead	19. Residence (usual place of abode) (If non-resident, give place and State) Fletcher Idaho
11. Color or race ..... 12. Age at last birthday ..... (years)	20. Color or race white 21. Age at last birthday 61 (years)
13. Birthplace (city or place) (State or Country) Damascus, Oregon	22. Birthplace (city or place) (State or Country) Chico, California
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Dead 15 years, 19	17. Total time (years) spent in this work
25. Date (month and year) last engaged in this work ....., 19	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother ten (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed July, 1940

..... Registrar.

..... Registrar.

STATE OF IDAHO

294860

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

JUL 15 1940

State of Idaho } ss.
County of Canyon }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Dora Pedigo Larrance being first duly sworn says that she is the mother (Relationship of child)* of Mrs. L. E. Newbill nee Sarah Edna Pedigo Born February 10, 1906 (Date of birth) at Fletcher, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Sarah Edna Pedigo hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. John Stevens, ~~XXX~~ Midwife, was the medical attendant at the birth of said Sarah Edna Pedigo and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs Dora Pedigo Larrance

P. O. Address 819 Hudson, Nampa, Idaho

Subscribed and sworn to before me this 12th day of July, 1940

John H. Brandt
Notary Public.

Residing at Nampa, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

174 106 028 845

294894

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Bonners Ferry

No. Kootenai St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 18 1940

CERTIFICATE OF BIRTH

294894

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Wallace Hubble James

3. Sex: male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth Jan. 6, ~~1906~~ 1906 (Month, Day, Year)

FATHER

9. Full name Walter Thompson James

10. Residence (usual place of abode) (If non-resident, give place and State) Bonners Ferry

11. Color or race white 12. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or Country) Sugar Grove Virginia

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mercantile

16. Date (month and year) last engaged in this work April, 1938

17. Total time (years) spent in this work 4

MOTHER

18. Full maiden name Katherine Belle Hubble

19. Residence (usual place of abode) (If non-resident, give place and State) Bonners Ferry

20. Color or race white 21. Age at last birthday 27 (years)

22. Birthplace (city or place) (State or Country) Olympia Virginia

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Continuous 1940

26. Total time (years) spent in this work ~~27~~ 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ????

28. Number of children of this mother 2 (At time of this birth and including this child) two

(a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Walter Thompson James (Father)

or ....., Midwife

Address Bonners Ferry Idaho

Filed July 18, 1940

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

Registrar.

AUG 5 1942

STATE OF IDAHO

294894

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 18 1940

State of Idaho
County of Boundary } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Walter Thompson James and Kathrine Belle James being first duly sworn says that is the mother & father of Wallace Hubble James
(Relationship of child)*

born Jan. 6, 1906 at Bonners Ferry, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Wallace Hubble James hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr E. E. Frey, M. D., was the Midwife medical attendant at the birth of said Wallace Hubble James, and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Walter Thompson James
Kathrine Belle James

P. O. Address Bonners Ferry, Idaho

Subscribed and sworn to before me this 15 day of July, 1940

J. M. Nally
Notary Public.

Residing at Bonners Ferry, Idaho.

***If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

AUG 5 1942

SEP 17 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Blaine

City of Soldier

No. ..... St.

A 68717 007 433

(If born in hospital or institution give name.)

RECEIVED JUL 17 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294896

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ralph Myscal Johnson

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth December 19, 1936 (Month, Day, Year)

FATHER

9. Full name Charles Myscal Johnson

10. Residence (usual place of abode) (If non-resident, give place and State) Soldier

11. Color or race White | 12. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) Vienna, Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 14

MOTHER

18. Full maiden name Della May McCaw

19. Residence (usual place of abode) (If non-resident, give place and State) Soldier

20. Color or race White | 21. Age at last birthday 31 (years)

22. Birthplace (city or place) (State or Country) Rolla, Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work Ten years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Four

(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed July, 1940

Registrar. Registrar.

PLACE OF BIRTH

CERTIFICATE OF BIRTH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

STATE OF OHIO

5218384

STATE OF IDAHO

294896

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 17 1940

State of Washington }
County of Chelan } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Charley Myscal Johnson being first duly sworn says that he is the Father (Relationship of child)* of Ralph Myscal Johnson born December 19th, 1906 (Date of birth) at Soldier, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ralph Myscal Johnson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Higgs, M. D., was the medical attendant at the birth of said Ralph Myscal Johnson and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Charley Myscal Johnson

P. O. Address Deer Park

Subscribed and sworn to before me this 10th day of July, 1940

Edna Johansen
City Clerk

Residing at Wenatchee, Wash.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Blaine

City of Clyde

No. 4269-21 7007-764 St.

(If born in hospital or institution give name.)

RECEIVED
JUL 5 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Frances Effie Bortel

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth 8/17/1906 193 (Month, Day, Year)

FATHER

9. Full name: William Henry Bortel, Jr.

10. Residence (usual place of abode) (If non-resident, give place and State) Clyde

11. Color or race White 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Glendale, Montana

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own ranch

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work approx. 11

MOTHER

18. Full maiden name: Frances Annie Goddard

19. Residence (usual place of abode) (If non-resident, give place and State) Clyde

20. Color or race White 21. Age at last birthday 30 (years)

22. Birthplace (city or place) (State or Country) Cubbington, England

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work 9

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed July, 1940

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED JUL 5 1940

29494

State of Idaho
County of Bannock } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Edith M. Bellamy being first duly sworn says that she is the Aunt of Frances Effie Bortel
(Relationship of child)*

born August 17, 1906 at Clyde, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Frances Effie Bortel hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Emily Basinger, ~~XXX~~ Midwife was the medical attendant at the birth of said Frances Effie Bortel and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Edith M. Bellamy

P. O. Address #6 Fargo Apartments, Pocatello, Idaho

Subscribed and sworn to before me this 27th day of June, 1940

Edward. G. Hawley
Notary Public.

Commission Expires Feb. 26- 1943

Residing at Pocatello, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Bannock County

2960 56

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ____ St.

A359 215022-391

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 22 1940

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 296056

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Helen Gertrude Leigh

3. Sex

If plural births { 4. Twin, triplet, or other one

5. Number, in order of birth one

6. Premature no Full term yes

7. Legitimate? yes

8. Date of birth Feb 15th, 1940 (Month, Day, Year)

FATHER

9. Full name Herbert Charles Leigh

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race White | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Paris France

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale liquor

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work August, 1910

17. Total time (years) spent in this work 8 years

MOTHER

18. Full maiden name Lydia Myrtle Crabb

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

20. Color or race White | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Three Forks Gallatin Co Mont

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) One

(a) Born alive and now living yes (b) Born alive but now dead none (c) Stillborn no

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at ____ m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) ____, M. D.

or ____, Midwife

Address Address of Physician unknown

Filed July 25, 1940 Mae D. Atwood
Registrar
Bureau of Vital Statistics

a2e9us

STATE OF IDAHO

296056

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 22 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of ~~Idaho~~ California
County of ~~Fremont~~ Los Angeles } ss.

Herbert Charles Leigh being first duly sworn says that

he is the Father of Helen Gertrude Leigh
(Relationship of child)*

born Feb 15th 1906 at St Anthony, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said .....

..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that W. Lewis, M. D., was the Midwife

medical attendant at the birth of said Helen Gertrude Leigh and that

the said medical attendant is Not Known
(Now deceased (or) cannot be located)

Name of Affiant Herbert C Leigh

P. O. Address 652 Vernon Ave

Subscribed and sworn to before me this 19 day of July, 1940

A R Glad
Notary Public.

Residing at Venice Calif ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

My Commission Expires April 24, 1944

A255-230 09-193

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah

City of Moscow

No. 511 Sweet Ave St.

in Home

(If born in hospital or institution give name.)

RECEIVED
JUL 22 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296061

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Alameda Ethalyn Benedict

3. Sex F

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth Sept 30, 1906 (Month, Day, Year)

FATHER

9. Full name Orloff A. Benedict

10. Residence (usual place of abode) (If non-resident, give place and State) Moscow

11. Color or race W | 12. Age at last birthday 47 (years)

13. Birthplace (city or place) (State or Country) Waupaca Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Mertie Lena Archer

19. Residence (usual place of abode) (If non-resident, give place and State) Moscow

20. Color or race W | 21. Age at last birthday 36 (years)

22. Birthplace (city or place) (State or Country) East Hallingford Vermont

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. none

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 7 (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed July 22, 1940 Mae L. Atwood

Registrar.

STATE OF IDAHO

296061

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 22 1940

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mertie Archer Benedict being first duly sworn says that Alameda the daughter of Mertie Archer Benedict
(Relationship of child)*

born Sept. 30 1906 at Moscow, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Mertie A Benedict desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Alameda Ethalyn Benedict hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr J N Clark, M. D., was the Midwife medical attendant at the birth of said Alameda Ethalyn Benedict and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mertie Archer Benedict

P. O. Address 511 Sweet Ave Moscow

Subscribed and sworn to before me this 20 day of July, 1940

Martin S Mickey
Notary Public.

Residing at Moscow Idaho, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A625707 001 253

296070

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296070

JUL 24 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 330 E. Bannock St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Donald Dale Oberbillig

3. Sex male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term x

7. Legitimate? x

8. Date of birth Nov. 3, 1939 (Month, Day, Year)

FATHER

9. Full name John James Oberbillig

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race W | 12. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or Country) Dorchester, Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Edith Kelly

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

20. Color or race W | 21. Age at last birthday 18 (years)

22. Birthplace (city or place) (State or Country) Midland, Texas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1st
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John James Oberbillig, Father, or ....., Midwife

Address P. O. Box 1271 Boise, Idaho

Give name added from a supplemental report .....
(Date of)

Filed July 24, 1940 Mae D. Atwood, Registrar
Bureau of Vital Statistics

Registrar.

APR 15 1942

APR 14 1942

STATE OF IDAHO

296070

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of Ada }

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John James Oberbillig being first duly sworn says that he is the father (Relationship of child)* of Donald Dale Oberbillig born November 3, 1906 (Date of birth) at Boise, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Donald Dale Oberbillig hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Van Note, M. D., was the Midwife medical attendant at the birth of said Donald Dale Oberbillig and that the said medical attendant is Mrs. Matilda Chaffin (Now deceased (or) cannot be located)

Name of Affiant John James Oberbillig

P. O. Address Box 1271, Boise, Idaho

Subscribed and sworn to before me this 23 day of July, 1940

Lela M. Newman
Notary Public.

Residing at Boise, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

APR 14

AUG 1 9

JUL 2 6 1967

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 239-125-64-64

RECEIVED
AUG -2 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296191

CERTIFICATE OF BIRTH

296191

County of
City of Weiser
No. St.
(If born in hospital or institution give name.)

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Henry LeRoy Stills

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
male	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term yes	yes	Oct. 25, 1906 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	Henry Lee Stills	18. Full maiden name: Rebecca M. Southwick
10. Residence (usual place of abode) (If non-resident, give place and State)	~~1684 W. Nora~~ Weiser ~~Spokane, Wash.~~	19. Residence (usual place of abode) ~~Route #1~~ Weiser (If non-resident, give place and State) Shelton, Wash.
11. Color or race	White	20. Color or race: White
12. Age at last birthday	38 (years)	21. Age at last birthday: 23 (years)
13. Birthplace (city or place) (State or Country)	United States	22. Birthplace (city or place): Red Oak, (State or Country) Iowa.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Laborer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Building Const.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: None
16. Date (month and year) last engaged in this work	____, 1906	25. Date (month and year) last engaged in this work: ____, 19____
17. Total time (years) spent in this work	1	26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Do not know

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ~~ATTENDING PHYSICIAN OR MIDWIFE~~ Mother:

I hereby certify that I attended the birth of this child, who was born alive at 8:30A m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Mrs Rebecca McCormick ~~M. D.~~

or Mother, ~~Midwife~~

Address Route #1, Shelton, Wash.

Filed Aug 2, 1940 Mae L Atwood
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

Registrar.

Bureau of Vital Statistics

dupe of 80-316028

BOTH DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
AUG -2 1940

State of Washington
County of Mason, } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Rebecca McCormick being first duly sworn says that she is the Mother (Relationship of child)* of Henry LeRoy Stills born October 25, 1906 (Date of birth) at Weiser, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Henry LeRoy Stills hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ..... M. D., was the Midwife medical attendant at the birth of said ..... and that the said medical attendant is ..... (Now deceased (or) cannot be located)

Name of Affiant Mrs. Rebecca McCormick

P. O. Address Route #1, Shelton, Wash.

Subscribed and sworn to before me this 24th day of July, 19 40

M. D. Smithers
Notary Public for Wash., Notary Public.

Residing at Shelton, Wash., Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

266-212-042-245

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
JUL 29 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296218

296218

1. PLACE OF BIRTH
County of Twin Falls
City of TWIN FALLS
No. ____ St. ____
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD AYLEEN BOOTH

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term Yes
7. Legitimate? Yes
8. Date of birth July 12, 1906 (Month, Day, Year)

FATHER

9. Full name: Charles E. Booth
10. Residence (usual place of abode) (If non-resident, give place and State): Los Angeles Calif
11. Color or race: White
12. Age at last birthday: 34 (years)
13. Birthplace (city or place) (State or Country): Twin Falls Wayne Co. Idaho West Va.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ~~Bookkeeper~~
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Mining
16. Date (month and year) last engaged in this work: July 20, 1940
17. Total time (years) spent in this work: 6 months

MOTHER

18. Full maiden name: Mabel Olive Belles
19. Residence (usual place of abode) (If non-resident, give place and State): Los Angeles Calif
20. Color or race: White
21. Age at last birthday: 32 (years)
22. Birthplace (city or place) (State or Country): Pottawattami Co. Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____
25. Date (month and year) last engaged in this work: July 20, 1940
26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation no (months or weeks)
30. Cause of Stillbirth no — Before labor no — During labor no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 2 P.M., on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles E. Booth (Father), M. D.
or ____ Midwife
Address 7316 Clarbon Ave Los Angeles Calif.

Give name added from a supplemental report ____
(Date of) ____

Filed July 29, 1940 Mabel L. Atwood
Registrar.

Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 29 19[illegible]

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Charles E. Booth being first duly sworn says that he is the father (Relationship of child)* of Ayleen Booth born July 12-1906 (Date of birth) at Twin Falls, Idaho, whose certificate of birth is hereto attached, and that Ayleen Booth desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Ayleen Booth ~~and his father Charles E. Booth~~ hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Truman O. Boyd M.D., M. D., was the Midwife medical attendant at the birth of said Ayleen Booth and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Charles E. Booth

P. O. Address 2316 Claremont Ave Los Angeles Calif

Subscribed and sworn to before me this 24th day of July, 1940.

Pearl C. Taylor
Notary Public.

Residing at Los Angeles Calif., ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A714-102 009-381

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonner

City of Newport

No. ____ St. ____

(If born in hospital or institution give name.)

RECEIVED JUL 31 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296222

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Lynn Elwood Gauthier

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male		X	Yes	July 2, 1906

FATHER	MOTHER
9. Full name: Wilfred Gauthier	18. Full maiden name: Mildred Evalina Champlin
10. Residence (usual place of abode) (If non-resident, give place and State): Newport, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Newport, Idaho
11. Color or race: White — 12. Age at last birthday: 32 (years)	20. Color or race: White — 21. Age at last birthday: 32 (years)
13. Birthplace (city or place): Hull (State or Country): Ontario, Canada.	22. Birthplace (city or place): Dunn County (State or Country): Wisconsin
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lumberman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work: July, 19 06 — 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work: ____, 19__ — 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 3 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) J. T. Phillips, M. D.

or ____, Midwife

Address ____

RECEIVED

Filed JUL 31 1940, 193__

Registrar.

Mae G. Atwood
Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ~~Idaho~~ California
County of ~~Bonner~~ Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mildred E. Gauthier being first duly sworn says that She is the Mother (Relationship of child)* of Lynn Elwood Gauthier born July 2 1906 (Date of birth) at Newport, Idaho, whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Lynn Elwood Gauthier hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J. T. Phillips, M. D., was the Midwife medical attendant at the birth of said Lynn Elwood Gauthier and that the said medical attendant is Cannot be located (Now deceased (or) cannot be located)

Name of Affiant Mildred E. Gauthier
Mildred E. Gauthier

P. O. Address 671½ Broadway Venice, California

Subscribed and sworn to before me this 21st day of June, 1940

Frank S. Berkstead
Notary Public.

Residing at 615-23rd St Santa Monica, Calif. ~~Idaho~~.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A235-122-031 #69

1. PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St. .....

(If born in hospital or institution give name.)

JUL 31 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

206225

296225

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Loren Stellmon

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term ✓	7. Legitimate? Yes	8. Date of birth May 22, 1906 (Month, Day, Year)
M				

FATHER

9. Full name Melvin Seedon Stellmon

10. Residence (usual place of abode) (If non-resident, give place and State) Nezperce

11. Color or race W | 12. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or Country) Greenville, Tenn

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work May, 1906

17. Total time (years) spent in this work Lifetime

MOTHER

18. Full maiden name Effie May Horne

19. Residence (usual place of abode) (If non-resident, give place and State) Nezperce

20. Color or race W | 21. Age at last birthday 27 (years)

22. Birthplace (city or place) (State or Country) Rogers, Arkansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work May, 1906

26. Total time (years) spent in this work Over 7½ yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed ....., 193..

Mae G. Attwood
Registrar.

JUL 31 1940

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 12 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of WASHINGTON } ss.
County of SPOKANE }

Effie M. Stellmon being first duly sworn says that she is the mother (Relationship of child)* of Loren Stellmon born May 22, 1906 (Date of birth) at Nez Perce, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Loren Stellmon hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Cooper, M. D., was the Midwife medical attendant at the birth of said Loren Stellmon and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Effie M Stellmon

P. O. Address Greenacres, Washington

Subscribed and sworn to before me this 10th day of July, 19 40

Notary Public.

Residing at Opportunity, Washington

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

APR 16 1971

A319-131-206-381

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bingham

City of Idaho Falls

No. Water Ave St.

(If born in hospital or institution give name.)

JUL 31 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296238

CERTIFICATE OF BIRTH

296238

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Robert La Rue

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Dec 31, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Franklin La Rue	18. Full maiden name Edith Gertrude Chase
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls ~~Harrisville Utah~~
11. Color or race White | 12. Age at last birthday 52 (years)	20. Color or race White | 21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Zanesville Ohio	22. Birthplace (city or place) (State or Country) Harrisville Utah Weber County
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor M.D.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother First (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 6 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ....., M. D.

or X ....., Midwife

Address .....

Filed JUL 31 1940, 193.. Mae G. Atwood Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of CALIFORNIA } ss.
County of SAN DIEGO }

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

MRS. MARY SAMANTHA CHASE EMERY being first duly sworn says that She is the Aunt of Robert La Rue
(Relationship of child)*

born Dec. 31 1906 at Idaho Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Edith Gertrude Chase La Rue desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Robert La Rue

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Franklin La Rue, M. D., was the Midwife medical attendant at the birth of said Robt. La Rue and that the said medical attendant is Deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Mary Samantha Chase Emery

P. O. Address 2922 Adams Ave. San Diego Calif.

Subscribed and sworn to before me this 29th. day of July, 19 40

Notary Public.

My commission expires March 5th., 1944

Residing at San Diego, Calif., Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JUN 18 1958

217-123-014-533

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Nampa R.R.
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296314

CERTIFICATE OF BIRTH

AUG - 5 1940

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Harry James Saxton

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth April 23 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Clarence Elmer Saxton	18. Full maiden name Martha Ellen Neet
10. Residence (usual place of abode) (If non-resident, give place and State) Farm - Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Farm - Idaho
11. Color or race white 12. Age at last birthday 29 (years)	20. Color or race white 21. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or country) Delaware	22. Birthplace (city or place) (State or country) Harrison Co. Missouri
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work April 23, 1906 — 17. Total time (years) spent in this work 7 yrs	25. Date (month and year) last engaged in this work April 23, 1906 — 26. Total time (years) spent in this work 7 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J H Murray, M. D.
or ....., Midwife
Address Nampa, Idaho
Filed ....., 193.. Mae G. Atwood
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

AUG - 5 1940
Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 692-22-044-299

County of Washington

City of Weiser

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED AUG -5 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296316

CERTIFICATE OF BIRTH

296316

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mary Frances Fisher

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 2

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth July 27, 1906 (Month, Day, Year)

FATHER

9. Full name: James M. Fisher

10. Residence (usual place of abode) (If non-resident, give place and State): Weiser, Ida

11. Color or race: white | 12. Age at last birthday: 58 (years)

13. Birthplace (city or place) (State or Country): Dumfriesshire Scotland

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sheepman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Ranches

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 18

MOTHER

18. Full maiden name: Wilhelmina Kirk

19. Residence (usual place of abode) (If non-resident, give place and State): Weiser, Ida

20. Color or race: white | 21. Age at last birthday: 34 (years)

22. Birthplace (city or place) (State or Country): Dumfriesshire Scotland

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric acid

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Joseph R Newton, M. D.

or Ora Mae Brockerson, Midwife

Address Boise Idaho

Filed Aug 5, 1940 Mae G. Attwood
Registrar.

Bureau of Vital Statistics

849-114 003-613

296350

296350

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of Bannock

City of Swan Lake, Ida

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. 8706 1940 ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ray Quigley

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? Yes | 8. Date of birth June 19, 1916 (Month, Day, Year)

FATHER

9. Full name Robert George Quigley

10. Residence (usual place of abode) (If non-resident, give place and State) Swan Lake, Ida

11. Color or race White 12. Age at last birthday 41 (years)

13. Birthplace (city or place) (State or Country) Swan Lake, Ida

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work lifetime

MOTHER

18. Full maiden name Annie Walker

19. Residence (usual place of abode) (If non-resident, give place and State) Oxford Idaho

20. Color or race ..... | 21. Age at last birthday 60 (years)

22. Birthplace (city or place) (State or Country) Clarkston Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house keeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work still working

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 9 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Ray Quigley at 7 P. m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or Ellen Bargar, Midwife

Address Red Rock, Idaho

Give name added from a supplemental report .....

(Date of)

Filed Sept, 1939 Mae G. Atwood
Registrar.

Registrar.

Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Certified Copy issued October 22, 1940. E.W.

JUL 30 1968

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Emhi } ss.

Annie Quigley being first duly sworn says that she is the mother of Ray Quigley
(Relationship of child)*

born June 19, 1906 at Swan Lake, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Ray Quigley desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Ray Quigley hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Ellen Bargar ~~M. D.~~ Midwife was the medical attendant at the birth of said Ray Quigley and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs Annie Quigley

P. O. Address Salmon, Idaho

Subscribed and sworn to before me this 2nd day of September, 1939

C. Wallace Eyer
Notary Public.

Residing at Salmon, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A 286-110-004-099

RECEIVED AUG -7 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of Bear Lake
City of Montpelier
No. ..... St.
Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 296373
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Russell Manning Short

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth July 10, 1906 (Month, Day, Year)

FATHER

9. Full name Harry Short, Jr

10. Residence (usual place of abode) (If non-resident, give place and State) Montpelier, Ida

11. Color or race W | 12. Age at last birthday 21 (years)

13. Birthplace (city or place) England (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad

16. Date (month and year) last engaged in this work july, 1906

17. Total time (years) spent in this work 2

MOTHER

18. Full maiden name Amanda Sizemore

19. Residence (usual place of abode) (If non-resident, give place and State) Montpelier, Ida

20. Color or race W | 21. Age at last birthday 19 (years)

22. Birthplace (city or place) Georgetown, Idaho (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work July, 1906

26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate

28. Number of children of this mother (At time of this birth and including this child)
None (a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ....., M. D.
or [illegible], Midwife
Address .....
Filed AUG -7 1940, 193 Mae G. Atwood
Bureau of Vital Statistics Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Wyoming }
County of Sublette } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Amanda Short Luce being first duly sworn says that she is the mother (Relationship of child)* of Russell Manning Short born July 10, 1906 (Date of birth) at Montpelier, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Russell Manning Short hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Nettie Hillier, ~~M.D.~~ Midwife, was the medical attendant at the birth of said Russell Manning Short and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant Amanda Short Luce

P. O. Address Big Piney, Wyoming

Subscribed and sworn to before me this 31st day of July, 1940

Geo A Shoppa
Notary Public.

Residing at Big Piney, Wyo., ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

689-110-042-819

RECEIVED

AUG - 8 1940

296394

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of Twin Falls

City of Buhl

~~No.~~ at home, on a farm ~~St.~~

Dr James Monroe attending physician

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ralph Earle Whitby

3. Sex BOY | If plural births: 4. Twin, triplet, or other none; 5. Number, in order of birth none | 6. Premature no; Full term YES | 7. Legitimate? YES | 8. Date of birth DEC. 10th, ~~193~~ 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Charlie Edwin Whitby	18. Full maiden name Lorena Harger
10. Residence (usual place of abode) (If non-resident, give place and State) on a farm near Buhl, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) on a farm near Buhl, Idaho
11. Color or race WHITE | 12. Age at last birthday 28 (years)	20. Color or race WHITE | 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) on FARM NEAR Harrisonville Cass County, Missouri	22. Birthplace (city or place) (State or Country) ON FARM NEAR Harrisonville Cass County, Missouri.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. on a farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home ON A FARM
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work all	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work all

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation none . { months or weeks

30. Cause of Stillbirth none { During labor none; Before labor none

CERTIFICATE OF ATTENDING ~~PHYSICIAN OR MIDWIFE~~ Mother and Father

I hereby certify that I attended the birth of this child, who was Born alive at 2 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

.....
Registrar.

(Signed) Lorena Harger Whitby (mother) ~~M.D.~~

or X Charlie Edwin Whitby (Father) Midwife

Address 1138 Valencia, st San Francisco, Calif

Filed Aug, 1940

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AUG -8 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California
County of San Francisco } ss.

Lorena Harger Whitby being first duly sworn says that she is the MOTHER of Ralph Earle Whitby
(Relationship of child)*

born December Tenth 1906 at Buhl, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that SHE desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ralph Earle Whitby hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Doctor James Monroe M. D. was the ~~Midwife~~ medical attendant at the birth of said Ralph Earle Whitby and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Lorena Harger Whitby (mother)

P. O. Address 1138 Valencia St. San Francisco, Calif

Subscribed and sworn to before me this 5th day of August, 1940.

SAM McKEE
NOTARY PUBLIC Notary Public.
Residing in and for the City and County of San Francisco, State of California, Idaho.
My Commission Expires October 2, 1943

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296416

CERTIFICATE OF BIRTH

AUG -9 1940

1. PLACE OF BIRTH
County of Bonner A38411 7 009 238
City of Laclede
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD (Ralph Churchill) Ralph Allen Churchill

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth March 17, 1906 (Month, Day, Year)

FATHER

9. Full name Allen Hustler Churchill
10. Residence (usual place of abode) (If non-resident, give place and State) Laclede
11. Color or race W | 12. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Fort Howard Wisconsin

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work March 1906, 19
17. Total time (years) spent in this work 5

MOTHER

18. Full maiden name Minnie Elmo Schwittay
19. Residence (usual place of abode) (If non-resident, give place and State) Laclede
20. Color or race W | 21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or Country) Germany

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work March 1906, 19
26. Total time (years) spent in this work 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Information unknown

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Gwendolyn Francis Churchill Hall (Sister) M.D.*
or ....., Midwife*
Address Amberg Wis

Give name added from a supplemental report .....
(Date of)

Filed AUG -9 1940, 193 .....

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Wisconsin } ss.
County of Marinette }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Gwendolyn Francis Churchill Hall being first duly sworn says that she is the sister (Relationship of child)* of Ralph Allen Churchill

born March 17, 1906 (Date of birth) at Laclede, Idaho,

whose certificate of birth is hereto attached, and that Ralph Allen Churchill desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Ralph Allen Churchill hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ____, M. D., was the Midwife medical attendant at the birth of said Ralph Allen Churchill and that the said medical attendant is Unknown (Now deceased (or) cannot be located)

Name of Affiant Gwendolyn Francis Churchill Hall (sister)

P. O. Address Amberg Wis

Subscribed and sworn to before me this 5 day of Aug., 19 40

Alice S Post
Notary Public.

My commission expires Nov 15-1942,
Residing at Amberg Wis., Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG 10 1940

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Lincoln
City of Shoshone
No. _____ St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Le Roy Jesse Hughes

3. Sex: Male

If plural births: 4. Twin, triplet, or other: V 5. Number, in order of birth: V

6. Premature: _____ Full term: Yes

7. Legitimate? YES

8. Date of birth: April 26, 1906 (Month, Day, Year)

FATHER

9. Full name: Thos. E. Hughes

10. Residence (usual place of abode) (If non-resident, give place and State): Bellevue

11. Color or race: White 12. Age at last birthday: 60 (years)

13. Birthplace (city or place) (State or Country): Boone, Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: V

15. Industry or business in which work was done, as ~~silk mill~~ sawmill, bank, etc.: Livestock & Farmer

16. Date (month and year) last engaged in this work: Now 7/39, 1940

17. Total time (years) spent in this work: 30yrs

MOTHER

18. Full maiden name: Anna Jane Ireland

19. Residence (usual place of abode) (If non-resident, give place and State): Bellevue

20. Color or race: White 21. Age at last birthday: 60 (years)

22. Birthplace (city or place) (State or Country): ~~Boone, Iowa~~ Decatur, Ill.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: V

25. Date (month and year) last engaged in this work: Now 7/39, 1940

26. Total time (years) spent in this work: 35 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? V

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: 4 (b) Born alive but now dead: 0 (c) Stillborn: 0

29. If stillborn, period of gestation: V months or weeks

30. Cause of stillbirth: V Before labor: V During labor: _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Give name added from a supplemental report _____
(Date of)

Filed Aug. 10, 1940

_____ Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho AUG 10 1940
County of Blaine } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Thomas E. Hughes being first duly sworn says that he is the Father (Relationship of child)* of Le Roy Jesse Hughes born [redacted] April 26, 1906 (Date of birth) at Hailey Idaho, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Le Roy Jesse Hughes hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Miss. Morris ~~M. D., was the~~ Midwife medical attendant at the birth of said Le Roy Jesse Hughes and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Thomas E Hughes

P. O. Address Bellevue, Ida.

Subscribed and sworn to before me this 9th day of August, 1940

R. B. McCoy
Notary Public.

Residing at Hailey, Idaho, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

SEP 24 1942

A 165 109 004 355

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296450

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 12 1940

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bear Lake
City of MONTPELIER
No. ____ St. ____
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD THOMAS WYNN JONES

3. Sex MALE | If plural births {4. Twin, triplet, or other ____ 5. Number, in order of birth ____} | 6. Premature ____ Full term ✓ | 7. Legitimate? yes | 8. Date of birth MARCH 9th, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Franklin Jacob Jones	18. Full maiden name Mary Eliza Lee, deceased
10. Residence (usual place of abode) (If non-resident, give place and State) Montpelier Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Montpelier Idaho
11. Color or race White | 12. Age at last birthday 73 (years)	20. Color or race White | 21. Age at last birthday ____ (years)
13. Birthplace (city or place) (State or Country) BLOOMINGTON, IDAHO	22. Birthplace (city or place) (State or Country) Logan, Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RANCHER-BUTCHER	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Meatmarket	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home.
16. Date (month and year) last engaged in this work ____, 19____	17. Total time (years) spent in this work 50
25. Date (month and year) last engaged in this work died May 8, 1940	26. Total time (years) spent in this work 40 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother 5 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn ____

29. If stillborn, period of gestation ____ {months or weeks} | 30. Cause of Stillbirth ____ {Before labor ____ During labor ____}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Franklin J. Jones, father, R. D.
or Mrs Chas V Bridges, Midwife
Address Montpelier Ida

Give name added from a supplemental report ____
(Date of)

Filed AUG 12 1940, 193____

Registrar. Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Bear Lake } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, Frank J. Jones, Father, being first duly sworn says that Wayne Thomas Jones is the son (Relationship of child)* of Mary Eliza Lee Jones and myself

born March 9th 1906 (Date of birth) at Montpelier, Idaho,

whose certificate of birth is hereto attached, and that Thomas Wayne Jones desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Thomas Wayne Jones, son of Frank J. Jones and Mary Eliza Lee Jones hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Charles Bridges, ~~M.D.~~ Midwife, was the medical attendant at the birth of said Thomas Wayne Jones and that the said ~~medical~~ attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Frank J. Jones

P. O. Address Montpelier Idaho

Subscribed and sworn to before me this 26 day of July, 19 40

Chas Edwards
Notary Public.

Residing at Montpelier, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

556 122 011-437

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296457

AUG 14 1940

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH

County of Boundary

City of Curley Creek

No. ____ St. ____

(If born in hospital or institution give name.) ____

2. FULL NAME OF CHILD Harry Leroy Newton

3. Sex

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth 1

6. Premature ____ Full term ____

7. Legitimate? ____

8. Date of birth Mar 22, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Earl Willis Newton	18. Full maiden name: Annie Mc Pheren
10. Residence (usual place of abode) (If non-resident, give place and State) Curley Creek	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race white 12. Age at last birthday 38 (years)	20. Color or race white 21. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or Country)	22. Birthplace (city or place) (State or Country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19____	25. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work 12	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 8 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born Alive at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of)

(Signed) ____, M. D.

or Elizabeth Hermann Schollhorn Midwife

Address ____

Filed AUG 14 1940, 193____

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonner 844-210-
City of Sand Point 009719
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED AUG 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
296465

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 296465
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Dorothy Merlyn Hudson

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term Yes	7. Legitimate? Yes	8. Date of birth Oct. 10, 1906 (Month, Day, Year)
Female				

FATHER	MOTHER
9. Full name: Charles Edward Hudson	18. Full maiden name: Florence Sarah Garrett
10. Residence (usual place of abode) (If non-resident, give place and State): Sand Point, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Sand Point, Idaho
11. Color or race: White 12. Age at last birthday: 25 (years)	20. Color or race: White 21. Age at last birthday: 24 (years)
13. Birthplace (city or place) (State or Country): Barron, Wisconsin	22. Birthplace (city or place) (State or Country): Barron, Wisconsin
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer in Brick Yard	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work: About 1910, 19	25. Date (month and year) last engaged in this work: ....., 19
17. Total time (years) spent in this work: 10 yrs.	26. Total time (years) spent in this work: Continuous

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother (At time of this birth and including this child) Five
(a) Born alive and now living 3 (b) Born alive but now dead None (c) Stillborn 2

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor Yes During labor .....

Unknown

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

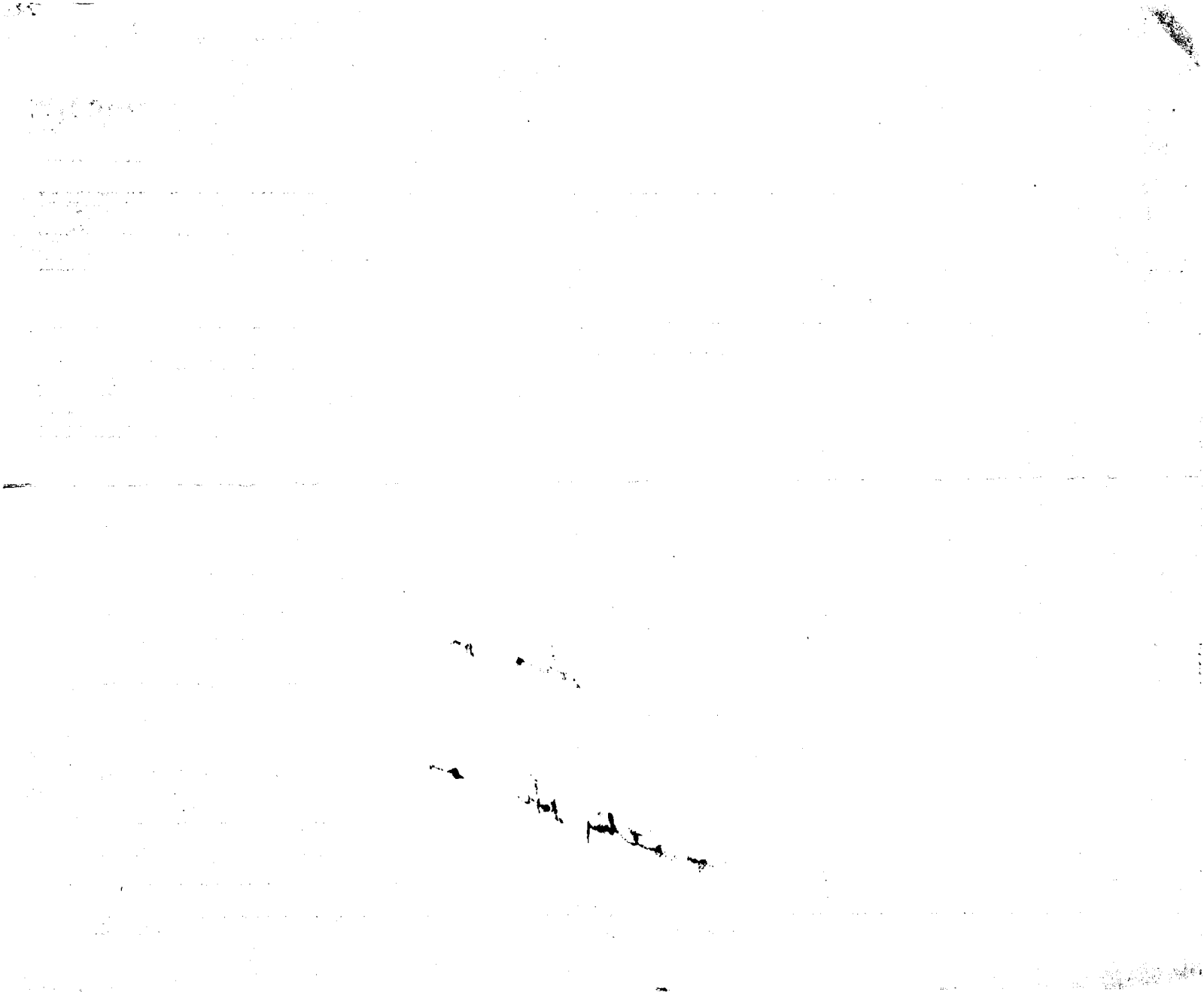
Give name added from a supplemental report .....
(Date of)

(Signed) ....., M. D.
or Florence Sarah Hudson, ~~Midwife~~
Address 811A North Tioga St, Ithaca, N. Y.

Filed AUG 12 1940, 193.....

Registrar.

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of New York }
County of Tompkins } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Florence Sarah Hudson being first duly sworn says that she is the Mother (Relationship of child)* of Dorothy Merlyn Hudson

born October 10, 1906 (Date of birth) at Sand Point, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Dorothy Merlyn Hudson

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that O. F. Page, M. D., was the ~~Midwife~~ XX medical attendant at the birth of said Dorothy Merlyn Hudson and that the said medical attendant is Address unknown (Now deceased (or) cannot be located)

Name of Affiant Florence Sarah Hudson

P. O. Address 811A North Tioga Street, Ithaca, N. Y.

Subscribed and sworn to before me this 8th day of August, 1940

Wallace E. Moyer
Notary Public.

Residing at Ithaca, N.Y., ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

165 72 2014 866

296500

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 296500
Local Reg. No.
Reg. Dist. No.

AUG 14 1940

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Nampa
(c) Street Address or R F D No. 13th Avenue
(d) Name of Hospital or Maternity Home: At my home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. In **THIS** county 3 years .....months .....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 13th Avenue
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Nampa, Idaho.

3. **RESIDENCE OF FATHER** (city, state) Nampa, Ida.

4. **FULL NAME OF CHILD** John Allen Jones

5. Date of Birth (Month, day, year) March 22, 1906

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Samuel Bradford Jones
11. Color or Race White American
12. Age at time of THIS birth 30 yrs.
13. Birthplace DeSota, Illinois (City or town) (State or foreign country)
14. Exact Occupation Mason Contractor.
15. Industry or Business Contract Work--Masonry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Betty Abigil Howard
17. Color or Race White American
18. Age at time of THIS birth 20 years
19. Birthplace Fayettville, Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead None (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by SAMUEL BRADFORD JONES (First name) (Last name) who is related to this child as Father. (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** .....M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of WASHINGTON. } ss.
County of COWLITZ. }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, SAMUEL BRADFORD JONES, being first duly sworn, say that I am related (Related to (or) acquainted with) John Allen Jones (Name of person on certificate above) as FATHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kohler (Name of attendant at birth), who attended said birth is now dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Samuel Bradford Jones .....Name
Castle Rock, Washington .....P. O. Address

Subscribed and sworn to before me on this 8th day of August, 1940.

(SEAL) Notary Public, residing at Castle Rock.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A319105025-349

1. PLACE OF BIRTH
County of Idaho
City of Riggins
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED
AUG 16 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296568

Registration District No. ..... State File No. 296568
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Verne Clyde Carothers

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Aug. 5th, 1906 (Month, Day, Year)

FATHER

9. Full name: Ernest Henry Carothers

10. Residence (usual place of abode) (If non-resident, give place and State) Riggins

11. Color or race: white | 12. Age at last birthday: 23 (years)

13. Birthplace (city or place) (State or Country): Shelbina, Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Sheep Ranching

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work: 6

MOTHER

18. Full maiden name: Lula Maud Curtis

19. Residence (usual place of abode) (If non-resident, give place and State) Riggins

20. Color or race: white | 21. Age at last birthday: 20 (years)

22. Birthplace (city or place) (State or Country): Lake View, Oregon

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work: 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 3:30 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Ernest Henry Carothers, Father
or ....., Midwife
Address Riggins, Idaho
Filed Aug, 1940
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. use of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of Idaho }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ernest Henry Carothers being first duly sworn says that

He is the Father of Verne Clyde Carothers
(Relationship of child)*

born August 5th 1906 at Riggins, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Verne Clyde Carothers

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Quick, M. D., was the Midwife medical attendant at the birth of said Verne Clyde Carothers and that the said medical attendant is Cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Ernest Henry Carothers.

P. O. Address Riggins, Idaho

Subscribed and sworn to before me this 14 day of August, 19 40

John H. C. Lay.
Notary Public.

Residing at Riggins Idaho Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JAN 25 1971

JAN

SEP 20 1971

AUG 28 1958

SEP 1

SEP 1

364717-014 364

296590

United States
Department of Commerce
Bureau of the Census

RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 296595
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** AUG 19 1940
(a) County Canyon (b) City Caldwell
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: own home
In Hosp. or Mat. Home.....days.
In **THIS** county 22 years 1 months 10 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address. Caldwell Idaho

3. **RESIDENCE OF FATHER** (city, state) Caldwell Idaho

4. **FULL NAME OF CHILD** Fred Brumbaugh Cody

5. Date of Birth (Month, day, year) Aug. 17 - 1906

6. Sex. male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Linzy Hailey Cody

11. Color or Race white

12. Age at time of THIS birth 26 yrs.

13. Birthplace Augusta (City or town) Kansas (State or foreign country)

14. Exact Occupation Steam Engineer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lunetta Frances Cody

17. Color or Race white

18. Age at time of THIS birth 22 years

19. Birthplace Norton (City or town) Kansas (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b).....(Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California }
County of San Diego } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nettie Frances Cody, being first duly sworn say that I am Mother of (Related to (or) acquainted with) Fred Brumbaugh (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Isham (Name of attendant at birth), who attended said birth Now Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nettie Frances Cody Name

Box 26 - Palm City California P. O. Address

Subscribed and sworn to before me on this 15th day of August 1940

(SEAL) Florence E. Stream Notary Public, residing at Chula Vista Calif.

My Commission Expires Dec. 14, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-107 029-319

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG 19 1940

CERTIFICATE OF BIRTH

296606

1. PLACE OF BIRTH
County of Latah
City of Troy, Idaho
No. ..... St.
Home of
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Forrest Neil Clark

3. Sex Male | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Feb. 7th, 1906 (Month, Day, Year)

FATHER

9. Full name Rudolph Lawrence Clark
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 37 (years)
13. Birthplace (city or place) Rubicon (State or Country) Dodge county Wisconsin

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. homes
16. Date (month and year) last engaged in this work Feb, 1906
17. Total time (years) spent in this work 21 years

MOTHER

18. Full maiden name Julia Sarah Ella Cardinal
19. Residence (usual place of abode) (If non-resident, give place and State) Collins Idaho
20. Color or race White | 21. Age at last birthday 38 (years)
22. Birthplace (city or place) Depere (State or Country) Wisconsin Brown county

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
25. Date (month and year) last engaged in this work Feb, 1906
26. Total time (years) spent in this work 14 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead ..... (c) Stillborn None
29. If stillborn, period of gestation None months or weeks
30. Cause of Stillbirth None During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 8 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Rudolph Lawrence Clark, ~~M. D.~~
or Father, ~~Midwife~~
Address R. 1 Spokane Washington
Filed Aug. 19, 1940

Give name added from a supplemental report .....
(Date of)
..... Registrar.

..... Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington } ss.
County of Spokane

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Rudolph Lawrence Clark being first duly sworn says that he is the father (Relationship of child)* of Forrest Neil Clark born February 7th 1906 (Date of birth) at Troy, Latah Co., Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Forrest Neil Clark hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Olson, M. D., was the ~~Midwife,~~ medical attendant at the birth of said Forrest Neil Clark and that the said medical attendant is — Cannot be located (Now deceased (or) cannot be located)

Name of Affiant Rudolph Lawrence Clark

P. O. Address R / Spokane Washington

Subscribed and sworn to before me this 15th day of August, 19 40

Mary R. Davis
Notary Public.

Residing at Spokane, Wash., ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1942

355715 040-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 19 1940

296607

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Wallace
(c) Street Address or R F.D No. Canyon Ave
(d) Name of Hospital or Maternity Home: Delivered at home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. Canyon Ave
(e) How long has **MOTHER** lived in Idaho? 5 mo ~~yrs.~~
(f) Mother's mailing address Wallace Idaho

3. **RESIDENCE OF FATHER** (city, state) Wallace Idaho

4. **FULL NAME OF CHILD** George William Teel

5. Date of Birth (Month, day, year) May 15th 1906

6. Sex. MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Chas David Teel
11. Color or Race WHITE
12. Age at time of THIS birth 26 yrs.
13. Birthplace VIOLA (City or town) IDAHO (State or foreign country)
14. Exact Occupation MILL HAND
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Kelly
17. Color or Race WHITE
18. Age at time of THIS birth 22 years
19. Birthplace LIVERPOOL (City or town) ENGLAND (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living YES (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (born alive, stillborn) at ELEVEN A.M. on the date and at the place stated above, and that personal particulars were furnished by personal Knowledge (First name) (Last name), ~~who is~~ am related to this child as Mother (Mother, etc.)

26. (a)..... (Date received) (b)..... (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emily Teel, being first duly sworn, say that I am the mother (Related to (or) acquainted with) George William Teel (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Sears (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emily Teel Name
926 N Ford St Burbank P. O. Address

Subscribed and sworn to before me on this 16 day of August 1940

(SEAL) Blanche G. Harrison Notary Public, residing at No Hollywood Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296609

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise, Idaho

No. 1228 E. Franklin St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ethel Eva Wooden ~~Wood~~

3. Sex: Female

If plural births: 4. Twin, triplet, or other..... 5. Number, in order of birth.....

6. Premature..... Full term yes

7. Legitimate? yes

8. Date of birth Nov 5, 1906 (Month, Day, Year)

FATHER

9. Full name: John L. Wooden

10. Residence (usual place of abode) (If non-resident, give place and State): ~~Long Beach, Wn.~~ Boise

11. Color or race.....

12. Age at last birthday 39 (years)

13. Birthplace (city or place) (State or Country): Etna Greens, Indiana

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Log scaler

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work.....

MOTHER

18. Full maiden name: Edna Emily Sandlin

19. Residence (usual place of abode) (If non-resident, give place and State): ~~Farmington, Wash.~~ Boise

20. Color or race.....

21. Age at last birthday ~~28~~ (years) 28

22. Birthplace (city or place) (State or Country): Modena, Missouri Mercer Co.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Nurse + Housework

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Boise Detention Hospital

25. Date (month and year) last engaged in this work ....., 1933

26. Total time (years) spent in this work 4 Yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child): Five

(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn None

29. If stillborn, period of gestation..... months or weeks

30. Cause of Stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.....

(Date of)

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed 8-20, 1940

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon)
County of Multnomah) ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Edna Emily Wooden, being first duly sworn says that Ethel Eva Wooden Ward is the daughter (Relationship of child)* of Edna Emily Wooden;

born November 5th, 1906 (Date of birth) at Boise, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said ~~Edna Emily Wooden Eva~~ Ethel Eva Wooden Ward hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that (No doctor) Mrs. Robins, M. D., was the Midwife medical attendant at the birth of said Ethel Eva Wooden Ward and that the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant Edna E Wooden

P. O. Address R.F.D. 3 Box 34 B Vancouver, Wn.

Subscribed and sworn to before me this 12th day of August, 1940

Notary Public.

Residing at Portland, Oregon

* **If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

NOTARY PUBLIC FOR OREGON

Mrs. Bransfield

619 726 041493

296616

United States
Department of Commerce
Bureau of the Census

RECEIVED
AUG 19 1940

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 296616
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Latonia
(c) Street Address or R F D No. Home
(d) Name of Hospital or Maternity Home: at Home, Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 3 years — months — days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Lago
(d) Street Address or R.F.D. No. Home
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Declassified

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Edwin Manly Waite

5. Date of Birth (Month, day, year) July 26 1906

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Edgar Waite
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Inabel (City or town) Ind. (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Wayama Mueller
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Lago (City or town) Idaho (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.) Mrs Peterson Midwife now

26. (a).....(Date received) (b).....(Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature** Declassified M.D. or (D.O., Midwife, etc.)
and address Date

State of Nevada }
County of Washoe } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fred Edgar Waite, being first duly sworn, say that I am Father of (Related to (or) acquainted with) Edwin Manly Waite (Name of person on certificate above), whose birth certificate (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Peterson (Name of attendant at birth) attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Fred Edgar Waite Name

1501 - 1st Sparks Nev. P. O. Address

Subscribed and sworn to before me this 14th day of August 1940

(SEAL) O. R. Summer Notary Public, residing at Sparks, Nevada

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of date of birth of THIS child)

AUG 19 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 296619
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R F D No. 124 E. Jefferson
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise Idaho
(d) Street Address or R.F.D. No. 124 E. Jefferson
(e) How long has **MOTHER** lived in Idaho? 30 3/4 yrs.
(f) Mother's mailing address 124 E. Jefferson Boise

3. **RESIDENCE OF FATHER** (city, state) Boise

4. **FULL NAME OF CHILD** Leland Merwin Cray

5. Date of Birth (Month, day, year) Apr 15 1906

6. Sex. male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

MERWIN CRAY

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alvah Ernest Cray
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Virden (City or town) Ill. (State or foreign country)
14. Exact Occupation Trouble shooter for
15. Industry or Business Independent Tel. Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Caudis Poley
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Virden (City or town) Ill. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Jessie C. Cray (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a)..... (Date received) (b)..... (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature** Edith G. Poley M.D. or nurse (D.O., Midwife, etc.)
and address Enterprise Ore Date Apr 15/40

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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296624

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 195
Reg. Dist. No. 630

AUG 19 1940

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Rexburg, Ida.
(c) Street Address or R.F.D No. West Main
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Rexburg, Ida

3. **RESIDENCE OF FATHER** (city, state) Rexburg

4. **FULL NAME OF CHILD** Ruth Shields

5. Date of Birth (Month, day, year) Mar. 1, 1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Daniel McKay Shields
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Salem (City or town), New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Van Sickle
17. Color or Race White
18. Age at time of THIS birth 40 years
19. Birthplace Petrolia Ont. Canada (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by Minnie L. Shields (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) 8-17-40 (Date received) (b) Mrs H Eyoung (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie L. Shields, being first duly sworn, say that I am Related (Related to (or) acquainted with) Ruth Shields (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that B. F. Campbell (Name of attendant at birth), who attended said birth X (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Minnie L. Shields Name

Rexburg, Idaho P. O. Address

Subscribed and sworn to before me on this 17 day of August 1940

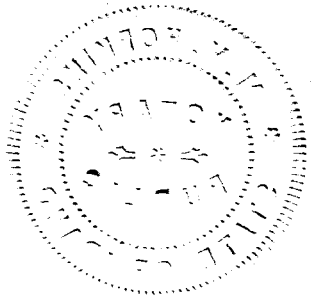
(SEAL) M. Hopkins Notary Public, residing at Rexburg, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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296642

296642

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED AUG 19 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Oneida (b) City Malad
(c) Street Address or R F D No R. F. D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 44 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 44 yrs.
(f) Mother's mailing address Malad Idaho
3. **RESIDENCE OF FATHER** (city, state) Malad Utah

4. **FULL NAME OF CHILD** Genevieve Scott
5. Date of Birth (Month, day, year) Oct 14 1906
6. Sex fe
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy full
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Archibald E Scott
11. Color or Race wh
12. Age at time of THIS birth 39 yrs.
13. Birthplace Blythe - Ontario (City or town) Canada (State or foreign country)
14. Exact Occupation Miller
15. Industry or Business Flour mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Faux
17. Color or Race wh
18. Age at time of THIS birth 39 years
19. Birthplace Moroni Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

26. (a)..... (Date received) (b)..... (Registrar's signature)
27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature** D C Ray M.D. or..... (D.O., Midwife, etc.)
and address Malad Date

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with) .....as..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 8 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

897102-006-462

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 21 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 296651
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Black Foot
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months..14..days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Camas
(d) Street Address or R.F.D. No. General Del
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Camas
3. **RESIDENCE OF FATHER** (city, state) Camas, Ida

4. **FULL NAME OF CHILD** Claude Homer Hixson
5. Date of Birth (Month, day, year) JAN-1-1906
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Claude Sheridan Hixson
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Albion (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Virginia Mosier
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Toolesborough (City or town) Iowa (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 12:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Virginia Hixson (First name) (Last name) who is related to this child as mother (mother, etc.)

26. (a)..... (Date received) (b)..... (Registrar's signature)
27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature** Mrs Ednah Faulkner M.D. or (D.O., Midwife, etc.)
and address Camas Idaho

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315 110 2011-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 21 1940

296673 296673

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R F.D No. (Forgotten)
(d) Name of Hospital or Maternity Home:
None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
In **THIS** county 5 years 8 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry
(d) Street Address or R.F.D. No. (Forgotten)
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Bonners Ferry Id.

3. **RESIDENCE OF FATHER** (city, state) Bonners Ferry

4. **FULL NAME OF CHILD** William Delbert Cane

5. Date of Birth (Month, day, year) March 10, 1906

6. Sex. Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Francis Marion Cane
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Louisville (City or town) Kentucky (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Belle Williams
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace (Rural District) Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Washington }
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Belle Schmidt, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Delbert Cane (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (name forgotten) (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

× Mary Belle Schmidt ..... Name
Route 1, Opportunity, Wash ..... P. O. Address

Subscribed and sworn to before me on this 16th day of August, 1940

(SEAL) Isabelle Schmidt ..... Notary Public, residing at Opportunity

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH A231-216 007-276

County of Blaine

City of Hailey

No. ____ St. ____

Idaho.

(If born in hospital or institution give name.)

RECEIVED AUG - 7 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296689

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Lenora Bessie Blair

3. Sex: Female

If plural births: 4. Twin, triplet, or other: one; 5. Number, in order of birth: ____

6. Premature: ____ Full term: yes

7. Legitimate? ____

8. Date of birth: Dec 16, 1906 (Month, Day, Year)

FATHER

9. Full name: Samuel Milo Blair

10. Residence (usual place of abode) (If non-resident, give place and State): Washington

11. Color or race: white | 12. Age at last birthday: 34 (years)

13. Birthplace (city or place) (State or Country): Aspen County Iowa.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mining

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farming

16. Date (month and year) last engaged in this work: April, 1940

17. Total time (years) spent in this work: 30

MOTHER

18. Full maiden name: Ida May Spooner

19. Residence (usual place of abode) (If non-resident, give place and State): Washington

20. Color or race: white | 21. Age at last birthday: 29 (years)

22. Birthplace (city or place) (State or Country): Boise County Idaho.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: X

25. Date (month and year) last engaged in this work: April, 1940

26. Total time (years) spent in this work: 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child): Six

(a) Born alive and now living: 6 (b) Born alive but now dead: X (c) Stillborn: ____

29. If stillborn, period of gestation: ____ months or weeks

30. Cause of Stillbirth: Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed Aug, 1940

Registrar. Registrar.

1968

STATE OF IDAHO

296689

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Lewis } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ida May Blair being first duly sworn says that she is the Mother of Lenora Bessie Blair
(Relationship of child)*

born Dec - 16 - 1906 at Hailey -, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1931 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Lenora Blair Bessie Blair not recorded hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Thomas, M. D., was the ~~Midwife~~ medical attendant at the birth of said Lenora Bessie Blair and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs Ida May Blair

P. O. Address Rt-3 Box 242 Centralia

Subscribed and sworn to before me this 6 day of August, 1940

R. H. Shaffer
Notary Public.

Residing at Centralia, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

OCT 31
AUG 6

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296698 **296698**

United States
Department of Commerce
Bureau of the Census
791124 012 249

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No. 670
Reg. Dist. No. 2129

1. **PLACE OF BIRTH:**
(a) County Butte (b) City Darlington
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Butte
(c) City Darlington
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state) Darlington,

4. **FULL NAME OF CHILD** Harold Eugene Gray
5. Date of Birth (Month, day, year) Dec. 24, 1906
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** F. Eugene Gray
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Sidney, (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jean Annie Burnett
17. Color or Race white
18. Age at time of THIS birth 21 years
19. Birthplace Darlington, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

26. (a) Aug. 1, 1940 (Date received) (b) Mary G. Dietrich (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, F. Eugene Gray, being first duly sworn, say that I am related to (Related to (or) acquainted with) Harold Eugene Gray (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Hancock (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth ~~has not been~~ previously recorded.

F. Eugene Gray Name
New Plymouth, Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of October, 1940

(SEAL) Bertie Pendleton Notary Public, residing at Boise, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Butte

City of Darlington Ida

No. _____ St. _____

(If born in hospital or institution give name.)

AUG - 9 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296698

CERTIFICATE OF BIRTH

Registration District No. 670 State File No. _____

Prim. Registration District No. 2129 Local Registrar's No. 24

2. FULL NAME OF CHILD Harold Eugene Gray

3. Sex boy | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term Yes | 7. Legitimate? yes | 8. Date of birth Dec 24, 1906 (MONTH, DAY, YEAR)

FATHER

9. Full name F Eugene Gray

10. Residence (usual place of abode) (If non-resident, give place and State) Darlington Ida

11. Color or race white 12. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or country) Sidney Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

16. Date (month and year) last engaged in this work _____, 19___

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Jean Annie Burnett

19. Residence (usual place of abode) (If non-resident, give place and State) Darlington

20. Color or race white 21. Age at last birthday 29 (years)

22. Birthplace (city or place) (State or country) Darlington Ida

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Farmer Wife

25. Date (month and year) last engaged in this work _____, 19___

26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 7.30 p m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or Father F. Eugene Gray, Midwife

Address _____

Give name added from a supplemental report _____
(DATE OF)

Filed Aug 1 et, 1940 Mary G. Dietrich
Registrar.

_____
Registrar.

NOT NOTARIZED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 296705

AUG 15 1940

1. PLACE OF BIRTH
County of Franklin 297225
City of Franklin 021634
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. 54 State File No. .....
Prim. Registration District No. 219 Local Registrar's No. 12

2. FULL NAME OF CHILD Edrie Jane Biggs

3. Sex: Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term X
7. Legitimate? yes
8. Date of birth April 2 1940 (Month, Day, Year)

FATHER

9. Full name Henry Biggs
10. Residence (usual place of abode) (If non-resident, give place and State) Franklin Ida
11. Color or race W
12. Age at last birthday 31 (years)
13. Birthplace (city or place) Franklin (State or Country) Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Minnie Oldham
19. Residence (usual place of abode) (If non-resident, give place and State) Same
20. Color or race W
21. Age at last birthday 28 (years)
22. Birthplace (city or place) Paradise (State or Country) Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was live (Born Alive or Stillborn) at 5 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) G. W. Stales, M. D.
or ....., Midwife
Address Franklin Idaho

Give name added from a supplemental report .....
(Date of)

Filed 7-29, 1940 G. W. Stales
Registrar.

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC
PUTNAM (VITAL STA
CERTIFI[illegible] OF BIRTH
2467[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce Co.
City of Gifford
No. ____ Idaho St.
(If born in hospital or institution give name.)

RECEIVED
AUG 22 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

297834

Registration District No. ____ State File No. 297834
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Mary Esther Williams

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth 1
6. Premature ____ Full term yes
7. Legitimate? yes
8. Date of birth Feb 16, 1940 (Month, Day, Year)

FATHER

9. Full name Luther Love Williams
10. Residence (usual place of abode) (If non-resident, give place and State) Myrtle, Idaho
11. Color or race White | 12. Age at last birthday 28 (years)
13. Birthplace (city or place) Shawneetown (State or Country) Gallatin Co Illinois

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work July, 1940
17. Total time (years) spent in this work 3

MOTHER

18. Full maiden name Mary Myrtle Carter
19. Residence (usual place of abode) (If non-resident, give place and State) Myrtle, Idaho
20. Color or race White | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) Belington (State or Country) Barbour Co West Va.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —
28. Number of children of this mother 2 (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —
29. If stillborn, period of gestation — months or weeks
30. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Deceased, M. D.
or ____, Midwife
Address ____

Give name added from a supplemental report ____ (Date of)

Filed Aug 22, 1940 Mae G. Atwood Registrar
Registrar. Bureau of Vital Statistics

JUL 15 1997

693-216-C35-314

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 22 1940

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Luther Love Williams being first duly sworn says that

is the father of Mary Esther Williams
(Relationship of child)*

born February 16 - 1906 at Gifford, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Mary Esther Williams

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J. J. Harrington, M. D., was the ~~Midwife~~ medical attendant at the birth of said Mary Esther Williams and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Luther Love Williams

P. O. Address Myrtle, Idaho

Subscribed and sworn to before me this 1st day of August, 1940.

A. C. Ryan
Notary Public.
NOTARY PUBLIC FOR IDAHO RESIDING AT LEWISTON
~~RESIDING~~. MY COMMISSION EXPIRES JULY 21, 1941

Residing at ~~Idaho~~, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

119-219-029-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 23 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

29 1876 **297876**

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City near Genesee
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 13 years ≠ 9 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Genesee - 3 miles east
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 48 yrs.
(f) Mother's mailing address Genesee Ida

3. **RESIDENCE OF FATHER** (city, state) Genesee Ida now deceased

4. **FULL NAME OF CHILD** Lela Grace Jain

5. Date of Birth (Month, day, year) June-19-1906

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter F Jain
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Dane Co (City or town) Wis (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lela M. Lanfahear
17. Color or Race White
18. Age at time of THIS birth 30 years
19. Birthplace Salt River (City or town) Mich- (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 23, 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

Bureau of Vital Statistics

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lela M. Jain, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lela Grace Jain (Name of person on certificate above) as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr J L Conant (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lela M. Jain Name
Genesee Idaho P. O. Address

Subscribed and sworn to before me on this 21st day of Aug- 1940

(SEAL) Tom Burr Notary Public, residing at Genesee Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1968
MAR 16 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

297890

Registration District No. _____ State File No. 297890

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Ada
City of Meridian
No. R 7 L #1 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Thomas Calvin Bell

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term ✓

7. Legitimate? ✓

8. Date of birth June 28, 1926 (Month, Day, Year)

FATHER

9. Full name Joseph Robert Bell

10. Residence (usual place of abode) (If non-resident, give place and State) Meridian Ida

11. Color or race White 12. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) Ilode Co Mo.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Elizabeth ~~Bell~~ Small

19. Residence (usual place of abode) (If non-resident, give place and State) Meridian

20. Color or race White 21. Age at last birthday 33 (years)

22. Birthplace (city or place) (State or Country) Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? dont know

28. Number of children of this mother 6th (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Give name added from a supplemental report _____ (Date of)

Filed 8/27/1926 193 Mae D Atwood Registrar.

_____ Registrar.

Bureau of Vital Statistics

253-128-001-241

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Joseph Robert Bell being first duly sworn says that he is the father (Relationship of child)* of Thomas Calvin Bell born Jan. 28 1906 (Date of birth) at Meridian Idaho, Idaho, whose certificate of birth is hereto attached, and that Thomas Calvin Bell desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Thomas Calvin Bell hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that C. L. Hutton, M. D., ~~was the Midwife~~ medical attendant at the birth of said Thomas Calvin Bell and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Joseph Robert Bell

P. O. Address Meridian Idaho Route 1

Subscribed and sworn to before me this 9 day of July, 19 40

O M Laing
Notary Public.

Residing at Meridian, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

251118 028 219

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Post Falls

No. ——— St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

297907

CERTIFICATE OF BIRTH

AUG 22 1940

Registration District No. 121 State File No. 297907

Prim. Registration District No. ..... Local Registrar's No. 236

2. FULL NAME OF CHILD Lyle Bland Beavers

3. Sex Male

If plural births: 4. Twin, triplet, or other Twin; 5. Number, in order of birth 2

6. Premature ✓; Full term ✓

7. Legitimate? ✓

8. Date of birth March 18 ~~193~~ 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Morrison Beavers	18. Full maiden name Etha Maude Barker
10. Residence (usual place of abode) (If non-resident, give place and State) Post Falls-Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Post Falls-Ida
11. Color or race White 12. Age at last birthday 45 (years)	20. Color or race White 21. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or Country) Jefferson County Missouri	22. Birthplace (city or place) (State or Country) Clinton County Illinois.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work April, 19.. 17. Total time (years) spent in this work 27	25. Date (month and year) last engaged in this work March, 1906 26. Total time (years) spent in this work 22

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother Six (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ✓ months or weeks

30. Cause of Stillbirth ✓ During labor ✓ Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 11A m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Etha Maude Beavers (mother) ~~M.D.~~

and ~~or~~ Mrs J H Schlack, Midwife

Address Post Falls Idaho

Give name added from a supplemental report .....

(Date of)

Filed 8-17-1940, 193.. H. L. Newcombe M.D.

Registrar. Registrar.

696-102-01752

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 297916

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Ada
City of Star
No. ____ St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Myrl Albert Frost

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? yes

8. Date of birth Aug. 2, 1906 (Month, Day, Year)

FATHER

9. Full name: Claud Frost

10. Residence (usual place of abode) (If non-resident, give place and State) Star, Ida.

11. Color or race W | 12. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or Country) Star, Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm

16. Date (month and year) last engaged in this work Sept, 1931

17. Total time (years) spent in this work 32-

MOTHER

18. Full maiden name: Ora Jessee

19. Residence (usual place of abode) (If non-resident, give place and State) Star, Ida.

20. Color or race W | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Martinsville, Mo.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. School teacher

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Schoolroom.

25. Date (month and year) last engaged in this work May 17, 1940

26. Total time (years) spent in this work 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 0

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead V (c) Stillborn V

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

____ Registrar.

(Signed) O W Hall, M. D.

or ____, Midwife

Address ____

Filed 8/28/40, 193 Mae D. Atwood Registrar.

Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

297927

~~296439~~

297927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Canyon
City of Parma
No. 252-102014-793 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Walter P. Sessions

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Apr. 2, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Alfred A. Sessions	18. Full maiden name Ida Pickard
10. Residence (usual place of abode) (If non-resident, give place and State) Parma	19. Residence (usual place of abode) (If non-resident, give place and State) Parma
11. Color or race W | 12. Age at last birthday 38 (years)	20. Color or race W | 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Ohio	22. Birthplace (city or place) (State or Country) Michigan
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) William E. Waldrop, M. D.
or ....., Midwife
Address Parma, Idaho

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed 8-14, 1940 Mae G. Atwood
Registrar.
Bureau of Vital Statistics

5/16/41 L. B.

284 123 014-858

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

297950 **297950**
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Caldwell
(c) Street Address or ~~R.F.D.~~ No. 920 Elgin
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or ~~R.F.D.~~ No. 920 Elgin
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Caldwell
3. **RESIDENCE OF FATHER** (city, state) Caldwell, Idaho

4. **FULL NAME OF CHILD** Wilbur Hay Shuee
5. Date of Birth (Month, day, year) 2nd-23rd-1906
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Daniel Marion Shuee
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Nebraska City Nebraska (City or town) (State or foreign country)
14. Exact Occupation Deputy Sheriff
15. Industry or Business Canyon County

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amelia Eleanor Hay
17. Color or Race White
18. Age at time of THIS birth 35 years
19. Birthplace Independence Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b).....(Registrar's signature)
27. Given name added on ... Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Amelia E. Shuee, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) this person (Name of person on certificate above) as Wilbur Hay Shuee (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. [illegible] (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Amelia E. Shuee Name
1301 Cleveland Caldwell Ida. P.O. Address

Subscribed and sworn to before me on this 24th day of August 1940

(SEAL) Alice Wilson Notary Public, residing at Caldwell, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A 219-117-028-793

297954

AUG 30 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. N. Gov't Way St.
(If born in hospital or institution give name.)

Registration District No. 120 State File No. 297954
Prim. Registration District No. Local Registrar's No. 251

2. FULL NAME OF CHILD James Noble Barber

3. Sex Male | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth Oct. 17, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Noble Barber	18. Full maiden name Hattie Luella Giles
10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene Ida
11. Color or race White | 12. Age at last birthday 36 (years)	20. Color or race White | 21. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Hiram, Mo.	22. Birthplace (city or place) (State or Country) Gallia Ko., Ohio
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Building	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work 10 yrs	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work 20 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) Three
(a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Hattie Luella Barber, ~~M. D.~~ mother
or ....., ~~Midwife~~
Address Coeur d'Alene, Idaho
Filed 8.28, 1940 H. L. Newcombe, M.D.
Registrar.

Give name added from a supplemental report .....
(Date of)
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho } ss.
County of Kootenai }

Mrs Hattie Luella Barber being first duly sworn says that she is the mother (Relationship of child)* of James Noble Barber born Oct. 17, 1906 (Date of birth) at Coeur d'Alene, Idaho, whose certificate of birth is hereto attached, and that ~~She~~ She desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said James Noble Barber hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. John Dwyer M. D. ~~Midwife~~ was the medical attendant at the birth of said James Noble Barber and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Hattie Luella Barber

940-6th. P. O. Address Coeur d'Alene, Idaho

Subscribed and sworn to before me this 27th day of August, 1940

Eugene Gent

Notary Public for the State of ~~Notary~~ Public.

Residing at Residing at Coeur d'Alene, Idaho, Idaho.

My Commission Expires August 2, 1943

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1941070374 33

298027

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298027
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Owyhee (b) City Dewey
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City Dewey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) Dewey, Ida.

4. **FULL NAME OF CHILD** John ~~Paris~~ Parris Armfield
5. Date of Birth (Month, day, year) May 7, 1906
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elmer Armfield
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Powersville (City or town) Missouri (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes McClung
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Odell, (City or town) Nebr. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Sept. 3, 1940 (Date received) (b) Mae C. Atwood (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Boise } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Elmer Armfield, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Paris Armfield (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hamilton (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Elmer Armfield Name
Riggins, Idaho P. O. Address

Subscribed and sworn to before me on this 3rd day of September, 1940

(SEAL) Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 18 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

639 107 014 266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

ED CERTIFICATE OF BIRTH

STATE OF IDAHO

69-0044 **298044**

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:** SEP 3 1940
   (a) County Canyon (b) City Emmett
   (c) Street Address or R F D No. none
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home. None days. In **THIS** county 3 years 11 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.
   (f) Mother's mailing address Emmett Idaho

3. **RESIDENCE OF FATHER** (city, state) Emmett Idaho

4. **FULL NAME OF CHILD** Roy Monroe White

5. Date of Birth (Month, day, year) Dec 7, 1906

6. Sex. Male

7. Twin or Triplet? No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Roscoe Wilbur White
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Vestal (City or town) New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Samanthie Booher
17. Color or Race white
18. Age at time of THIS birth 25 years
19. Birthplace Purcell Indian Territory (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive, at 12 P. M. on the date and at the place stated above and that personal particulars were furnished by Maggie S White (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Sep 3 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of New Mexico }
County of Socorro } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mrs. Roscoe W. White, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Roy Monroe White (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1907 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Charlie Krull (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Name

Maggie S White P.O. Address

Subscribed and sworn to before me on this 27th day of August 1940

(SEAL) ..... Notary Public, residing at Socorro

My 4/16/41

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

512 216 001 -294

298068

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298068
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R F D No. 1018 N. 15th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: at home
In Hosp. or Mat. Home 2 days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE OF FATHER** (city, state) Boise, Ida.

4. **FULL NAME OF CHILD** Kenneth Brugge Vasold

5. Date of Birth (Month, day, year) Mar. 16, 1906

6. Sex. Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest Vasold
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Michigan (City or town) (State or foreign country)
14. Exact Occupation Brick layer & Mason
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Brugge
17. Color or Race white
18. Age at time of THIS birth 33 years
19. Birthplace Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 11:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by John Boeck M.D. (First name) (Last name) who is related to this child as attending Physician (Mother, etc.)

26. (a) Sept. 5, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ernest Vasold, being first duly sworn, say that I am related to (Related to (or) acquainted with) Kenneth Brugge Vasold (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Boeck (Name of attendant at birth), who attended said birth Living in Boise, Ida. (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Name

638½ East 82nd St., Los Angeles, Calif. Address

Subscribed and sworn to before me on this ..... day of .....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-101 001-156

298106

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

298106

RECEIVED
SEP 14 1940

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 1904 Idaho St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Harold Wallace Robinson

3. Sex M | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth Nov. 1st, 1906 (Month, Day, Year)

FATHER

9. Full name Ira Thomas Robinson
10. Residence (usual place of abode) (If non-resident, give place and State) Boise Idaho
11. Color or race W | 12. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Rowan, Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumber Salesman
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Stella Jewell
19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho
20. Color or race W | 21. Age at last birthday 26 (years)
22. Birthplace (city or place) (State or Country) Waverly Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive or Stillborn) at 8:45 a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. W. Taylor, M. D.
or ____, Midwife
Address Boise Idaho

Give name added from a supplemental report ____
(Date of) ____
Registrar.

Filed 9/14, 1940 Mae G. Atwood
Registrar.
Bureau of Vital Statistics

001805

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County ADA (b) City Boise
(c) Street Address or R F D No 1904 IDAHO
(d) Name of Hospital or Maternity Home: AT RESIDENCE
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. In **THIS** county 2 years.....months.....days.

SEP 5 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State CALIFORNIA (b) County SANTA BARBARA
(c) City SANTA BARBARA
(d) Street Address or R.F.D. No 1828 CHAPALA
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address DESE[illegible]
3. **RESIDENCE OF FATHER** (city, state) SAME AS ABOVE

4. **FULL NAME OF CHILD** HAROLD WALLACE ROBINSON
5. Date of Birth (Month, day, year) NOV 2ND 1906
6. Sex MALE
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** IRA THOMAS ROBINSON
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace PAWNEE (City or town) IOWA (State or foreign country)
14. Exact Occupation OFFICE SALESMAN
15. Industry or Business LUMBER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** STELLA JEWELL ROBINSON
17. Color or Race WHITE
18. Age at time of THIS birth 26 years
19. Birthplace WAVERLY (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b) Mae D Atwood (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN** signature.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of CALIFORNIA }
County of SANTA BARBARA } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ira T Robinson, being first duly sworn, say that I am FATHER (Related to (or) acquainted with) HAROLD W ROBINSON (Name of person on certificate above) as.....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J M Taylor (Name of attendant at birth), who attended said birth X (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

IRA T ROBINSON Name
1828 CHAPALA SANTA BARBARA P. O. Address

Subscribed and sworn to before me on this 5 day of September — 1940

(SEAL) Arthur J McAdams Notary Public, residing at Santa Barbara, Calif.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A319120040345

WRITE PLAINLY WITH INFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

(If born in hospital or institution give name.)

SEP 5 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

298109

CERTIFICATE OF BIRTH

298109

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Elmer Alfred Carlson

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? Yes | 8. Date of birth March 20, 1906 (Month, Day, Year)

FATHER

9. Full name Carl John Carlson

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race White | 12. Age at last birthday 41 (years)

13. Birthplace (city or place) (State or Country) Upsala or Stockholm Sweden

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Public Utilities Laborer

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Maria Charlotta Lundquist

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race ..... | 21. Age at last birthday (40) (years)

22. Birthplace (city or place) (State or Country) ~~Charleby~~ Charleby Sweden

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —

25. Date (month and year) last engaged in this work ~~[illegible]~~, 19.....

26. Total time (years) spent in this work 20

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks

30. Cause of Stillbirth — During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., ~~M. D.~~

or ....., ~~Midwife~~

Address .....

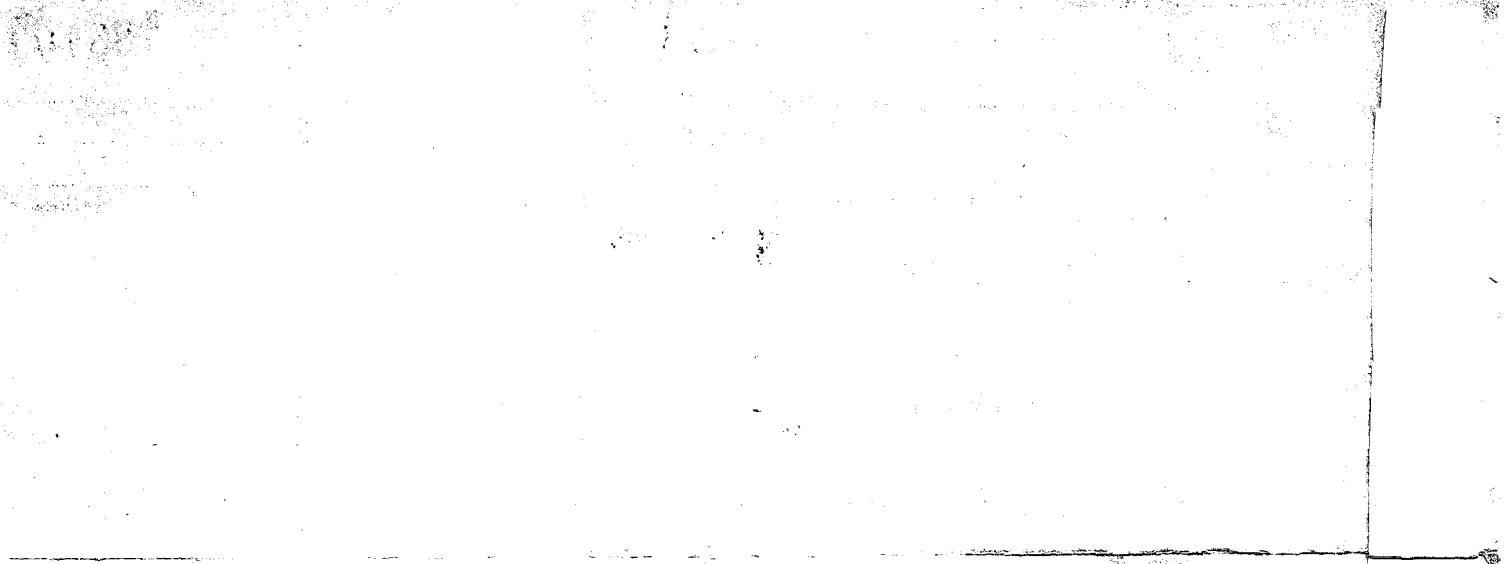
Give name added from a supplemental report .....

(Date of)

Filed Sep 5, 1940 Mae G. Atwood
Registrar.

Registrar.

Bureau of Vital Statistics



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 5 1940

State of Oregon }
County of Klamath } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Mary Carlson being first duly sworn says that she is the mother (Relationship of child)* of Elmer Alfred Carlson born March 20 1906 (Date of birth) at Kellogg, Idaho, whose certificate of birth is hereto attached, and that Mary Carlson desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Elmer Alfred Carlson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Pickmett or Pismett ~~M. D.~~ Midwife was the medical attendant at the birth of said Elmer Alfred Carlson and that the said medical attendant is as far as known deceased. (Now deceased (or) cannot be located)

Name of Affiant Mary Carlson

P. O. Address Medford Oregon - R. 1. Box 170

Subscribed and sworn to before me this 11 day of June, 1940

W. E. Ellis
Notary Public.

Residing at Bly Oregon, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Lewis
City of Fletcher
No. 617-21203/464 St.
(If born in hospital or institution give name.)

RECEIVED
SEP 8 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

298122

Registration District No. 50 State File No. 298122
Prim. Registration District No. 2129 Local Registrar's No. 32

2. FULL NAME OF CHILD Willie Louise Wagner

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
fem	4. Twin, triplet, or other x; 5. Number, in order of birth x	Full term yes	Yes	Dec 12 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Wiley T Wagner	18. Full maiden name: Maggie Rominger
10. Residence (usual place of abode) (If non-resident, give place and State): Fletcher Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Fletcher
11. Color or race: white | 12. Age at last birthday: 27 (years)	20. Color or race: white | 21. Age at last birthday: 26 (years)
13. Birthplace (city or place) (State or Country): Tenn Butler Tenn	22. Birthplace (city or place) (State or Country): Sutherland Nor Car
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: rancher	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: farm --	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: home
16. Date (month and year) last engaged in this work: now, 19	25. Date (month and year) last engaged in this work: now, 19
17. Total time (years) spent in this work: 7	26. Total time (years) spent in this work: 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% AnSS

28. Number of children of this mother (At time of this birth and including this child): 3
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation - months or weeks

30. Cause of Stillbirth - During labor 0 Before labor 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 3p m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) R C Duncan, M. D.
or , Midwife
Address Craigmont Idaho

Filed AUG 3 1940, 193 C E Clover
Registrar.

JAN 24 1945

271 219 004 513

298 123

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298123
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bear Lake (b) City Dingle
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 36 years ... months ... days.

SEP 7 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City Dingle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.
(f) Mother's mailing address Dingle, Idaho
3. **RESIDENCE OF FATHER** (city, state) Dingle, Ida.

4. **FULL NAME OF CHILD** Don Carlos Sparks
5. Date of Birth (Month, day, year) 9-19-06
6. Sex. Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. **FULL NAME** James A. Sparks	16. **FULL MAIDEN NAME** Rose M. Nate
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 40 yrs.	18. Age at time of THIS birth 36 years
13. Birthplace Cedar Fort, Utah (City or town) (State or foreign country)	19. Birthplace Paris, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming	20. Exact Occupation Housewife
15. Industry or Business None	21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6
(c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Date Sept. 7, 1940 (b) Mae G. Atwood (Registrar's signature) Bureau of Vital Statistics

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Bear Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cerelda Sparks Pendrey, being first duly sworn, say that I am related to (Related to (or) acquainted with) Don Carlos Sparks (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. G. F. Ashley (Name of attendant at birth), who attended said birth, is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Cerelda Sparks Pendrey, Name
Paris, Idaho P. O. Address

Subscribed and sworn to before me on this 5th day of September 1940

(SEAL) ..... Notary Public, residing at Paris, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

997127 002 391

298140

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 5 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298140
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County ADAMS (b) City Council
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 10 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County ADAMS
(c) City Price Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Price Valley Station

3. **RESIDENCE OF FATHER** (city, state) " " Idaho

4. **FULL NAME OF CHILD** Theodore Clay Riggs

5. Date of Birth (Month, day, year) Jan. 27 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Alonzo Riggs
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Vancouver (City or town) Washington (State or foreign country)
14. Exact Occupation Stage Station At
15. Industry or Business Price Valley Idaho

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Edith Craven
17. Color or Race White
18. Age at time of THIS birth 38 years
19. Birthplace Anthony Creek Ranch (City or town) Oregon (State or foreign country)
20. Exact Occupation Running A Stage
21. Industry or Business Station At Price Valley

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at Four P.M. on the date and at the place stated above, and that personal particulars were furnished by Alta Legler (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) Sep. 5, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added Bureau of by Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** Dr. Brown was the Dr. Add. not known. M.D. now M.D. or Anna Harpham X Woman Help (D.O., Midwife, etc.) and address Council Date

State of Idaho
County of Boise } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

X I, Dora Riggs Bedal being first duly sworn, say that I am Related to (Related to (or) acquainted with) Theodore Clay Riggs (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Brown (Name of attendant at birth), who attended said birth Address unknown (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Dora Riggs Bedal Name
Idaho City Idaho P. O. Address

Subscribed and sworn to before me on this 27 day of August 1940

(SEAL) Katherine M. Brogan Clerk District Court Notary Public, residing at Idaho City Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

968123016-816

RECEIVED

SEP 8 1940

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

295143

298148

State File No. 298148
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Near Burley
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City Near Burley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Burley

3. **RESIDENCE OF FATHER** (city, state) Burley, Idaho

4. **FULL NAME OF CHILD** Dempster Darel Rohrbough

5. Date of Birth (Month, day, year) August 23, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Dempster Martin Rohrbough
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Elvaston (City or town), Illinois (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Athalia Hawley
17. Color or Race White
18. Age at time of THIS birth 27 years
19. Birthplace Augusta (City or town), Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED
SEP 9 1940
Bureau of Vital Statistics

26. (a) ..... (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Linn } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Dempster Martin Rohrbough being first duly sworn, say that I am Related to (Related to (or) acquainted with) Dempster Darel Rohrbough (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C.C. Warner (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Dempster Martin Rohrbough Name
1038 West 12th St Albany Ore. P. O. Address

Subscribed and sworn to before me on this 27th day of August, 1940

(SEAL) Mabel Keebler Notary Public, residing at Albany Oregon

My Commission Expires June 18, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 20 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

889 103026-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298172
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Jefferson (b) City Rigby
(c) Street Address or R F.D No. 1
(d) Name of Hospital or Maternity Home: SEP 11 1940
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City Rigby Ida.
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 3-6 yrs.
(f) Mother's mailing address Rigby Ida. R1

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Lennon Yorgenson

5. Date of Birth (Month, day, year) Oct. 3 1906

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter Yorgenson

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Logan (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer and

15. Industry or Business Carpenter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth N. Lennon

17. Color or Race White

18. Age at time of THIS birth 23 years

19. Birthplace Logan (City or town) Utah (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5 o clock P.M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

26. (a) Sep 11, 1940 (Date) (b) Mae G. Attwood (Registrar's signature)

27. Given name added on..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** Helen D. Pitt M.D. or midwife (D.O., Midwife, etc.)
and address Rigby, Ida Date Sept 12 '40

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

HANGE
TO YES
4803

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A364 224 028 418

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

298187

CERTIFICATE OF BIRTH

298187

RECEIVED SEP 12 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. ✓ St. ✓
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Frank Elmer Lound

3. Sex

If plural births: 4. Twin, triplet, or other .....; 5. Number, in order of birth 3

6. Premature ..... Full term ✓

7. Legitimate? ✓

8. Date of birth October ~~20~~ 24, 1906 (Month, Day, Year)

FATHER

9. Full name Peter S. Lound

10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene

11. Color or race White | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Coeur d'Alene Idaho Sweden

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith & Carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill

16. Date (month and year) last engaged in this work ✓, 19✓

17. Total time (years) spent in this work 3 or more

MOTHER

18. Full maiden name Emily DAHLGREN

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race White | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) (State or Country) GERMANY

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HOUSEWORK

25. Date (month and year) last engaged in this work Sept 1, 1939

26. Total time (years) spent in this work ALL TIME

27. What prophylactic was used to prevent Ophthalmia Neonatorum? WE DO NOT KNOW

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation — months or weeks

30. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or ~~Stillborn~~) at ✓ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Peter S Lound FATHER, M. D.

or ..... Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed SEP 12 1940, 193 Mae G Atwood Registrar.

Registrar.

Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Wisconsin
County of Lincoln SEP 12 1940 ss.

Peter S. Lound being first duly sworn says that

he is the Father of Frank Elmer Lound
(Relationship of child)*

born October 24-1906 at Coeur d'Alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Frank Elmer Lound

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ANNA NORTH ~~M. D.~~ Midwife was the medical attendant at the birth of said Frank Elmer Lound and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Peter S. Lound

P. O. Address Tomahawk, Wisconsin

Subscribed and sworn to before me this 3rd day of September, 1940

P. S. Lamme

Notary Public, Lincoln County, Wis. Notary Public.

Residing at ~~My Commission Expires~~ Feb. [illegible] 1944, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

753 130 033 343

United States
Department of Commerce
Bureau of the Census

RECEIVED
SEP 16 1940

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

29231

State File No. 298231
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Madison (b) City Rexburg
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 20 years 6 months 8 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20½ yrs.
(f) Mother's mailing address Rexburg Rexburg Idaho

3. **RESIDENCE OF FATHER** (city, state) [Idaho]

4. **FULL NAME OF CHILD** Thyrill Austin Peterson

5. Date of Birth (Month, day, year) 30 Aug - 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9½

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Austin Peterson
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Logan (City or town) Cache Co. Utah (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Dubaise Lutz
17. Color or Race White
18. Age at time of THIS birth 20 years
19. Birthplace Rexburg (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child... One (b) Born alive and now living... one
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was Bo- alive (born alive, stillborn) at 3:40 a.m. on Thursday on the date and at the place stated above, and that personal particulars were furnished by Edna L Peterson (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) Sep 16, 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of California }
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Edna L Peterson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Thyrill Austin Peterson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elmira M. Nelson (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Edna L Peterson Name
8722 Haas Ave - Los Angeles Calif. P. O. Address

Subscribed and sworn to before me on this 13th day of September 1940

(SEAL) Anna S Funk Notary Public, residing at 309 S La Brea Inglewood Calif.

My Commission Expires Sept. 22, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849-112 001-755

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 298254

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298254
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Meridian
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home n.a. days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Robert Powson Huish
5. Date of Birth (Month, day, year) Feb. 18, 1906
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Franklin Benjaman Huish
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Florence Peer
17. Color or Race white
18. Age at time of THIS birth 18 years
19. Birthplace Clay Center (City or town) Kansas (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 9/18/40 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary A Peer, being first duly sworn, say that I am Related (Related to (or) acquainted with) Robert Powson Huish (Name of person on certificate above) as Grand mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. C. L. Hutton (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary A. Peer Name
Meridian Idaho P. O. Address

Subscribed and sworn to before me on this 17th day of September 1940

(SEAL) C M Canning Notary Public, residing at Meridian Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-126 009-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) R98259

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298259
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bonner (b) City Chance
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home Home days
In THIS county years 6 months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Wash (b) County Lincoln
(c) City Newport
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 mo. yrs.
(f) Mother's mailing address Penrith - wash

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Earl Oliver Balyeat

5. Date of Birth (Month, day, year) March 26-1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Carey Hayes Balyeat

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Vanwert - Ohio (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Ethel ~~Balyeat~~ White

17. Color or Race White

18. Age at time of THIS birth 21 years

19. Birthplace Douglas - Kans (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) 9/16/40 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics by (Registrar's signature)

25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)
and address Date

State of Montana } ss.
County of Cascade }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carey Hayes Balyeat, being first duly sworn, say that I am the Father of (Related to (or) acquainted with) Earl Oliver Balyeat (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Phillips - reg. of wash (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Carey Hayes Balyeat Name
Great Falls, Mont. Box 743 P. O. Address

Subscribed and sworn to before me on this 7 day of Sept. 1940

(SEAL) George C. Huston Notary Public, residing at Great Falls, Mont.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of .....

City of Weiser, Idaho

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1940

CERTIFICATE OF BIRTH

298266

Registration District No. ..... State File No. 298266

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Florence Eda Kelly

3. Sex F. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Sept. 1, 1906. (Month, Day, Year)

FATHER

9. Full name Thomas Walton Kelly

10. Residence (usual place of abode) (If non-resident, give place and State) Weiser, Idaho

11. Color or race W. | 12. Age at last birthday 25 (years)

13. Birthplace (city or place) Weiser (State or Country) Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumber yard

16. Date (month and year) last engaged in this work June, 1910

17. Total time (years) spent in this work 15 yrs

MOTHER

18. Full maiden name Margaret Mary Houser

19. Residence (usual place of abode) (If non-resident, give place and State) Weiser, Idaho

20. Color or race W. | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) Salina, Kansas (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work August, 1906.

26. Total time (years) spent in this work Five

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 4 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ..... M. D.

or Thomas Walton Kelly, FATHER ~~Midwife~~

Address .....

Filed Sep 13, 1940 Mae G Atwood Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 13 1940

State of Idaho
County of

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Thomas Walton Kelly, being first duly sworn says that he is the father (Relationship of child)* of Florence Eda Kelly born September 1, 1906 (Date of birth) at Weiser, Idaho, whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Florence Eda Kelly hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Shirley M. D. was the Midwife medical attendant at the birth of said Florence Eda Kelly and that the said medical attendant is Now Deceased
(Now deceased (or) ~~cannot be located~~)

Name of Affiant Thomas Walton Kelly
P. O. Address Weiser. Idaho.

Subscribed and sworn to before me this 10 day of Sept, 1940

A H Bandon
Notary Public.

NOTARY PUBLIC FOR OREGON
My Commission Expires June 10, 1941

Residing at, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

412 130 022 356

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 298269
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** SEP 18 1940
(a) County Fremont (b) City Edri P.O.
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Home on ranche
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Edmonant
(c) City Edri P.O.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Edri Idaho

3. **RESIDENCE OF FATHER** (city, state) Edri Idaho

4. **FULL NAME OF CHILD** Claude Lewis Dasch

5. Date of Birth (Month, day, year) Aug 30 1906

6. Sex. male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Philip Dasch
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Braun Iowa (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helena Gray Lewis
17. Color or Race White
18. Age at time of THIS birth 32 years
19. Birthplace Hyrum Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Sep 18 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Calif }
County of Riverside } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Helena C. Dasch, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Claude Lewis Dasch (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Campbell (Name of attendant at birth) who attended said birth.....(Is/was deceased (or) cannot be located) and that this birth has not been previously recorded.

Helena C. Dasch Name
188 S.E. Grand Blvd Corona P. O. Address

Subscribed and sworn to before me on this 16 day of Sept — 1940

(SEAL) John A. Ashley Notary Public, residing at Corona

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 0 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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219-131 009 855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

Z98289 **298289**

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonner (b) City Bonner's Ferry
(c) Street Address or R F D No. None
(d) Name of Hospital or Maternity Home None SEP 16 1940
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home —— days.
In **THIS** county — years 1 months 15 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootnia
(c) City Harrison
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Harrison, Ida.

3. **RESIDENCE OF FATHER** (city, state) Harrison, Ida.

4. **FULL NAME OF CHILD** Fred Harland Barlow

5. Date of Birth (Month, day, year) Oct 31, 1906

6. Sex. Male

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Clark Edwin Barlow

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Wellsboro (City or town) Penn. (State or foreign country)

14. Exact Occupation Electrician

15. Industry or Business City Light Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Mary Henager

17. Color or Race White

18. Age at time of THIS birth 20 years

19. Birthplace Colfax (City or town) Wash. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business ——

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes
(c) Born alive and now dead —. (d) Stillborn —.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to child as ..... (Mother, etc.)

26. (a) SEP 16 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Myrtle M. Barlow, being first duly sworn, say that I am related (Related to (or) acquainted with)
Fred Harland Barlow (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Fry (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Myrtle M. Barlow Name
2712 W. Broadway-Spokane, Wash. P. O. Address

Subscribed and sworn to before me on this 6th day of September 1940

(SEAL)

H C Blessum Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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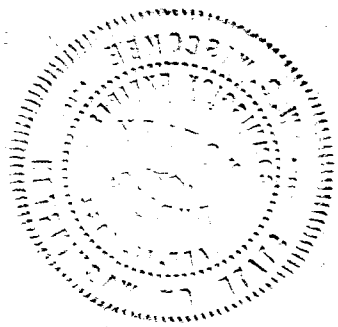

366-119 035 314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

298297

State File No. 298297
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 13 years ..... months ..... days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Ore (b) County Umatilla
(c) City Pendleton
(d) Street Address or R.F.D. No. 422 S 6 St
(e) How long has MOTHER lived in Idaho? 30 yrs.
(f) Mother's mailing address as above

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD David Charles Lowary

5. Date of Birth (Month, day, year) October 19 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Ezekiel Lowary
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriet Eldola Lowary
17. Color or Race W
18. Age at time of THIS birth 29 years
19. Birthplace (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sep 18, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Umatilla } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Harriet Eldola Lowary being first duly sworn, say that I am mother (Related to (or) acquainted with) of David Charles Lowary (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Timmons (Name of attendant at birth), who attended said birth now at Davenport Wn (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Harriet Eldola Lowary Name

P. O. Address

Subscribed and sworn to before me on this 17 day of Sept 1940

(SEAL) Guy H Johnson Notary Public, residing at Pendleton Ore

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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39129 001866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

298341

State File No. 298341
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** SEP 21 1940
   (a) County Ada (b) City Boise
   (c) Street Address or R F D No. N.E. Corner 14th & Hays
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home None days. In **THIS** county 1 years 6 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 14th & Hays
   (e) How long has **MOTHER** lived in Idaho? Life yrs.
   (f) Mother's mailing address 14th. and Hays

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Arthur Woodvine Larsen

5. Date of Birth (Month, day, year) Dec. 29, 1906

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** LLoyd Booth Larsen
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Manti (City or town) Utah (State or foreign country)
14. Exact Occupation Railway Motorman
15. Industry or Business Boise Electric Railway

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Louise Woodvine
17. Color or Race White
18. Age at time of THIS birth 22 years
19. Birthplace Rexburg (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business At Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum No record
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Oregon }
County of Lane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, L. Booth Larsen, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Arthur Woodvine Larsen (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Woodburn (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

L Booth Larsen
Name

994 Hilyard St., Eugene, Oregon P. O. Address

Subscribed and sworn to before me on this 18th day of Sept., 1940

(SEAL)

John Bryson Notary Public, residing at Eugene, Ore

My com. exp. Oct. 27, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 433-218 029-215 RECEIVED SEP 21 1940

County of Latah

City of Potlatch

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

298345

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Myrl Leola McCollar

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth May 18, 1906 (Month, Day, Year)

FATHER

9. Full name: Ernest F McCollar

10. Residence (usual place of abode) (If non-resident, give place and State): Potlatch Ida

11. Color or race: white 12. Age at last birthday: 41 (years)

13. Birthplace (city or place) (State or Country): Solon Maine

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Julia E Bangle

19. Residence (usual place of abode) (If non-resident, give place and State): Potlatch Ida.

20. Color or race: white 21. Age at last birthday: 31 (years)

22. Birthplace (city or place) (State or Country): Kelso Libley Minn

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
First
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 4 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed Sept., 1940

.....
Registrar.

.....
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of San Francisco }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Julia E Jardas being first duly sworn says that I am is the Mother of Myrl Leola McCollar
(Relationship of child)*
born May 18, 1906 at Potlatch Latah Co., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Myrl Leola McCollar is correct hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ..... M. D., was the Midwife medical attendant at the birth of said ..... and that the said medical attendant is Mrs Jenkins is deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs Julia E Jardas

P. O. Address 312 Excelsior Ave San Francisco

Subscribed and sworn to before me this 19 day of July, 19 40

NOTARY PUBLIC IN AND FOR THE CITY AND COUNTY OF SAN FRANCISCO, STATE OF CALIFORNIA
MY COMMISSION EXPIRES AUGUST 9, 1942

Notary Public.

Residing at ....., Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH A 355-212 029-245

RECEIVED
SEP 16 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE 298348
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 298348

County of Latah
City of Moscow.
No. ____ St. ____
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Marion Alvin Lee

3. Sex	If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____	6. Premature ____ Full term yes	7. Legitimate? ____	8. Date of birth June 12, 1906 (Month, Day, Year)

FATHER

9. Full name Anton Andrew Lee
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho.
11. Color or race White 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Norway.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Rail Road.
16. Date (month and year) last engaged in this work June 12, 1906
17. Total time (years) spent in this work 14.

MOTHER

18. Full maiden name Johanna Bue
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
20. Color or race ____ 21. Age at last birthday 31 (years)
22. Birthplace (city or place) (State or Country) Norway.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House Wife
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.
or ____, Midwife
Address ____

Filed Sep 16, 1940 Mae G. Atwood
Registrar.
Bureau of Vital Statistics
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

SEP 16 '40

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

.....being first duly sworn says that

.....is the ..... (Relationship of child)* of Marion Alvin Lee

born June 12 - 1906 (Date of birth) at Moscow, Idaho., Idaho,

whose certificate of birth is hereto attached, and that.....desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said .....

..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Joseph Asprey, M. D., was the Midwife medical attendant at the birth of said Marion Alvin Lee and that the said medical attendant is Where about unknown. (Now deceased (or) cannot be located)

Name of Affiant Anton Andrew Lee

P. O. Address 2514 - So 53rd Tacoma

Subscribed and sworn to before me this 13th day of Sept., 1940

O Shepard
Notary Public.

Residing at Tacoma, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JAN 12 1942

A791-201 044-235

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of ~~Adams~~ Washington

City of Council

No. ..... St.

Idaho

(If born in hospital or institution give name.)

RECEIVED SEP 23 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

298365

Registration District No. ..... State File No. 298365

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Anna Evelyn Gray

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Feb 1, 1936 (Month, Day, Year)

FATHER

9. Full name Robert Edward Gray

10. Residence (usual place of abode) (If non-resident, give place and State) Council Idaho

11. Color or race W | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or Country) Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Edith Ellen Stewart

19. Residence (usual place of abode) (If non-resident, give place and State) Council Idaho

20. Color or race W | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Salubria Washington Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Four (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 3 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

.....
Registrar.

(Signed) Edith E Gray Mother M. D.

or ....., Midwife

Address Indian Valley Idaho

Filed Sep 23, 1940 Mae G. Atwood
Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 23, 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Adams } ss.

Edith E Gray being first duly sworn says that

she is the mother (Relationship of child)* of Teresa Evelyn Gray

born Feb 1 1906 (Date of birth) at Council, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said child hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Samuel Woods, M. D., was the Midwife medical attendant at the birth of said child and that the said medical attendant is (Now deceased ~~(or) cannot be located~~)

Name of Affiant Edith E Gray

P. O. Address Indian Valley Idaho

Subscribed and sworn to before me this 5 day of Sept, 19 40

P. H. Ware
Notary Public.

Residing at Indian Valley, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

219-115-01X-219

202532

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299532
Local Reg. No.
Reg. Dist. No.

SEP 21 1940

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Fruitland
(c) Street Address or R F D No. Idaho
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. In **THIS** county 5 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Fruitland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address deceased

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Louis Luthey Bailey

5. Date of Birth (Month, day, year) 8/15/1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Wade Bailey
11. Color or Race American
12. Age at time of THIS birth 53 yrs.
13. Birthplace Withville (City or town) Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lina Luthey Bailey
17. Color or Race white
18. Age at time of THIS birth 40 years
19. Birthplace Berne (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at p. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Sep. 21, 1940 (Date received) (b) Mae G. Attwood (Registrar's signature)
Head of Vital Statistics

27. Given ~~name~~ added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of California
County of San Bernardino } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Ruth Bailey Christofferson being first duly sworn, say that I am related (Related to (or) acquainted with) Louis Luthey Bailey (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ruth Bailey Christofferson Name
Bloomington, Calif. P. O. Address

Subscribed and sworn to before me on this 18th day of September 1940

(SEAL) Grant Ferguson Justice of Peace Notary Public, residing at Bloomington, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-220-010-271

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

299547

State File No. 299547
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Born at residence of parents
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 16 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address Idaho Falls, Idaho

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls

4. **FULL NAME OF CHILD** Margaret Elsie Fackrell

5. Date of Birth (Month, day, year) Feb. 20, 1906

6. Sex. Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Seymour Fackrell
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Bountiful, (City or town) Utah (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Raising cattle

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Priscilla Eliza Sparks
17. Color or Race White
18. Age at time of THIS birth 31 years
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Mae G. Atwood (State Registrar of Vital Statistics)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Utah }
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Priscilla E. Fackrell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Margaret Elsie Fackrell (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Pendleton (Name of attendant at birth), who attended said birth, is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Priscilla E. Fackrell ..... Name

687 Second Avenue, Salt Lake City, Ut. ..... P. O. Address

Subscribed and sworn to before me on this 21 day of September 1940

July 16 1944 (SEAL)

Carl Jackman ..... Notary Public, residing at Salt Lake City, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-66-036-719

1. PLACE OF BIRTH
County of Oneida
City of Franklin
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED
SEP 23 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

299548

CERTIFICATE OF BIRTH

Registration District No. 541 State File No. 299548
Prim. Registration District No. 2119 Local Registrar's No. 67

2. FULL NAME OF CHILD Faris Parkinson Nielson

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male		Yes	Yes	6/11/1906, 193...

FATHER	MOTHER
9. Full name: Neils Peter Nielson	18. Full maiden name: Susanna Smart Parkinson
10. Residence (usual place of abode) (If non-resident, give place and State): Franklin Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Same
11. Color or race: W / 12. Age at last birthday: 22 (years)	20. Color or race: W / 21. Age at last birthday: 24 (years)
13. Birthplace (city or place) (State or Country): Salt Lake City Ut.	22. Birthplace (city or place) (State or Country): Franklin Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grocer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: H.W.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Grocey Store	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19... / 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19... / 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 10: P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) G. W. States, M. D.
or ....., Midwife
Address Franklin Idaho

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed 9-20, 1940 G. W. States Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

366-108-028-959

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

299549

State File No. 299549
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Own Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county [illegible] years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.
(f) Mother's mailing address Rathdrum Ida

3. **RESIDENCE OF FATHER** (city, state) Rathdrum Ida

4. **FULL NAME OF CHILD** Carroll Lewis Coon

5. Date of Birth (Month, day, year) June 8th 1906

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Lewis Coon
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Des Moines (City or town) Iowa (State or foreign country)
14. Exact Occupation Lumber Inspector
15. Industry or Business N P Ry Co

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Delia Nellie Reinhart
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Wilmota (City or town) S Dakota (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living. One
(c) Born alive and now dead. None (d) Stillborn. None

24. I HEREBY CERTIFY That I attended the birth of this child, who was. bornalin (born alive, stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by Delia N Coon (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** Nancy Jane Calloway M.D. of (D.O., Midwife, etc.) and address Date

26. (a) Sept 23 1940 (Date received) (b) Mae G. Attwood (Registrar's signature)

27. Given name added on by (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Washington
County of Spokane } ss.

I Nancy Jane Calloway, being first duly sworn, say that I am acquainted with (related to (or) acquainted with) Carroll Lewis Coon (Name of person on certificate above) and as acquaintance (Give relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Mary (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nancy Jane Calloway Name

P. O. Address

Subscribed and sworn to before me on this 17th day of September 1940

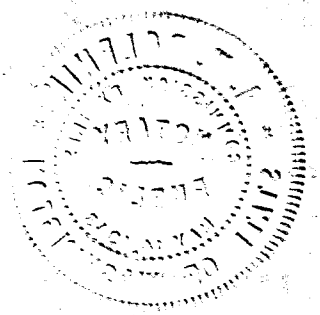
(SEAL) A. W. Dalglish Notary Public, residing at Spokane.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing.
Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



259-213-007-414

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Blaine
City of Soldier
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED
SEP 24 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

299581

CERTIFICATE OF BIRTH

299581

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Lillian Clare Berry

3. Sex Female | If plural births {4. Twin, triplet, or other ..... 5. Number, in order of birth .....} | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth May 13, 1906 (Month, Day, Year)

FATHER

9. Full name Henry Malcolm Berry
10. Residence (usual place of abode) (If non-resident, give place and State) Soldier
11. Color or race White | 12. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Iowa
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work Nov 1, 1907 | 17. Total time (years) spent in this work 5 yrs.

MOTHER

18. Full maiden name Bertha Leona Daugherty
19. Residence (usual place of abode) (If non-resident, give place and State) Soldier
20. Color or race White | 21. Age at last birthday 19 (years)
22. Birthplace (city or place) (State or Country) Creighton, Idaho
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, ~~typist, nurse, clerk, etc.~~ Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ..... 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... {months or weeks} | 30. Cause of Stillbirth ..... {During labor ..... Before labor .....}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) A. A. Berry Jr., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed Sep 24, 1940 Mae G. Atwood
Bureau of Vital Statistics
Registrar.

JAN 3 1946

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Washington
City of Cambridge
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

299589

AUG 26 '50

299589

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ada Matilda Schutt

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term X	7. Legitimate? yes	8. Date of birth Sept. 25, 1906 (Month, Day, Year)
female				

FATHER

9. Full name Claus Dietrich Schutt
10. Residence (usual place of abode) (If non-resident, give place and State) Cambridge
11. Color or race White | 12. Age at last birthday 49 (years)
13. Birthplace (city or place) (State or Country) Germany

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm
16. Date (month and year) last engaged in this work now engaged, 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Ida Josephine Johnson
19. Residence (usual place of abode) (If non-resident, give place and State) Cambridge
20. Color or race White | 21. Age at last birthday 36 (years)
22. Birthplace (city or place) (State or Country) Sweden

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work now engaged, 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....
(Date of)
.....
Registrar.

(Signed) ....., M. D.
or X Ida Josephine Schutt (mother), Midwife
Address Payette, Idaho
Filed Aug 26, 1950 Mae E. Atwood
Registrar.
Bureau of Vital Statistics

238-225-046-168

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
AUG 26 1940
County of Payette } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ida Josephine Schutt being first duly sworn says that she is the mother (Relationship of child)* of Ada Matilda Schutt born Sept. 25, 1906 (Date of birth) at Cambridge, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ada Matilda Schutt hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Schmitz, M. D., was the Midwife medical attendant at the birth of said Ada Matilda Shutt and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Ida Josephine Schutt

P. O. Address Payette, Idaho

Subscribed and sworn to before me this 29th day of July, 1940

Helen F. Dunn
Notary Public.

Residing at Payette, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

753-206-040-419

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Wardner
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED
SEP 30 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

299670

CERTIFICATE OF BIRTH

299670

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Katherine M. Petrinovich

3. Sex

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Oct 6, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Nicholas Petrinovich	18. Full maiden name Justina Maracich
10. Residence (usual place of abode) (If non-resident, give place and State) Wonder Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Wardner Ida
11. Color or race W | 12. Age at last birthday 41 (years)	20. Color or race W | 21. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Austria	22. Birthplace (city or place) (State or Country) Austria
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Miner	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House wife
16. Date (month and year) last engaged in this work ....., 19....	17. Total time (years) spent in this work 20
25. Date (month and year) last engaged in this work ....., 19....	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol.

28. Number of children of this mother 8 (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 2 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) J. R. Mason, M. D.

or ....., Midwife

Address .....

Filed Sep 30, 1940 Mae G Atwood Registrar.

Bureau of Vital Statistics

Mrs S. Colvin
Box 98
Kellogg, Idaho

241-112-028-663

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 299673

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299673
Local Reg. No.
Reg. Dist. No.

SEP 30 1940

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 23 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Rathdrum

3. **RESIDENCE OF FATHER** (city, state) Rathdrum

4. **FULL NAME OF CHILD** George Wolcott Bradbury

5. Date of Birth (Month, day, year) Feb 17th 1906

6. Sex. Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Herbert Bradbury
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace St. Anthony. Minn (City or town) (State or foreign country)
14. Exact Occupation Depty Sheriff Kootenai County
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Wolcott Bradbury
17. Color or Race White
18. Age at time of THIS birth 34 years
19. Birthplace Rice Lake. Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 P.M. on the date and at the place stated above, and that personal particulars were furnished by Cora Wolcott Bradbury (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) Sep. 30, 1940 (Date received by Registrar) (b) Mae D Atwood (Registrar's signature)

25. Attendant's **OWN signature** Mrs Hale E. Woolery M.D. or Midwife (D.O., Midwife, etc.)
and address Rathdrum Date Sept 25 1940

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Name

..... P. O. Address

Subscribed and sworn to before me on this 25th day of September 1940

(SEAL) ..... Notary Public, residing at ..... IDAHO.

NOTARY PUBLIC FOR THE STATE OF IDAHO
RESIDING AT RATHDRUM, IDAHO.
MY COMMISSION EXPIRES OCT. 10, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 3/3/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-230-018-843

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED SEP 30 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

299685 299685

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Clearwater (b) City Pierce
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 11 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Clearwater
(c) City Pierce
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state) Pierce Ida

4. **FULL NAME OF CHILD** Gladys Irene Warren
5. Date of Birth (Month, day, year) Aug. 30, 1906
6. Sex. Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 (nine) 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Aaron Smith Warren
11. Color or Race White
12. Age at time of THIS birth 64 yrs.
13. Birthplace Haverhill, Mass. (City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Meat Market

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ramsay Hutchinson
17. Color or Race White
18. Age at time of THIS birth 39 years
19. Birthplace Prince Edward's Island (City or town) (State or foreign country)
20. Exact Occupation Hotel Keeper
21. Industry or Business Hotel

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Sep. 30, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Nezperce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mary Warren, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Gladys Irene Warren (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Pesch (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Warren Name

Pierce Idaho P. O. Address

Subscribed and sworn to before me on this 24th day of September

(SEAL) Geneva Maynard Notary Public, residing at Pierce

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-106 [illegible]

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 2 1940

State File No. 299694
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Washington (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 6 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) Council

4. **FULL NAME OF CHILD** Hamlet Horatio Whiffin
5. Date of Birth (Month, day, year) April 6, 1906
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harry Eugene Whiffin
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Bedford (City or town), Iowa (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dara Belle Ryals
17. Color or Race white
18. Age at time of THIS birth 24 years
19. Birthplace [redacted] Boone Co. (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Oct. 2, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Harry E. Whiffin, being first duly sworn, say that I am related to (Related to (or) acquainted with) Hamlet H. Whiffin (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no attendant (Name of attendant at birth), who attended said birth.....(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Harry Eugene Whiffin Name
R. 1 Caldwell Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of October

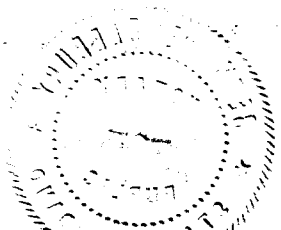
(SEAL) Beth Pendleton Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



666-118014-463

299701

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 299701
Local Reg. No.
Reg. Dist. No.

OCT 1 1940

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Vanwyck
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 1 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Vanwyck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Vanwyck
3. **RESIDENCE OF FATHER** (city, state) Vanwyck

4. **FULL NAME OF CHILD** Frank Lewis Wootan
5. Date of Birth (Month, day, year) March-18-1906
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George L Wootan
11. Color or Race American
12. Age at time of THIS birth 28 yrs.
13. Birthplace Caldwell (City or town) Idaho (State or foreign country)
14. Exact Occupation Bartender
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Douglas Moler
17. Color or Race American
18. Age at time of THIS birth 20 years
19. Birthplace Garnett (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Oct 1, 1940 (Date received) (b) Mae G Atwood (Registrar's signature)
27. Given name added on Bureau of Vital Statistics by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maud Wootan Hoffman, being first duly sworn, say that I am related to as mother (Related to (or) acquainted with) Frank L. Wootan (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Nogle (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Maud Wootan Hoffman Name
728 12th Street, Santa Monica, California P. O. Address

Subscribed and sworn to before me on this 30th day of September, 1940

(SEAL) Ethel F. Simpson Notary Public, residing at Santa Monica, California

My Commission Expires October 19, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/12/41. W.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-24-026-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. #299737

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Edith Bennett			2. Date of Birth (month) (day) (year): August 24 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Jefferson Co.	b. City or Town of Birth: Lewisville, Idaho	
FATHER	6. Full Name of Father: Bash L. Bennett			7. State or Country of Father's Birth: Fontanelle, Iowa	
MOTHER	8. Full Maiden Name of Mother: Alice Eva Williams			9. State or Country of Mother's Birth: Cambria, Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel Edith Bennett Bronk		11. Present Address of Registrant: 938 E. Bennett	
NOTARY (Seal)	Subscribed and sworn to before me on: October 21 1960	12. Signature of Notary: Lyn Bronk		13. Notary Commission expires: 7-7- 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #196921		Date Issued:	Date Orig. Entry: child born Nov. 28, 1931
	Date of Birth: age 25	Birth Place: Lewisville, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: LDS Church,		Date Issued: ----	Date Orig. Entry: baptized Aug. 1, 1915
	Date of Birth: Aug. 24, 1906	Birth Place: Jefferson County Lewisville, Idaho	Full Name of Mother: Alice Williams	Name of Father: Bash L. Bennett	
SUPPORTING RECORD 3.	Type of Document: Transcript of school credits	By whom issued and signed: Idaho State College, Pocatello Ida. Reten B. Jones, Registrar		Date Issued: Oct. 18, 1960	Date Orig. Entry: graduated Apr. 24, 1924
	Date of Birth: Aug. 24, 1906	Birth Place: Lewisville, Idaho	Full Name of Mother: Alice E. Williams	Name of Father: Bash L. Bennett	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Brown	Evidence reviewed by: Penny L. Wing nr	Date Filed: Oct. 25, 1960

FORM BH 56067

See #299737

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299737
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lewisville (b) City Jefferson
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay **BEFORE** delivery: SEP 27 1940
In Hosp. or Mat. Home no days.
In **THIS** county 20 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City Lewisville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address deceased
3. **RESIDENCE OF FATHER** (city, state) Rigby

4. **FULL NAME OF CHILD** Mabel Edith Bennett
5. Date of Birth (Month, day, year) Aug 24th, 1908
6. Sex female
7. Twin or Triplet single If so—born 1st, 2nd, 3rd 6
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Bash L. Bennett
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Fontanelle, Iowa (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Eva Williams
17. Color or Race white
18. Age at time of THIS birth 27 years
19. Birthplace Cambria Minnesota (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum no
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

26. (a) Sept. 27, 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

27. Given name added on.....by..... (Registrar's signature)

State of Idaho }
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bash L. Bennett, being first duly sworn, say that I am related (Related to (or) acquainted with) Mabel Edith Bennett (Name of person on certificate above) as her father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ruth Williams (Name of attendant at birth), who attended said birth is deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bash L. Bennett Name
Rigby Ida P. O. Address

Subscribed and sworn to before me on this 26 day of September 1940.

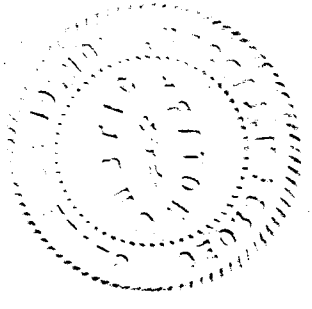
(SEAL) Georgia M. Lamson Notary Public, residing at Rigby, Idaho.

OCT 27 1958
OCT 25 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. -493- 1 24 001 -538 PLACE OF BIRTH

County of Ada

City of Boise

No. North 7th St. St.

(If born in hospital or institution give name.)

RECEIVED OCT 1 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

299785

Registration District No. ..... State File No. 299785

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD ROBERT LINCOLN MILLER

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature — Full term Yes

7. Legitimate? Yes

8. Date of birth November 24 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Charles T. Miller	18. Full maiden name Mary Bell Etherton
10. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida No. 7th St.	19. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida No. 7th
11. Color or race White | 12. Age at last birthday 34 (years)	20. Color or race White | 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Jackson County Illinois	22. Birthplace (city or place) (State or Country) Jackson County Illinois
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Owner	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hotel	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work April, 1909 | 17. Total time (years) spent in this work 5 yrs.	25. Date (month and year) last engaged in this work —, 19.. | 26. Total time (years) spent in this work —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag No3 - 1% solution

28. Number of children of this mother Five born alive (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 3 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 9 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John Bosick, M. D.

or ....., Midwife

Address Boise Idaho

Give name added from a supplemental report .....

(Date of)

Filed Oct. 1, 1940 Mae G. Atwood

Registrar.

Registrar.

Bureau of Vital Statistics

349-113-037-942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 299810

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 299810
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Owyhee (b) City Silver City
(c) Street Address or R F D No. Black Jack Mine
(d) Name of Hospital or Maternity Home
(e) Mother's stay **BEFORE** delivery: OCT 7 - 1940
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Black Jack Mine
3. **RESIDENCE OF FATHER** (city, state) Silver City, Idaho

4. **FULL NAME OF CHILD** John B. Cristani
5. Date of Birth (Month, day, year) June 13, 1906
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo.
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Adam Cristani
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Londrio, Italy (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Catherine Zubiani
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Londrio, Italy (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) 10-10-40 (Date received) (b) Mae D. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Nevada
County of Churchill } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Joha A. Cristani, being first duly sworn, say that I am related to (Related to (or) acquainted with) Joha B. Cristani (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. K. Hamilton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

John B. Cristani Name
Fallon, Nevada P. O. Address

Subscribed and sworn to before me on this 30 day of September, 1940

(SEAL) A. Baird Notary Public, residing at Fallon, Nev.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459-119-040-45-9

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 299869

RECEIVED OCT 7 1940

299869

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Shoshone
City of Wardner
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD William John Merrifield

3. Sex M
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth Mar 19, 1936 (Month, Day, Year)

FATHER

9. Full name James Merrifield
10. Residence (usual place of abode) (If non-resident, give place and State) Wardner
11. Color or race W | 12. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) England

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Miner
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Emma Grace Giles Merrifield
19. Residence (usual place of abode) (If non-resident, give place and State) Wardner
20. Color or race W | 21. Age at last birthday 30 (years)
22. Birthplace (city or place) (State or Country) Australia

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House wife
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol

28. Number of children of this mother 3 (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. R. Russon, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed Oct 7, 1940 Mae G. Atwood
Registrar.
Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

FEB 1 1949

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

299871

RECEIVED
OCT 7 - 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

299871

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Idaho
City of Grangeville
No. 706 S. State St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Grant Edward Green

3. Sex M | If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term X | 7. Legitimate? yes | 8. Date of birth 9-8 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Grant A Green	18. Full maiden name: Marie Louise Hancock
10. Residence (usual place of abode) (If non-resident, give place and State): Grangeville	19. Residence (usual place of abode) (If non-resident, give place and State): Grangeville
11. Color or race: W | 12. Age at last birthday: 33 (years)	20. Color or race: W | 21. Age at last birthday: 31 (years)
13. Birthplace (city or place) (State or Country): Lapeer Mich	22. Birthplace (city or place) (State or Country): Tiltonburg Ont. Can.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dentist	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: To Present, 1906 | 17. Total time (years) spent in this work: 13 yrs	25. Date (month and year) last engaged in this work: Present time 1906 | 26. Total time (years) spent in this work: 21 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child): Three
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 mos. { months or weeks | 30. Cause of stillbirth { Before labor ____ During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 5 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

(Signed) Marie Louise Green, M. D.
or mother, Midwife
Address _____

Filed Oct 7, 1940 Mae E. Atwood
Bureau of Vital Statistics Registrar.

Registrar.

795 - 108 - 025 - 815

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho } ss.
County of Idaho }

Marie Louise Green being first duly sworn says that

is the mother (Relationship of child)* of Grant Edward Green

born 9-8-1906 (Date of birth) at Grangeville, Idaho,

whose certificate of birth is hereto attached, and that Marie L. Green desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Grant E. Green

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D., was the Midwife medical attendant at the birth of said Grant E. Green and that the said medical attendant is G. E. Stockton deceased (Now deceased (or) cannot be located)

Name of Affiant Marie L. Green

P. O. Address Grangeville Ida.

Subscribed and sworn to before me this 4 day of October, 19 36

Notary Public.

Residing at Grangeville, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

AUG 26 1971

APR 10 1952

DEC 23 [illegible]

995-109-039-593

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 299874

State File No. 299874
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH:**
(a) County Minidoka (b) City Rupert
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: at mothers home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years 6 months days.

RECEIVED OCT 7 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No. Box 123
(e) How long has **MOTHER** lived in Idaho? 34 yrs.
(f) Mother's mailing address Box 123 Rupert Idaho
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lloyd Moffitt Rieman
5. Date of Birth (Month, day, year) Aug 9th 1906
6. Sex. male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy nine
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Lee Rieman
11. Color or Race white
12. Age at time of THIS birth 21 yrs.
13. Birthplace Manhato (City or town) Kansas (State or foreign country)
14. Exact Occupation Farming (Drug clerk)
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alcia Adele Vilott
17. Color or Race white
18. Age at time of THIS birth 20 years
19. Birthplace Manhato (City or town) Kansas (State or foreign country)
20. Exact Occupation Farming (Designer)
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. One (b) Born alive and now living. Yes
(c) Born alive and now dead. None (d) Stillborn. None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Oct. 7, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on by (Registrar's signature)
Bureau of Vital Statistics

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alcia Adele Vilott Rieman being first duly sworn, say that I am related to (Related to (or) acquainted with) Lloyd Moffit Rieman (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. William T. Rowley (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alcia Vilott Rieman Name
Box 123 Rupert Idaho P. O. Address

Subscribed and sworn to before me on this 3d day of October 1940

(SEAL) A. T. Rieman Notary Public, residing at Rupert, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

193-122-044-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299901
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County WASHINGTON (b) City Weiser
(c) Street Address or R.F.D No. C/O IDAHO INDUSTRIAL INSTITUTE
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. In **THIS** county 4 years 3 months 22 days.

RECEIVED OCT 14 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County WASHINGTON
(c) City WEISER
(d) Street Address or R.F.D. No. C/O IDAHO INDUSTRIAL INST.
(e) How long has **MOTHER** lived in Idaho? 4+ yrs.
(f) Mother's mailing address C/O IDAHO INDUSTRIAL INST.

3. **RESIDENCE OF FATHER** (city, state) WEISER IDAHO

4. **FULL NAME OF CHILD** RAYMOND WILCOX JILLSON

5. Date of Birth (Month, day, year) 10/22/06

6. Sex Male

7. Twin or Triplet X

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Leonard LeRoy Jillson
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace SOUTH HAVEN (City or town), MICHIGAN (State or foreign country)
14. Exact Occupation BUILDER & INSTRUCTOR in WOODWORKING
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Wilcox
17. Color or Race WHITE
18. Age at time of THIS birth 33 years
19. Birthplace SOUTH HAVEN (City or town), MICHIGAN (State or foreign country)
20. Exact Occupation HOUSE KEEPING
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) ____ (Date received) (b) Mae G. Atwood (Registrar's signature) Bureau of Vital Statistics

27. Given name added on ____ by ____ (Registrar's signature)

Attendant's **OWN** signature ____ M.D. or ____ (D.O., Midwife, etc.)
and address ____ Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Leonard LeRoy Jillson, being first duly sworn, say that I am father of (Related to (or) acquainted with) Raymond Wilcox Jillson (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. S. B. Dudley (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Leonard LeRoy Jillson Name
5725 Fayette St. Los Angeles Calif. Address

Subscribed and sworn to before me on this 11 day of October 1940

(SEAL) Winifred Kinsley Notary Public, residing at Los Angeles, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. St Josephs Hospital St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 14 1940

CERTIFICATE OF BIRTH

299902

Registration District No. 220 State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Gerald Adams Calhoun

3. Sex Male
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term ✓
7. Legitimate? yes
8. Date of birth Jan 22, 1940 (Month, Day, Year)

FATHER

9. Full name Henry Clay Calhoun
10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston
11. Color or race White | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Michigan

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Normal School
16. Date (month and year) last engaged in this work , 19
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Maude Harriet Struble
19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston
20. Color or race White | 21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or Country) Michigan

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work , 19
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn
29. If stillborn, period of gestation { months or weeks
30. Cause of Stillbirth { During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report Henry C Calhoun Sr (Date of)

X (Signed) Mrs Maude Calhoun, M. D.
or , Midwife
Address 1223 W 41st Las Angeles, Cal.
Filed Oct 5, 1940 Patricia Kuske Deputy Registrar.

Registrar.

Send to:
Health Unit
Lewiston, Idaho

1967

with 50 ¢

313 - 122 - 035 - 239

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

OCT 14 1940

AFFIDAVIT

State of California } ss.
County of Los Angeles }

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Maude Calhoun being first duly sworn says that she is the mother (Relationship of child)* of Gerald Adams Calhoun born January 22 1906 (Date of birth) at Lewiston, Idaho, whose certificate of birth is hereto attached, and that Maude Calhoun desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Gerald Adams Calhoun hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that C. W. Shiff, M. D., was the Midwife medical attendant at the birth of said Gerald Adams Calhoun and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

X Name of Affiant Mrs Maude Calhoun

P. O. Address 1223 W 41 St St

Subscribed and sworn to before me this 23rd day of September, 1940

A A Luthey
Notary Public.

NOTARY PUBLIC
In and for the County of Los Angeles, State of California
Residing at Commission Expires July 27, 1943, ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

255-191035-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

299905

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299905
Local Reg. No.
Reg. Dist. No. 225

1. **PLACE OF BIRTH**
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years 9 months 20 days.

RECEIVED
OCT 14 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Lewiston Idaho

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Elizabeth Metta Benton

5. Date of Birth (Month, day, year) Feby 19th 1906

6. Sex Female

Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy Full

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Beaumont Benton
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Perrysville (City or town) Indiana (State or foreign country)
14. Exact Occupation Warehouse man
15. Industry or Business Grain Company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Louise Walby
17. Color or Race White
18. Age at time of THIS birth 30 years
19. Birthplace Anaheim (City or town) California (State or foreign country)
20. Exact Occupation Home Mfr
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argerol
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2
(c) Born alive and now dead —— (d) Stillborn ——

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 15 1940 (Date received) (b) Patricia Burke (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Pacific }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I William B Benton being first duly sworn, say that I am Related to (Related to (or) acquainted with) Elizabeth Metta Benton (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 130, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Doctor (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William B Benton Name

Deep River Wash. P. O. Address

Subscribed and sworn to before me on this 2 day of October 1940

(SEAL) C. Arthur Apple Notary Public, residing at Deep River Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-117-003-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

299912

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299913
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Pocatello
(c) Street Address or R F D No. Company Row (OSL Ry)
(d) Name of Hospital or Maternity Home: ---
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home --- days.
In **THIS** county --- years --- months --- days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Company Row (OSL)
(e) How long has **MOTHER** lived in Idaho? 2 yr.
(f) Mother's mailing address Pocatello, Idaho

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Id

4. **FULL NAME OF CHILD** Louis Albert Richardson, Jr.

5. Date of Birth (Month, day, year) 1/17/06

6. Sex. Male

7. Twin or Triplet -----

If so—born 1st, 2nd, 3rd -----

8. No. months of Pregnancy ----

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Louis Albert Richardson
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Bucklin, Mo. (City or town) (State or foreign country)
14. Exact Occupation Rwy. Mech. Supervisor. O.S.L.Ry.
15. Industry or Business Transportation

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mahala Clair Richardson
17. Color or Race White
18. Age at time of THIS birth 30 years
19. Birthplace Ft. Steele, Wyo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum -----
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 9 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Illinois
County of Cook } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Dorothy R Porterfield, being first duly sworn, say that I am related to (Related to (or) acquainted with) Louis Albert Richardson, Jr (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Unknown (Name of attendant at birth), who attended said birth Not known (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Dorothy R Porterfield Name

Avon Park, Florida. P. O. Address

Subscribed and sworn to before me on this 7th day of October 1940.

(SEAL) Carl E Hansen Notary Public, residing at Chicago Ill.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1950

1 copy issued 10/24/40 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-110-014-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

299917

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299917
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Nampa
(c) Street Address or R F.D No. none
(d) Name of Hospital or Maternity Home: residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Nampa

3. **RESIDENCE OF FATHER** (city, state) Nampa Ida

4. **FULL NAME OF CHILD** Milton Hart Annett

5. Date of Birth (Month, day, year) Aug 10-1906

6. Sex Male

7. Twin or Triplet ✓ If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Frank Annett
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Cheyenne (City or town) Wyo. (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business Ind.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Amelia Hart
17. Color or Race white
18. Age at time of THIS birth 20 years
19. Birthplace Boise (City or town) Ida. (State or foreign country)
20. Exact Occupation house-wife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:15 a M. on the date and at the place stated above, and that personal particulars were furnished by Emma Annett (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Oct. 7, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Vital Statistics by (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of California
County of Alameda } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Annett, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Milton Hart Annett (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Miller M.D. (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma Annett Name
621 Jean St Oakland Cal. P. O. Address

Subscribed and sworn to before me on this 3rd day of October 1940

(SEAL) James C Starmer Notary Public, residing at Alameda Co.

My Commission Expires March 13, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 10-12-40 mtg

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. ____ St. Idaho
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

299976

CERTIFICATE OF BIRTH

299976

Registration District No. ____ State File No. ____
OCT 10 1940
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Florena May Richards

3. Sex	If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____	6. Premature no — Full term yes	7. Legitimate? yes	8. Date of birth April 2, 1906 (Month, Day, Year)
Female				

FATHER

9. Full name William Charles Richards
10. Residence (usual place of abode) (If non-resident, give place and State) Pocatello Ida
11. Color or race white | 12. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Llanelly S. Wales Engl

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Eng.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Oregon Short Line R R Co
16. Date (month and year) last engaged in this work April 5 yrs, 1906 | 17. Total time (years) spent in this work 5 yrs

MOTHER

18. Full maiden name Annie Margaret Bowman
19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello Ida
20. Color or race white | 21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or Country) Wilmar, Minn

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own Home
25. Date (month and year) last engaged in this work 5 yrs - 1921, 19 | 26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living yes (b) Born alive but now dead no (c) Stillborn no

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth — During labor ✓ Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

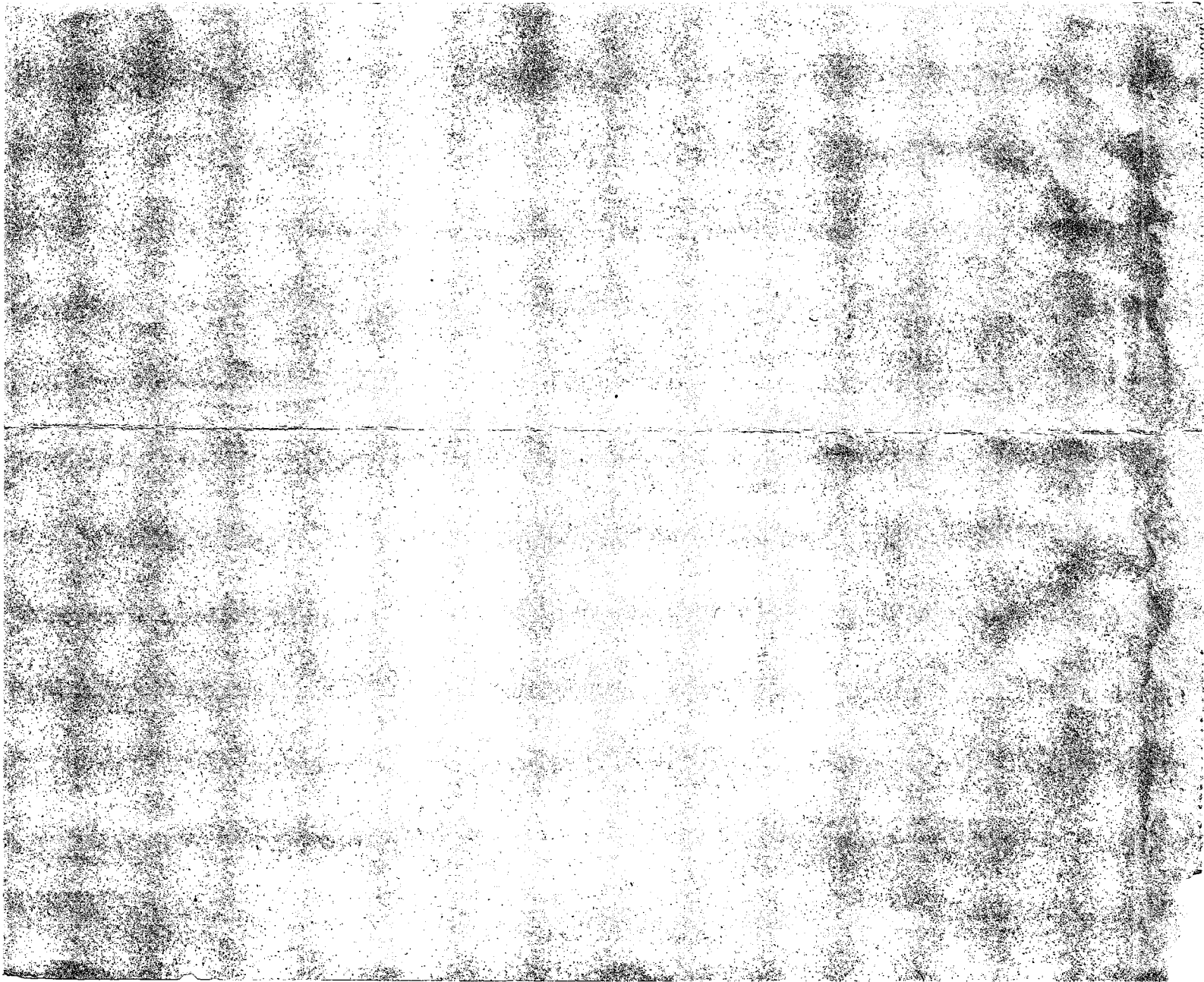
I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Emma Margrett Richards M. D.
mother Midwife
or ____
Address 613 N. Sutter St, Stockton Cal.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

Filed Oct. 10, 1940 Mae G. Atwood
Registrar.
Bureau of Vital Statistics



943-202-003-266

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of San Joaquin } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Annie Margaret Richards being first duly sworn says that

She is the Mother (Relationship of child)* of Florence May Richards

born April 2 1936 (Date of birth) at Pocatello Ida., Idaho,

whose certificate of birth is hereto attached, and that I desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Florence May Richards

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ....., M. D., was the Midwife

medical attendant at the birth of said ..... and that

the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Annie Margaret Richards

P. O. Address 613 N. Sutter St. Stockton Cal

Subscribed and sworn to before me this 5 day of Oct., 19 40

Louis N. Pokle
Notary Public.

Residing at Stockton Calif., ~~Idaho~~.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

866-120-035-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

299978

State File No. 299978
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Kippen
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 10 years.....months.....days.

OCT 10 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Kippen
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Rt 1 Grandview Wn.

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Ernest Ira Howe

5. Date of Birth (Month, day, year) July 20, 1906

6. Sex M.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? —

FATHER OF CHILD

10. **FULL NAME** Ira Rolderson Howe
11. Color or Race W
12. Age at time of THIS birth 55 yrs.
13. Birthplace Des Moines Ia. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Jane Stanley
17. Color or Race W.
18. Age at time of THIS birth 36 years
19. Birthplace [redacted] (City or town) Alice (State or foreign country)
20. Exact Occupation Housewife Iowa
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. **Number of children of this mother:** (a) At time of birth and including this child 8 (b) Born alive and now living 9 (c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at 7 a M. on the date and at the place stated above, and that personal particulars were furnished by Alice Jane Moore (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) 10-7-40 (Date received) (b) [illegible] (Registrar's signature)

Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

27. Given name added on.....by..... (Registrar's signature)

State of Wash } ss.
County of Yakima }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alice Jane Moore, being first duly sworn, say that I am related to (Related to (or) [redacted]) Ernest Ira Howe (Name of person on certificate above) Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Cora Smith (Name of attendant at birth), who attended said birth (Is now deceased (or) [redacted]) and that this birth **has not been previously recorded.**

Alice Jane Moore Name
Rt 1 Grandview, Wn. P. O. Address

Subscribed and sworn to before me on this 7 day of October 1940

(SEAL) [illegible] Notary Public, residing at Yakima Wn.
Chief Depaudetor

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 25 40

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

995-127.01X-192

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO 299985

299985

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D No. 1603-2nd St. S.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

OCT 10 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 1603-2nd St. S.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address 1603-2nd St. S.
3. **RESIDENCE OF FATHER** (city, state) Nampa, Ida.

4. **FULL NAME OF CHILD** Edmund Albert Riebe
5. Date of Birth (Month, day, year) Mar. 27th 1906
6. Sex M.
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Edmund Fredrick Riebe
11. Color or Race W.
12. Age at time of THIS birth 29 yrs.
13. Birthplace Madison (City or town) Wis. (State or foreign country)
14. Exact Occupation Barber.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Arkus
17. Color or Race W.
18. Age at time of THIS birth 25 years
19. Birthplace Minneapolis (City or town) Minn. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag. NO3.
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living —
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Josephine Riebe (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Oct 10, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** Geo. A. McKeon M.D. or (D.O., Midwife, etc.)
and address Nampa, Idaho. Date 10-8-40

State of..... } ss.
County of..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-225-030-463

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 300052
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Salmon
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. In **THIS** county 14 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....

OCT 14 1940

4. **FULL NAME OF CHILD** Frances Elizabeth Smith
5. Date of Birth (Month, day, year) May 25, 1906
6. Sex. female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9mo.
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Smith
11. Color or Race White
12. Age at time of THIS birth 60 yrs.
13. Birthplace Cumberland (City or town) England (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business Mining & Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Louise Dolphmire
17. Color or Race white
18. Age at time of THIS birth 40 years
19. Birthplace Provo, (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont know
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at evening M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Eva Mackey (First name) (Last name), who is related to this child as Sister (Mother, etc.). The Father and Mother are now deceased.

26. (a) Oct. 14 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

25. Attendant's **OWN signature** Mrs Eva Mackey M.D. or Sister (D.O., Midwife, etc.)
and address Salmon, Idaho Date 9/29/40

27. Given name added on Bureau of Vital Statistics by (Registrar's signature)

State of Idaho, } ss.
County of Lemhi. }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Eva Mackey, being first duly sworn, say that I am sister of (Related to (or) acquainted with) Frances Elizabeth Smith (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kinney (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Eva Mackey Name
Salmon, Idaho P. O. Address

Subscribed and sworn to before me on this 29th day of September, 1940.

(SEAL) W. W. Simmonds XXXXXXXXXXXXXXX Notary Public, residing at
Clerk of the District Court. Lemhi County, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

CC 10-26-40 —P

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

867-124-014-639

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

300076

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 16 1940

State File No. 300076
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years 17 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 months yrs.
(f) Mother's mailing address Nampa

3. **RESIDENCE OF FATHER** (city, state) Nampa Ida

4. **FULL NAME OF CHILD** Leroy Eugene Hogue

5. Date of Birth (Month, day, year) Dec. 24th 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Hogue
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Mt. Vernon Ill. (City or town) (State or foreign country)
14. Exact Occupation Iron Moulder
15. Industry or Business Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola Lwoda Flint
17. Color or Race White
18. Age at time of THIS birth 18 years
19. Birthplace Annie Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct. 16, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Viola Hogue Paulson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Roy Eugene Hogue (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Will Rogers (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Viola Hogue Paulson Name
1836 S.E. 43rd Ave Portland, Oregon P.O. Address

Subscribed and sworn to before me on this 15th day of October, 1940

(SEAL) Nan Irishi Notary Public, residing at Portland, Oregon

My commission expires Jan. 3, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1957

One copy 10/28/40 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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385-127-023 319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 300077
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Gem (b) City Ola
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 10 days. In **THIS** county 9 years 10 months 26 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.
(f) Mother's mailing address Emmett, Idaho
3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Henry Eldon Cherry
5. Date of Birth (Month, day, year) July 27, 1906
6. Sex. Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Parley Pratt Cherry
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Lewiston (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Mae Carlock
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Albany (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Oct 18, 1940 (Date received) (b) Mae G Attwood (Registrar's signature)

27. Given name added on ____ by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. or ____ (D.O., Midwife, etc.)
and address ____ Date

State of Idaho } ss.
County of Gem }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Ethel Mae Hackett, being first duly sworn, say that I am Related (Related to (or) acquainted with) Henry Eldon Cherry (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Charles Thompson (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Ethel Mae Hackett ____ Name
Emmett, Idaho ____ P. O. Address

Subscribed and sworn to before me on this 17 day of October, 1940

(SEAL) ____ Notary Public, residing at Emmett, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1968

One copy 10/28/40 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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795-101-035-364

STATE OF IDAHO 3000100
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

300100

OCT 22 1940

1. PLACE OF BIRTH
County of Nez Perces
City of Gifford Idaho
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Thomas Donovan Pinkerton

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Aug 1st, 1906 (Month, Day, Year)

FATHER
9. Full name Jesse G. Pinkerton
10. Residence (usual place of abode) (If non-resident, give place and State) Gifford Idaho
11. Color or race white 12. Age at last birthday x28 (years)
13. Birthplace (city or place) x Colombus (State or Country) Ohio

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER
18. Full maiden name Lona Lough
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race white 21. Age at last birthday x27 (years)
22. Birthplace (city or place) x Cassville (State or Country) Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 3 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I ~~attended~~ was present at the birth of this child, who was born alive (Born Alive or Stillborn) at about 10:or 11: P.M. P.M. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs. George Gaignard, ~~M. D.~~
or
Address (My late husband Dr. George Gaignard was the attending physician and I was his assistant.)

Give name added from a supplemental report (Date of)

Filed Oct 15th, 1940 Mae G. Atwood
Registrar.

(My present address nurses home St. Joseph Hospital Lewiston Idaho)

Bureau of Vital Statistics Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

[illegible]

[illegible]

719730006-543

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

301180

State File No. 301180
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Blackfoot
(c) Street Address or R F D No. Same as above
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: OCT 17 1940
In Hosp. or Mat. Home.....days.
In **THIS** county one years two months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Blackfoot, Idaho

3. **RESIDENCE OF FATHER** (city, state) same as

4. **FULL NAME OF CHILD** Graham Nuttall Parkinson

5. Date of Birth (Month, day, year) June, 30, 1906

6. Sex. male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Franklin Chandler Parkinson
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Kaysville, Utah (City or town) (State or foreign country)
14. Exact Occupation Real Estate
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Nuttall
17. Color or Race white
18. Age at time of THIS birth 42 years
19. Birthplace Manchester, England (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of silver 2% Sol.
23. Number of children of this mother: (a) At time of birth and including this child 10. (b) Born alive and now living 10. (c) Born alive and now dead 0. (d) Stillborn 0.

24. I HEREBY CERTIFY That I attended the birth of this child, who was male alive (born alive, stillborn) at 6:00 P.M. on the date and at the place stated above and that personal particulars were furnished by Ada Nuttall Parkinson (First name) (Last name), who is related to this child as mother. (Mother, etc.)

26. (a) Oct 15 1940 (Date received) (b) Mrs Charles E Patrie (Registrar's signature)

25. Attendant's **OWN signature** M. E. Patrie M.D. (D.O., Midwife, etc.) and address Blackfoot, Ida Date Oct 15, 1940

27. Given name added on.....by.....
(Registrar's signature)

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am.....
(Related to (or) acquainted with)
.....as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413108 003 955

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

301248

State File No. 301248
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Pocatello
(c) Street Address or R F.D No. 1200 block So. 5th
(d) Name of Hospital or Maternity Home: stayed home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years.....months.....days.

OCT 23 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 1200 block So. 5th
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Pocatello, Idaho

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Ida

4. **FULL NAME OF CHILD** William Leo Mathews

5. Date of Birth (Month, day, year) May 8, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Henry Mathews
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ann Iverson
17. Color or Race white
18. Age at time of THIS birth 26 years
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Oct 23 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.) and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Ann Mathews, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Leo Mathews (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that nurse (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sarah Ann Mathews Name
Route 1 South Pocatello Ida. P. O. Address

Subscribed and sworn to before me on this 17th day of Oct, 1940

(SEAL) E. Hopkins Notary Public, residing at Pocatello Ida.

Notary Public residing at Pocatello, Idaho
My commission expires Aug. 19, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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356-119 001-512

30125-1 **301257**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Ida
City of Boise
No. Fort Street St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lloyd Hugo Leonard

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Feb 19, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name William Henry Leonard	18. Full maiden name Alma Vasold
10. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida
11. Color or race W | 12. Age at last birthday 30 (years)	20. Color or race W | 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Mo.	22. Birthplace (city or place) (State or Country) Mich.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. contractor	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% silver nitrate

28. Number of children of this mother I (At time of this birth and including this child) (a) Born alive and now living I (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at — m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

(Signed) John Boick, M. D.
or ....., Midwife
Address Boise Ida
Filed 10/29, 1940 Mae G. Atwood
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

one copy 10/29/40 L.B.

JUL 3 1972

SEP 2 8 1944

569102 04942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 30125

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **301275**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Caldwell
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Richard Russell Norman
5. Date of Birth (Month, day, year) Dec. 2, 1906
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. **FULL NAME** Charles E. Norman	16. **FULL MAIDEN NAME** Nellie Russell
11. Color or Race white	17. Color or Race white
12. Age at time of THIS birth 31 yrs.	18. Age at time of THIS birth 25 years
13. Birthplace Vermont (City or town) New York (State or foreign country)	19. Birthplace Lansing (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by (Mother: Mae G. Atwood) (First name) (Last name), who is related to this child as

26. (a) Oct. 30, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. C. E. Norman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Richard Russell Norman (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J. S. Meyers, M. D. (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. C. E. Norman. Name

Parma, Idaho Route #1 P. O. Address

Subscribed and sworn to before me on this 30th day of October, 1940

(SEAL)

Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 20 1942

one copy 10/30/40 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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666-127 022 154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

301287 **301287**

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Rexburg
(c) Street Address or R F.D No. —
(d) Name of Hospital or Maternity Home: In Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
In **THIS** county 3 years — months — days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Seattle Wash

3. **RESIDENCE OF FATHER** (city, state) " "

4. **FULL NAME OF CHILD** Robert Raymond Fowler

5. Date of Birth (Month, day, year) 3/27/1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Robert Lorenzo Fowler
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Lehi (City or town) UTAH (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christia V. Anderson Fowler
17. Color or Race White
18. Age at time of THIS birth 30 years
19. Birthplace Lehi (City or town) UTAH (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 10/26/40 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Robert L. Fowler, being first duly sworn, say that I am Realated to (Related to (or) acquainted with) Raymond Robert Fowler (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Not Known (Name of attendant at birth), who attended said birth Not Known (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Robert L. Fowler Name
11036 Alton Ave NE P. O. Address

Subscribed and sworn to before me on this 20 day of October

(SEAL) W. H. Lohmann Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

one copy issued 10/31/40 L.B.

DELAYED REGISTRATION LAW

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343-105-001-391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301301
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R F D No 1020 Warm Springs ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 30 years.....months.....days.

OCT 23 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No 1020 W. S. Avenue
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state) Boise, Ida.

4. **FULL NAME OF CHILD** John Craig Tucker
5. Date of Birth (Month, day, year) 1—5—1906
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Tucker
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Rochester (City or town), New York (State or foreign country)
14. Exact Occupation Cab business owner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Jane Craig
17. Color or Race White
18. Age at time of THIS birth 40 years
19. Birthplace Ottawa (City or town), Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Oct 23, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Boise } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Tucker, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Craig Tucker (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Collister (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Margaret Jane Tucker Name
Garden Valley, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of October, 1940

(SEAL)

Claude V. Marcus Notary Public, residing at Idaho City, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1967

NOV 30 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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214-105-028 793

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of
No. ____ St.
near Cataldo
(If born in hospital or institution give name.)

RECEIVED
OCT 21 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. **301312**
Prim. Registration District No. ____ Local Registrar's No. ____

2. **FULL NAME OF CHILD** Carl Richard Kamlin

3. Sex Male | **If plural births** 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ____ | 7. Legitimate? ____ | 8. Date of birth Feb 5, 1916 (Month, Day, Year)

FATHER

9. Full name Carl Eric Kamlin
10. Residence (usual place of abode) (If non-resident, give place and State) ____
11. Color or race White 12. Age at last birthday 45 (years)
13. Birthplace (city or place) (State or Country) Sweden

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gas Farmer and Logger
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Margaret Gillies
19. Residence (usual place of abode) (If non-resident, give place and State) ____
20. Color or race White 21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or Country) Texas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper and Cook
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work Since groom

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was [redacted] Alive at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) ____, M. D.
or Mrs Cora E Norton, Midwife
Address ____
Filed Oct 21, 1940 Mae G. Attwood
Bureau of Vital Statistics Registrar.

APR 1 1942

4789-210028-255

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**

County of Kootenai

City of Coeur D'Alene, Idaho

No. Echo Bay St.

None

(If born in hospital or institution give name.)

OCT 30 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

301321

CERTIFICATE OF BIRTH

Registration District No. 121 State File No.

Prim. Registration District No. Local Registrar's No. 363

2. **FULL NAME OF CHILD** Carol Adeline Philip

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female	4. Twin, triplet, or other ... 5. Number, in order of birth ...	Full term x	Yes	Nov. 10, 1906

FATHER

9. Full name: Archie Philip

10. Residence (usual place of abode) (If non-resident, give place and State): Coeur D'Alene, Idaho

11. Color or race: White | 12. Age at last birthday: 39 (years)

13. Birthplace (city or place) (State or Country): England

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Timber cruiser

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Woods

16. Date (month and year) last engaged in this work: Nov., 1906

17. Total time (years) spent in this work: 12 years

MOTHER

18. Full maiden name: Nellie I. Kenyon

19. Residence (usual place of abode) (If non-resident, give place and State): Coeur D'Alene, Idaho

20. Color or race: White | 21. Age at last birthday: 34 (years)

22. Birthplace (city or place) (State or Country): Sparta, Wisconsin

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home

25. Date (month and year) last engaged in this work: , 19

26. Total time (years) spent in this work: 13 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Don't know

28. Number of children of this mother (At time of this birth and including this child)
Six
(a) Born alive and now living 2 (b) Born alive but now dead 4 (c) Stillborn x

29. If stillborn, period of gestation ... months or weeks

30. Cause of Stillbirth ... During labor ... Before labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 12 Noon on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Archie Philip Father

Address Marshfield, Oregon

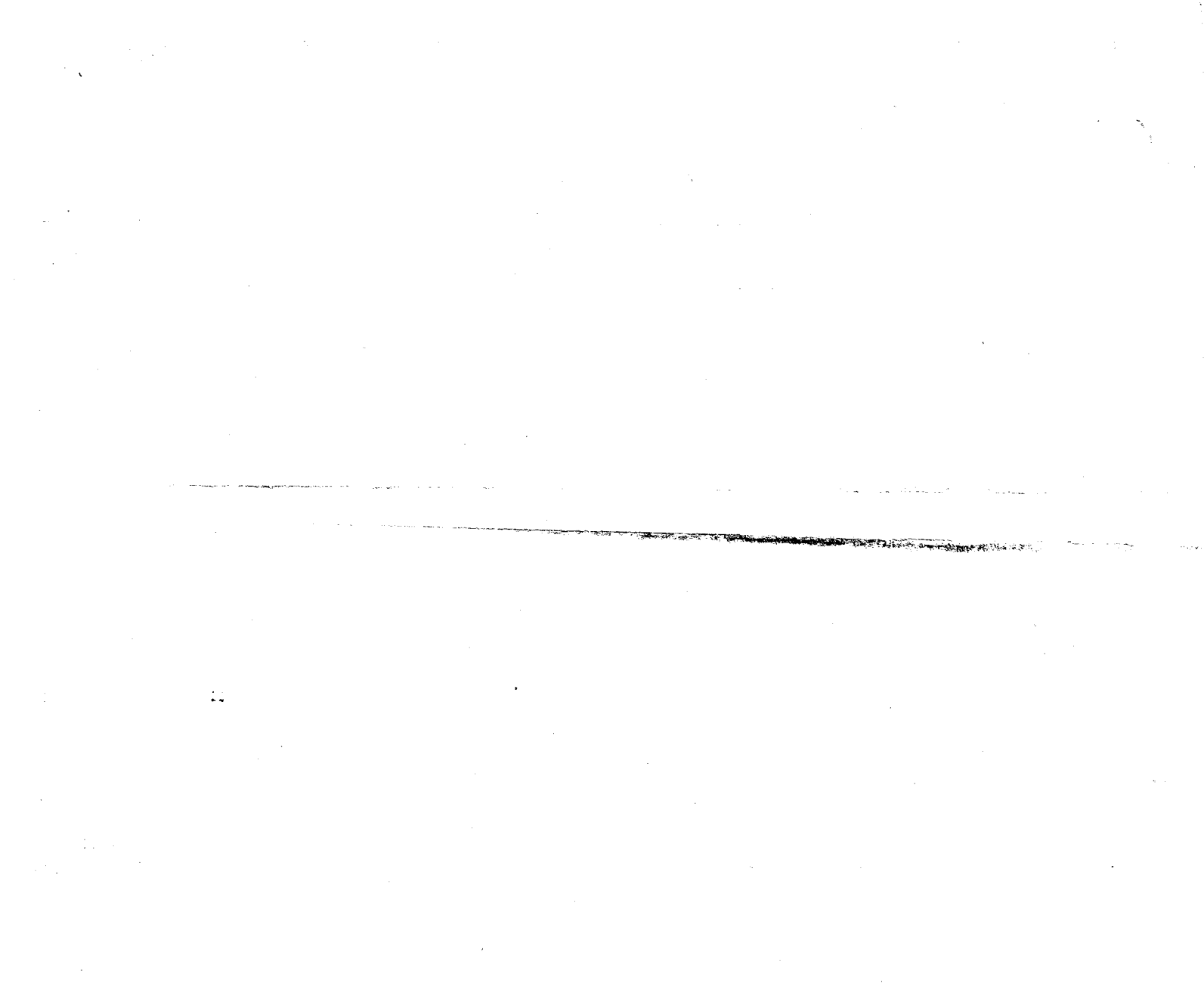
Give name added from a supplemental report ...

(Date of)

Filed 10-28, 1940

Registrar.

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Coos } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Archie Philip being first duly sworn says that

I am ~~xx~~ the father (Relationship of child)* of Carol Adeline Philip

born November 10th, 1906 (Date of birth) at Coeur D'Alene, Idaho,

whose certificate of birth is hereto attached, and that I desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Carol Adeline Philip

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that the attending physician and midwife are deceased ~~M. D. was the Midwife~~

~~medical attendant at the birth of said and that the said mother~~ (Now deceased (or) cannot be located)

Name of Affiant Archie Philip

P. O. Address Marshfield, Oregon

Subscribed and sworn to before me this 25th day of October, 19 40

Orin J. Bernhardt
Notary Public.

Residing at Marshfield, Oregon, Idaho.
My Comm. expires: 7/25/43

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

11/1/40 L.B.

A819-112-028-7166

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of KOOTENAI

City of COEUR D'ALENE

No. 1006 CD'A AVENUE St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

301328

OCT 30 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD JOHN LOUIS HARRISON

3. Sex MALE

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term YES

7. Legitimate? YES

8. Date of birth JUNE 12 1906 (Month, Day, Year)

FATHER

9. Full name JAMES HARRISON

10. Residence (usual place of abode) (If non-resident, give place and State) C Da

11. Color or race WHITE 12. Age at last birthday 39 (years)

13. Birthplace (city or place) (State or Country) Guelph, Ont., Canada

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mill

16. Date (month and year) last engaged in this work June 12, 1906

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name LAURA ADELAIDE LOOLE ~~HARRISON~~

19. Residence (usual place of abode) (If non-resident, give place and State) C Da

20. Color or race White 21. Age at last birthday 27 (years)

22. Birthplace (city or place) (State or Country) Ellsworth, Wis.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Teacher

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. School

25. Date (month and year) last engaged in this work June, 1904

26. Total time (years) spent in this work 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? unknown

28. Number of children of this mother (At time of this birth and including this child) 1 (a) Born alive and [illegible] living 1 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks

30. Cause of Stillbirth — During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Laura Harrison, MOTHER

or ....., Midwife

Address 1006 - CD'Alene Ave Coeur d'Alene Ida

Give name added from a supplemental report ..... (Date of)

Filed Oct. 30, 1940, 193 Mae G. Atwood Registrar.

Registrar.

Certified Copy issued October 31, 1940. E.W.

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho, ss.

County of Kootenai

Laura Harrison, being first duly sworn says that she is the mother (Relationship of child)* of John Louis Harrison, born June 12th, 1906 (Date of birth) at Coeur d' Alene, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said John Louis Harrison, hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Watts, M. D., was the ~~Midwife~~ medical attendant at the birth of said John Louis Harrison, and that the said medical attendant is deceased cannot be located (Now deceased (or) cannot be located)

Name of Affiant Laura Harrison.

P. O. Address 1006 Coeur d' Alene, Idaho, Ave., Coeur d' Alene, Idaho,

Subscribed and sworn to before me this 25th day of October, 1940.

Notary Public.

Residing at Coeur d' Alene, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A847107028495

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

301362

OCT 28 1940

1. PLACE OF BIRTH
County of Kootenai
City of Newport
No. None St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 301362
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD BYRON ORVILLE SCOTT HUGHES

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term x
7. Legitimate? yes
8. Date of birth June 7, 1906 (Month, Day, Year)

FATHER

9. Full name: Henry Franklin Hughes
10. Residence (usual place of abode) (If non-resident, give place and State) Newport, Ida.
11. Color or race White | 12. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Decatur, Illinois

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dentist
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work: June 7, 1906
17. Total time (years) spent in this work: six

MOTHER

18. Full maiden name: Minnie Alta Diehl
19. Residence (usual place of abode) (If non-resident, give place and State) Newport, Idaho
20. Color or race White | 21. Age at last birthday 30 (years)
22. Birthplace (city or place) (State or Country) Adair County, Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
25. Date (month and year) last engaged in this work: June 7, 1906
26. Total time (years) spent in this work: four

27. What prophylactic was used to prevent Ophthalmia Neonatorum? not known

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was June 7, 1906 at 9:00 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) ....., M. D.
or ....., Midwife
Address .....

Filed Oct. 28 1940, 193 Mae G Atwood
Registrar.
Bureau of Vital Statistics

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington } ss.
County of Spokane }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Minnie Alta Hughes being first duly sworn says that she is the Mother (Relationship of child)* of Byron Orville Scott Hughes born June 7, 1906 (Date of birth) at Newport, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Byron Orville Scott Hughes hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Ainsworth and Dr. Phillips ,M.D. were ~~XXXXXXXX~~ the ~~Midwife~~ medical attendant at the birth of said Byron Orville Scott Hughes and that the said medical attendant~~s~~ are deceased (Now deceased (or) cannot be located)

Name of Affiant Minnie Alta Hughes

P. O. Address Opportunity, Washington

Subscribed and sworn to before me this 24th day of October, 19 40

Notary Public.

Residing at Spokane, Wash., ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 25 1940

State File No. 30136 8
Local Reg. No. 301368
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lewis (b) City Winchester
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 1 years 3 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City Winchester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.
(f) Mother's mailing address now: Oakland, Calif (1252-73d Ave.)
3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Roy Osborne
5. Date of Birth (Month, day, year) Dec. 18, 1906
6. Sex. M
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. **FULL NAME** John C. Osborne	16. **FULL MAIDEN NAME** Sarah Burke
11. Color or Race White	17. Color or Race white
12. Age at time of THIS birth 30 yrs.	18. Age at time of THIS birth 26 years
13. Birthplace Pike County, Kentucky, U. S. (City or town) (State or foreign country)	19. Birthplace Pike County - Kentucky. (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 10
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 28 1940 (Date received) (b) Mae G Atwood (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James T. Osborne, being first duly sworn, say that I am brother related to (Related to (or) acquainted with)
Roy Osborne as brother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. J. Pentzer, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

James T. Osborne Name
Lapwai, Idaho P. O. Address

Subscribed and sworn to before me on this 25th day of October 1940

(SEAL) ..... Notary Public, residing at Lapwai, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

301369

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301369
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Denver
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 3 years 4 months ..... days

RECEIVED OCT 28 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Denver
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Denver - Ida.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Orval Ray Thatcher

5. Date of Birth (Month, day, year) Jan-14-1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Chas H Thatcher
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Whitechurch (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ora Etta Hurley
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Carrol Co (City or town) Arkansas (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct. 28, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Hurley, being first duly sworn, say that I am related to (Related to (or) acquainted with) ..... (Name of person on certificate above) as his grandmother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. G. W. Stockton (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sarah Hurley Name
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me on this 22nd day of August 1940

(SEAL) Paul B. Kimmers Notary Public, residing at Grangeville, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 2 8 1967

Mothers present address
Mrs Fred Amidon
Rt #5 Spokane Wash

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 3-13-75

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301375
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Post Falls
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years 11 months ..... days.

RECEIVED
OCT 28 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Post Falls

3. **RESIDENCE OF FATHER** (city, state) Post Falls Idaho.

4. **FULL NAME OF CHILD** Lester Barney Olson

5. Date of Birth (Month, day, year) Feb. 21, 1906

6. Sex. Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oscar S. Olson
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Clay County, South Dakota (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Draying and other team work

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sophie Carrie Madison
17. Color or Race White
18. Age at time of THIS birth 30 years
19. Birthplace Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct. 28, 1941 (Date received) (b) Mae D. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Whitman } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sophie Olson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Lester Barney Olson (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the Doctor (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sophie Olson ..... Name
St. John, Washington ..... P. O. Address

Subscribed and sworn to before me on this 18th day of October, 1940

(SEAL) Hazel Seeker ..... Notary Public, residing at St. John, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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301380

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301380
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Oakley
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: None
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Above

3. **RESIDENCE OF FATHER** (city, state) Above

4. **FULL NAME OF CHILD** Thomas Earl Mitchell

5. Date of Birth (Month, day, year) Sept. 24th, 1906

6. Sex. male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Mitchell
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Philadelphia, Pa. (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Kinney
17. Color or Race White
18. Age at time of THIS birth 16 years
19. Birthplace Camas City, Utah (City or town) (State or foreign country)
20. Exact Occupation Waitress
21. Industry or Business Resturant

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

Mae G. Atwood

26. (a) Nov. 1, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on.....by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edna Kinney Stafford, being first duly sworn, say that I am related to (Related to (or) acquainted with) Thomas Earl Mitchell (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J.W.S. Emerson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Edna Kinney Stafford Name

709 Hayes St. Boise Idaho P. O. Address

Subscribed and sworn to before me on this 1st day of November, 1940.

(SEAL) Elmer L. Fox Notary Public, residing at Boise Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 17 1942

one copy issued 11/1/40 L.E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-11-044619

301395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301395
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Washington (b) City Mineral
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City Mineral
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) Mineral, Ida.

4. **FULL NAME OF CHILD** James Arthur Brittain
5. Date of Birth (Month, day, year) Nov. 11, 1906
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Marcus DeLafayette Brittain
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Joplin (City or town) Missouri (State or foreign country)
14. Exact Occupation Mail Carrier
15. Industry or Business Rural

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Mildred Ward
17. Color or Race white
18. Age at time of THIS birth 24 years
19. Birthplace Weiser, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother etc.)

Mae G. Atwood

26. (a) Nov. 1, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

Bureau of Vital Statistics

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mable O. Ruth Clements, being first duly sworn, say that I am related to (Related to (or) acquainted with) James Arthur Brittain (Name of person on certificate above) as Oldest Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that a Midwife (Name of attendant at birth), who attended said birth do not remember name (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mabel O Ruth Clements Name

1215 North 9th, Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 1st day of November, 1940

(SEAL) ..... Notary Public, residing at Boise Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

11/1/40 L. B.

968109 016693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301407
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County CASSIA (b) City BURLEY
(c) Street Address or R F D No. NONE
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home NONE days.
In **THIS** county 1 years 1 months ✓ days.

RECEIVED OCT 31 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County CASSIA
(c) City BURLEY
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address ✓
3. **RESIDENCE OF FATHER** (city, state) ✓

4. **FULL NAME OF CHILD** HARLAN BREWER ROHRBOUGH
5. Date of Birth (Month, day, year) April 9, 1906
6. Sex. MALE
7. Twin or Triplet ✓
If so—born 1st, 2nd, 3rd ✓
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ~~HARLAN~~ George Walter Rohrbough
11. Color or Race WHITE
12. Age at time of THIS birth 34 yrs.
13. Birthplace Elvaston (City or town) Illinois (State or foreign country)
14. Exact Occupation Home-steader
15. Industry or Business Confectionary

MOTHER OF CHILD

16. **FULL MAIDEN NAME** VIOLA WILSON
17. Color or Race WHITE
18. Age at time of THIS birth 36 years
19. Birthplace WILSON (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOME KEEPER
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4
(c) Born alive and now dead. none (d) Stillborn. none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at Mid-day M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as (Mother) Mae G. Atwood

26. (a) Oct. 31, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Oregon }
County of Linn } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George Walter Rohrbough, being first duly sworn, say that I am related to (Related to (or) acquainted with) Harlan Brewer Rohrbough (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. C. Warner (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

George Walter Rohrbough ..... Name
Shedd, Oregon ..... P. O. Address

Subscribed and sworn to before me on this 6th day of Oct. 1940

(SEAL) C. J. Smith NOTARY PUBLIC FOR OREGON Notary Public residing at Shedd Oregon

MY COMMISSION EXPIRES DEC. 27, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-205-035-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **301411**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Nez Perce (b) City
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

RECEIVED
OCT 31 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address Reubens, Ida.

3. **RESIDENCE OF FATHER** (city, state) Reubens, Ida.

4. **FULL NAME OF CHILD** Rosia Viola Ross

5. Date of Birth (Month, day, year) Oct. 5, 1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Franklin Ross
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Coffeyville (City or town), Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Bell Staley
17. Color or Race white
18. Age at time of THIS birth 23 years
19. Birthplace Jenkins (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

26. (a) Oct 31 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Bureau of Vital Statistics

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lottie Devers, being first duly sworn, say that I am an Aunt (Related to (or) acquainted with) Rosia Viola Ross (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Lyons Stewart (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lottie Devers, Name
522-7th St. Lewiston, P. O. Address

Subscribed and sworn to before me on this 28 day of Oct, 1940

(SEAL) John L. Phillips Notary Public, residing at Lewiston, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope provided. FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433109 OX4381

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

301413

CERTIFICATE OF BIRTH

OCT 31 1940

1. PLACE OF BIRTH

County of Canyon

City of Payette

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Henry Vernon McCarty

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Apr. 9, 1906, 193.... (Month, Day, Year)

FATHER	MOTHER
9. Full name Frederick I McCarty	18. Full maiden name Jessie M Channer
10. Residence (usual place of abode) (If non-resident, give place and State Payette Idaho	19. Residence (usual place of abode) (If non-resident, give place and State Payette, Idaho
11. Color or race White | 12. Age at last birthday 33 (years)	20. Color or race White | 21. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Tama Iowa	22. Birthplace (city or place) (State or Country) Baszett Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silloid

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) L. R. Windward, M. D.

or ....., Midwife

Address Payette, Idaho.

Give name added from a supplemental report .....
(Date of)

Filed Oct. 31, 1940 Mae G. Atwood
Bureau of Vital Statistics Registrar.

Registrar.

cc

11/9/10

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301461
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Pocatello
(c) Street Address or R F D No. 421 N Main
(d) Name of Hospital or Maternity Home:
Home at 421 N Main
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home —days.
In **THIS** county 29 years —months —days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 421 N Main
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address Deceased
3. **RESIDENCE OF FATHER** (city, state) Shoshone, Ida

4. **FULL NAME OF CHILD** William Elwin Baggs Jr.
5. Date of Birth (Month, day, year) Feb 27 1906
6. Sex. Male
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Elwin Baggs Sr.
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Ottawa (City or town) Kansas (State or foreign country)
14. Exact Occupation Railroad Conductor
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lettie Rice
17. Color or Race White
18. Age at time of THIS birth 29 years
19. Birthplace Cassia Creek (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Ag NO3
23. Number of children of this mother: (a) At time of birth and including this child. ✓ (b) Born alive and now living. ✓
(c) Born alive and now dead. — (d) Stillborn. —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4:10 A. M. on the date and at the place stated above, and that personal particulars were furnished by attending Physician (First name) (Last name) who is related to this child as — (Mother, etc.)

26. (a) 11-1-1940 (Date received) (b) D. C. Ray (Registrar's signature)
27. Given name added on — by — (Registrar's signature)

25. Attendant's **OWN signature** William F Howard ✓ M.D. or (D.O., Midwife, etc.)
and address Pocatello Idaho Date 10/31/40

State of — } ss.
County of — }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, —, being first duly sworn, say that I am — (Related to (or) acquainted with)
— as — (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that — (Name of attendant at birth), who attended said birth — (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

— Name
— P. O. Address

Subscribed and sworn to before me on this — day of —

(SEAL) — Notary Public, residing at —

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

Certified copy issued Nov. 8, 1940. L.W.

dup 07 1966 - DS6-374.3 revised

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH A849-127-032 849

County ~~Canyon~~ Lincoln

City of Jerome

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

301491

OCT 21 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Marion Richard Hurst

3. Sex Boy | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth 4-27, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Wm Richard Hurst	18. Full maiden name Sigrid B. Hurst
10. Residence (usual place of abode) (If non-resident, give place and State) R1 - Nampa	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 39 (years)	20. Color or race ..... | 21. Age at last birthday 56 (years)
13. Birthplace (city or place) (State or Country) Jerome, Ida	22. Birthplace (city or place) (State or Country) Stockholm Sweden
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ida. Power	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ✓, 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 8 (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) WR Hurst (Father), M.D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed Oct 21, 1940 Mae G. Atwood
Registrar.

Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 21 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Canyon } ss.

~~Marion Richard~~ W. R. Hurst, being first duly sworn says that

is the Father (Relationship of child)* of Marion Richard Hurst

born April 27 - 1906 (Date of birth) at Jerome, Idaho,

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Marion Richard Hurst

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mary Anderson, ~~M.D.~~ Midwife, was the medical attendant at the birth of said Marion Richard Hurst and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant W. R. Hurst

P. O. Address [illegible]

Subscribed and sworn to before me this 19 day of [illegible], 19[illegible]

[illegible]
Notary Public.

Residing at [illegible], Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

cc - 11 - 8 - 40 mp

813-111 028-749

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301506
Local Reg. No.
Reg. Dist. No.

NOV 6 1940

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 937 - 7th St.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ——— days.
In **THIS** county ——— years 11 months 16 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 816 Elm Ave.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.
(f) Mother's mailing address 816 Elm Ave
3. **RESIDENCE OF FATHER** (city, state) Deceased

No mail

4. **FULL NAME OF CHILD** Purdy Haynes Halvorsen
5. Date of Birth (Month, day, year) April-11-1906
6. Sex Male
7. Twin or Triplet X
If so—born 1st, 2nd, 3rd X
8. No. months of Pregnancy 9 mos
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Martin Halvorsen
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Appleton Minnesota (City or town) (State or foreign country)
14. Exact Occupation Driving Team (now Deceased)
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Maude Purdy
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Dowington, Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ——— at ——— M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mae G. Atwood, who is (First name) (Last name)
related to this child as (Mother).

26. (a) Nov. 6, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added by Registrar of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ——— M.D. or ——— (D.O., Midwife, etc.)
and address ——— Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Bertha Halvorsen Baird, being first duly sworn, say that I am Related to (Related to (or) acquainted with)
Purdy Haynes Halvorsen as Mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Dr. Watts (Name of attendant at birth), who attended
said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bertha Halvorsen Baird Name
816 Elm Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of November

(SEAL) Eugene Gest Notary Public, residing at Notary Public for the State of Idaho
Residing at Coeur d'Alene, Idaho
My Commission Expires August 2, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

816-229 036 266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301523
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Oneida (b) City Samaria
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years months days.

NOV 7 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City Samaria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address Samaria, Idaho
3. **RESIDENCE OF FATHER** (city, state) Samaria

4. **FULL NAME OF CHILD** Mary Hawkins
5. Date of Birth (Month, day, year) April 29, 06
6. Sex. Female
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy nine
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Thomas Hawkins
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Samaria Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Bowen
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Samaria, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used
23. Number of children of this mother: (a) At time of birth and including this child. five (b) Born alive and now living yes
(c) Born alive and now dead. (d) Stillborn.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Mae G Atwood (First name) (Last name), who is related to this child as (Mother).

26. (a) Nov. 7, 1940 (Date received) (b) Mae G. Atwood (Registrar)
Bureau of Vital Statistics

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. or ____ (D.O., Midwife, etc.)
and address ____ Date

State of Utah
County of Box Elder } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Ann Hawkins, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Mary Hawkins (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Ann Reese (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary A. Hawkins Name

162 S. 1st East, Brigham, Utah. P. O. Address

Subscribed and sworn to before me on this 5th day of November, 1940

(SEAL) Theron B. Lee Notary Public, residing at Brigham, Utah.

Com. expires 11/11/41.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Nov. 12, 1940. L.W.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Oneida
City of Malad
No. 133 125 036-165 St.
(If born in hospital or institution give name.)

NOV 9 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 301585

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Dale Clifford Allred

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth March 25 1916 (Month, Day, Year)

FATHER

9. Full name: Heber Kimball Allred
10. Residence (usual place of abode) (If non-resident, give place and State): Malad Idaho
11. Color or race: White 12. Age at last birthday: 38 (years)
13. Birthplace (city or place) (State or Country): Spring City Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: stock farm
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Margaret Jones
19. Residence (usual place of abode) (If non-resident, give place and State): same
20. Color or race: White 21. Age at last birthday: 35 (years)
22. Birthplace (city or place) (State or Country): Brigham Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother 7 (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) D C Ray, M. D.
or ....., Midwife
Address Malad Idaho
Filed 11-7, 1940 D. C. Ray Registrar.

Nov. 15, 1940 L.B.

695728-028-695

301599

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

NOV 9 1940

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R F.D No. 306 Garden Ave.
(d) Name of Hospital or Maternity Home: At home, 306 Garden Ave.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county 19 years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 306 Garden Ave.
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address 306 Garden Ave.

3. RESIDENCE OF FATHER (city, state) Same as above

4. FULL NAME OF CHILD Jack Lawrence Frederic

5. Date of Birth (Month, day, year) July 28 1906

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME John Brisbon Frederic
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Bozeman Mont. (City or town) (State or foreign country)
14. Exact Occupation Office Clerk
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Rose Frederic ✓
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Mandan (City or town) N. D. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at (9 A.M. on the date and at the place stated above, and that personal particulars were furnished by John B. Frederic (First name) (Last name), who is related to this child as Father (Mother, etc.)

Mae G. Atwood

26. (a) Nov. 9, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature John B Frederic M.D. or Father (D.O., Midwife, etc.) and address 306 Garden Ave. Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John B. Frederic, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jack L. Frederic (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. C. Dwyer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John B Frederic Name
306 Garden Ave Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me on this 6 day of Nov 1940

(SEAL) Harold S. Reedy Notary Public, residing at Coeur d'Alene Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

11/16/40 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386-106-025-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

301608

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County White Bird (b) City Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home none days. In THIS county yes years months days.

NOV 12

2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State White Bird (b) County Idaho
(c) City White Bird
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 50 yrs.
(f) Mother's mailing address White Bird Idaho
3. RESIDENCE OF FATHER (city, state) Dead

4. FULL NAME OF CHILD Harold Paul Thompson
5. Date of Birth March 6, 1906 (Month, day, year) (3/6/06)
6. Sex.
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. FULL NAME Daniel Albert Thompson
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Dubuque (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Nellie Johnson
17. Color or Race White
18. Age at time of THIS birth 36 years
19. Birthplace White Bird (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Dr. Foskett (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Rose Nellie Thompson (First name) (Last name), who is related to this child as Rose Nellie Thompson (Mother) Mae G. Atwood

26. (a) Nov. 12, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on Mae G. Atwood of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature now dead M.D. or (D.O., Midwife, etc.) and address White Bird Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nellie R. Thompson, being first duly sworn, say that I am The Mother (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Foskett (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rose Nellie Thompson Richey Name
White Bird, Idaho P.O. Address

Subscribed and sworn to before me on this 8 day of November 1940

(SEAL) Mary C. Stewart Notary Public, residing at White Bird

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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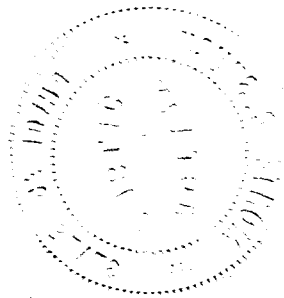


869-107-028-395

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
NOV 15 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

301701

Registration District No. 121 State File No. ____

Prim. Registration District No. ____ Local Registrar's No. 585

1. PLACE OF BIRTH

County of Kootenai

City of Harrison

No. At Home St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Burnard Caswell York

3. Sex Male

If plural births 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ✓

7. Legitimate? Yes

8. Date of birth April 3, 1906 (Month, Day, Year)

FATHER

9. Full name Henry Clay York

10. Residence (usual place of abode) (If non-resident, give place and State) Harrison

11. Color or race White **12. Age at last birthday** 43 (years)

13. Birthplace (city or place) (State or Country) Alabama (1863)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, ~~bookkeeper, etc.~~ Edgerman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Grain Sawmill

16. Date (month and year) last engaged in this work Nov., 1921

17. Total time (years) spent in this work 16

MOTHER

18. Full maiden name Della Elizabeth Trevillion

19. Residence (usual place of abode) (If non-resident, give place and State) Harrison

20. Color or race White **21. Age at last birthday** 30 (years)

22. Birthplace (city or place) (State or Country) Illinois (1876)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work (died on date below) July 23, 1919

26. Total time (years) spent in this work 15

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 5

(a) Born alive and now living 5 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 5 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Henry Clay York Father M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____

(Date of) ____

Registrar.

Filed 11. 13. 1940 [signature] Registrar.

Certified Copy issued Dec. 3, 1940. E.W.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Lane } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Henry Clay York being first duly sworn says that he is the father (Relationship of child)* of Burnard Caswell York born April 3 1906 (Date of birth) at Harrison, Idaho, whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Burnard Caswell York ..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Busby, M. D., was the Midwife medical attendant at the birth of said Burnard Caswell York and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Henry Clay York

P. O. Address 1124 W. Chambers St., Eugene, Oregon

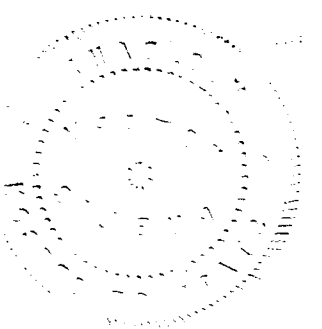
Subscribed and sworn to before me this 26 day of October, 1940

M O Dahl
Notary Public for Oregon Notary Public.

Residing at Eugene, Oregon, ~~Idaho~~.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

My commission expires Jan. 18, 1944.



295 · 122 · 007-41-5

301757

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No. in town; no address
(d) Name of Hospital or Maternity Home: P[illegible]
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home X days.
In **THIS** county years month days.

NOV 18 1940

2. **USUAL RESIDENCE of MOTHER: (At time of this birth)**
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No. in town
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Bellevue, Idaho

3. **RESIDENCE of FATHER** (city, state) Bellevue, Idaho

4. **FULL NAME OF CHILD** Milford Davis Singer

5. Date of Birth (Month, day, year) March 22, 1906

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Adolphus Minor Singer
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Evansville, Indiana (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Louise Davis
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Freedom, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia ~~Neonatorum~~
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two
(c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) O. J. Allen, was attending doctor but he is now dead

26. (a) 11/22/40 (Date received) (b) (Registrar's signature) Mae G. Atwood

27. Given name added on by Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

State of Idaho } ss.
County of Gooding } Bureau of Vital Statistics

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Louise Singer, being first duly sworn, say that I am related to (Related to (or) acquainted with) Milford LaVerne Singer (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that O. J. Allen, M. D. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma Louise Singer Signature

Gooding, Idaho P. O. Address

Subscribed and sworn to before me on this 14th day of November, 19 40

(SEAL) [signature] Notary Public, residing at Gooding, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

State of Idaho,
SS:
County of Gooding,

Emma Louise Singer being first duly sworn on oath deposes and says: That she is the mother of Milford Davis Singer who was born at Bellevue on March 22, 1906. That on or about November 22, 1940 she applied to the Department of Vital Statistics of the State of Idaho for a birth certificate for said child and by a mistake stated that his name was Milford LaVerne Singer. This mistake was due to the fact that she has one son whose middle name is LaVerene. That she is the mother of ten children, six of whom are boys and that she stated orally to the party preparing the affidavit the full name of the child and must have mistakenly given the middle name as LaVerne instead of Davis.

WHEREFORE she prays that a birth certificate be issued for her son Milford Davis Singer by his correct first and middle name.

Emma Louise Singer

Subscribed and sworn to
before me this 10th day of
December, 1941.

M E Ryan

Notary Publid; Gooding, Idaho

DEC 24 1941

662-108'035-632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301766
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nezperce (b) City Gifford
(c) Street Address or R F.D No. 1 - Farm near Gifford
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

RECEIVED
NOV 18 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nezperce
(c) City Gifford, Farm near Gifford
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Edward George Foss
5. Date of Birth (Month, day, year) May 8, 1906
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Syvert P. Foss
11. Color or Race W
12. Age at time of THIS birth 40 yrs.
13. Birthplace (City or town) Norway (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Olson
17. Color or Race W
18. Age at time of THIS birth 42 years
19. Birthplace (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living..... (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

26. (a) Nov 13 1940 (Date received) (b) Patricia Burke (Registrar's signature)
27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nezperce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, S. P. Foss, being first duly sworn, say that I am related to (Related to (or) acquainted with) Edward George Foss (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that No Physician (Name of attendant at birth), ~~who~~ attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

S P Foss Name
Rt #1, Gifford, Idaho P. O. Address

Subscribed and sworn to before me on this 13th day of November, 1940

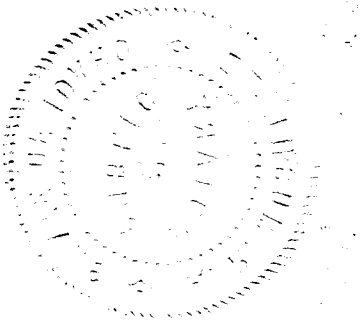
(SEAL) C. R. Mushlet Notary Public, residing at Lewiston, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Certified Copy Issued Nov. 25, 1940. E.W.

252-207035-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301771
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R F D No. 412 Main St.
(d) Name of Hospital or Maternity Home: R D
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 8 years.....months.....days.

NOV 18 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 412 Main St.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Lewiston, Idaho.
3. **RESIDENCE OF FATHER** (city, state) Lewiston, Ida.

4. **FULL NAME OF CHILD** ROSELYN KESTER
5. Date of Birth (Month, day, year) Feb. 7, 1906.
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Hartle Kester
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Point Arena (City or town) California. (State or foreign country)
14. Exact Occupation Cashier-Lewiston National Bank
15. Industry or Business Banking

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Mabel Palmer
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Augusta (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.
23. Number of children of this mother: (a) At time of birth and including this child. Two (b) Born alive and now living. Two (c) Born alive and now dead. None (d) Stillborn. None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother) Mae G. Atwood

26. (a) Nov. 18, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edna Mabel Palmer, being first duly sworn, say that I am related to (Related to (or) acquainted with) Roselyn Kester (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Charles C. Phillips (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Edna Mabel Palmer Kester Name

Lewiston, Idaho. 1317 18th St P. O. Address

Subscribed and sworn to before me on this 15th day of November

(SEAL) Mamie P. White Notary Public, residing at Lewiston

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Nov. 25, 1970. E.W.

155-024-029-913

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

301787

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Lat Tah (b) City Lewisville
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

RECEIVED
NOV 18 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lat Tah
(c) City Lewisville
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Lewisville, Idaho
3. **RESIDENCE OF FATHER** (city, state) Lewisville, Ida.

4. **FULL NAME OF CHILD** Fern Diane Peerman
5. Date of Birth (Month, day, year) June 24, 1906
6. Sex. Female
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles C. Peerman
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Newport Tennessee
(City or town) (State or foreign country)
14. Exact Occupation School teaching
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edla May Ratcliffe
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Asheville N. Carolina
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) 11/18/40 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California }
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles C. Peerman, being first duly sworn, say that I am (father) related to (Related to (or) acquainted with) Fern Diane Peerman (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Miller (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles C. Peerman .....Name
451 San Francisco St, Pomona, Calif. .....P. O. Address

Subscribed and sworn to before me on this 28th day of September, 1940.

(SEAL) Lolita A. Lantz .....Notary Public, residing at Pomona, Calif.

MY COMMISSION EXPIRES MARCH 6, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

11/26/40 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Elmore
City of Mountain Home
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
RECEIVED
NOV 18 1940

CERTIFICATE OF BIRTH

301799

Registration District No. 380 State File No. .....
Prim. Registration District No. ..... Local Registrar's No. 37

2. FULL NAME OF CHILD ROLAND JAMES PASCOE

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term yes	yes	June 9, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name CHARLES PASCOE	18. Full maiden name Caroline Engstrom ~~Pascoe~~
10. Residence (usual place of abode) Clatskanie, Oregon (If non-resident, give place and State)	19. Residence (usual place of abode) Clatskanie, Ore. (If non-resident, give place and State)
11. Color or race white 12. Age at last birthday ~~43~~ (years)	20. Color or race white 21. Age at last birthday ~~39~~ (years)
13. Birthplace (city or place) Middleport, Ohio (State or Country)	22. Birthplace (city or place) Salt Lake City (State or Country) Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. printer 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Newspaper 16. Date (month and year) last engaged in this work May, ~~1936~~ 17. Total time (years) spent in this work 50 years	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. teacher 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife 25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work ~~50 years~~

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother Five (At time of this birth and including this child) (a) Born alive and now living four (b) Born alive but now dead one (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

(Signed) by mother; see affidavit attached, M. D.
or ....., Midwife
Address .....
Filed November 14, 1940
Registrar.

712-109-020-557

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

NOV 18 1940

State of Oregon
County of Columbia } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Caroline Pascoe being first duly sworn says that she is the Mother (Relationship of child)* of Roland James Pascoe born June 9, 1906 (Date of birth) at Mountain Home, Idaho, Idaho, ~~whose certificate of birth is hereto~~ attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Roland James Pascoe hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. J. W. Newkirk, M. D., was the Midwife medical attendant at the birth of said Roland James Pascoe and that the said medical attendant is Cannot be located (Now deceased (or) cannot be located)

Name of Affiant Mrs Caroline Pascoe

P. O. Address Clatskanie, Oregon

Subscribed and sworn to before me this 12th day of November, 19 40

D. Martinson
Notary Public.

Residing at Clatskanie, Oregon For Oregon ~~Idaho~~.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

Certified Copy issued Nov. 27, 1940. E.W.

NOV 7 1966

336-110044-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

301808

State File No.
Local Reg. No.
Reg. Dist. No.

RECEIVED
NOV 16 1940

1. **PLACE OF BIRTH:**
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 5 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Weiser Idaho

3. **RESIDENCE OF FATHER** (city, state) Weiser Ida.

4. **FULL NAME OF CHILD** Kenneth Paul Lloyd

5. Date of Birth (Month, day, year) Dec. 10-1906

6. Sex Male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Preston Lloyd
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Nebraska City, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Bottling Works
15. Industry or Business J. O'Toole Wholesale Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Cadualader
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Near Canton, Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at ..... ? M. on the date and at the place stated above, and that personal particulars were furnished by Helen Lloyd Pearce (First name) (Last name), who is related to this child as Mother (Mother, etc.) Mae G. Atwood

26. (a) Nov. 20, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on Bureau of Vital Statistics by ..... (Registrar's signature)

25. Attendant's **OWN signature** Joseph R. Numbers M.D. or ..... (D.O., Midwife, etc.) and address Weiser Idaho Date Nov. 19-1940

State of California
County of San Bernardino } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Helen Lloyd Pearce, being first duly sworn, say that I am related to (Related to (or) acquainted with) Kenneth Paul Lloyd (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. R. Numbers (Name of attendant at birth) who attended said birth [redacted] (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Helen Lloyd Name
Helen Lloyd Pearce, 832 Virginia St. P. O. Address

Subscribed and sworn to before me on this 23rd day of October 1940 known as the same person

(SEAL) Charles Stewart Colquhoun Notary Public, residing at 311 Baseline San Bernardino Calif.

MY COMMISSION EXPIRES SEPT. 29, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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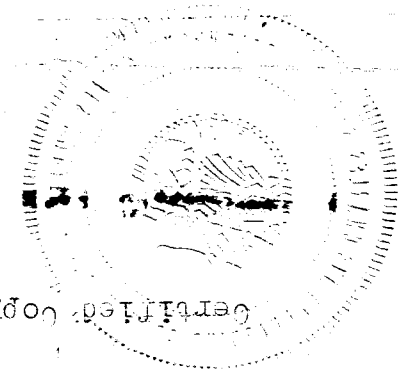

Certified copy issued Nov. 26, 1940. L.V.

653 121 007 691

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO NOV 25 1940

State File No. 302825
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No. unknown
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years 3 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City P.O. Soldier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 mo. yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Soldier Idaho

4. **FULL NAME OF CHILD** Robert Clifford Welch

5. Date of Birth (Month, day, year) March 21 1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Guy Clifford Welch
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Builder-also, farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eleanor Anna Frank
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Minden Nebraska (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Fern Welch Miller (First name) (Last name); who is related to this child as older sister (Mother, etc.)

Mae G. Atwood

26. (a) NOV 25 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Bureau of Vital Statistics

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Chula Vista Calif. Date 11-19-40

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Certified Copy issued Nov. 29, 1940. E.W.

469-12-3025-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 302850
Local Reg. No. 26
Reg. Dist. No. 240

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Grangeville
(c) Street Address or R F D No. none-farm
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 20 years ..... months ..... days.

NOV 26 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. 710 S State St
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Grangeville, Ida
3. **RESIDENCE OF FATHER** (city, state) Grangeville

4. **FULL NAME OF CHILD** Foster B. Morgan
5. Date of Birth (Month, day, year) Sept 23 1906
6. Sex male
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd --
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Owen Morgan
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Linn County, Oregon (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business wheat farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Belle Wilkins
17. Color or Race white
18. Age at time of THIS birth 25 years
19. Birthplace Benton County, Arkansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know 3
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Nov. 18, 1940 (Date received) (b) B Chapman (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mrs. Dora Morgan, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Foster B. Morgan (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that G. S. Stockton, M.D. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Dora Morgan ..... Name
Grangeville, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 19 day of November 1940

(SEAL) T. Rothwell ..... Notary Public, residing at Grangeville Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168 702 035 819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

302896

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 302896
Local Reg. No.
Reg. Dist. No.

DEC 2 1940

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Mohler
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Washington (b) County Skagit
(c) City Anacortes
(d) Street Address or R.F.D. No. 1 (3922 G Ave)
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Anacortes, Washington

3. **RESIDENCE OF FATHER** (city, state) Anacortes, Wash.

4. **FULL NAME OF CHILD** Walter Ralph Johnson

5. Date of Birth (Month, day, year) Sept. 2, 1906

6. Sex. male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Augustus Johnson
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Braidwood (City or town), Illinois (State or foreign country)
14. Exact Occupation Barber and
15. Industry or Business Confectioner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irene Ella Hart
17. Color or Race white
18. Age at time of THIS birth 31 years
19. Birthplace Lombard (City or town), Illinois (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~None~~ 1% Agnus
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.) Mae G Atwood

26. (a) Dec. 2, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** R E Dunlap M.D. or..... (D.O., Midwife, etc.)
and address Craigmont, Idaho Date

State of Terr. of Alaska } ss.
County of

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Can not be located

I, Walter Ralph Johnson, being first duly sworn, say that I am..... (Related to (or) acquainted with) the individual (Name of person on certificate above) ~~as~~ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dunlap (Name of attendant at birth), who attended said birth Dr. Dunlap (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Can not be located.

Walter Ralph Johnson Name
Sitka, Alaska P. O. Address

Subscribed and sworn to before me on this 14 day of November, 1942

(SEAL) R E Vortman Notary Public, residing at Sitka Alaska
My Commission expires Oct 29, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Dec. 17, 1940. E.H.

236-117 032 499

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 302909
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lincoln (b) City Shoshone
(c) Street Address or R F D No. Gen Del
(d) Name of Hospital or Maternity Home: Born at home NOV 27 1940
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No. Gen Del
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Shoshone, Id.

3. **RESIDENCE OF FATHER** (city, state) Shoshone, I

4. **FULL NAME OF CHILD** Vance Leroy STOWELL jr

5. Date of Birth (Month, day, year) Jan 17, 1906

6. Sex. Male

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Vance Leroy Stowell
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Burr Oak (City or town) Michigan (State or foreign country)
14. Exact Occupation Railroader
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Valera Mizer
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Ocawa (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum --- none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother). May G Atwood

26. (a) Nov. 27, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

We, Vance L. Stowell Sr., and Bertha V. Stowell, being first duly sworn, say that we are related to (Related to (or) acquainted with) Vance Leroy Stowell Jr. (Name of person on certificate above) as his father and mother (State relationship or acquaintance), whose birth certificate appears above, and that we desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of our knowledge. We further state that Dr. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Bertha V. Stowell, Vance L. Stowell Esq Names

1016-7th Ave- Venice, Calif. P. O. Address

Subscribed and sworn to before me on this 26 day of November

(SEAL) E. GLAD Notary Public, residing at Venice, Calif.

My Commission Expires April 24, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Dec. 3, 1940. E.W.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 268-225-028-289 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 302932

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Pearl Elizabeth Boyer

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Nov. 25, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Levi Holman Boyer	18. Full maiden name: Ida May Shipp
10. Residence (usual place of abode) (If non-resident, give place and State) C.D.A. Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) C.D.A., Idaho
11. Color or race W | 12. Age at last birthday 45 (years)	20. Color or race W | 21. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Peoria, Illinois	22. Birthplace (city or place) (State or Country) Beatrice, Nebraska
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 10
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) John W. Atwood, M. D.

or ....., Midwife

Address Mae G. Atwood

Give name added from a supplemental report - - (Date of)

Filed Dec. 10, 1940, 193.. Mae G. Atwood, Bureau of Vital Statistics Registrar.

Registrar.

Certified Copy issued Dec. 10, 1940. [illegible]

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 28 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

302932
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenia (b) City Coeur D'alene
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 1 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Montana (b) County Flathead
(c) City Bigfork
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Bigfork, Montana

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Pearl Elizabeth Boyer.

5. Date of Birth (Month, day, year) 11-25-1906.

6. Sex. female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Levi Holman Boyer.
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Peoria (City or town) Illinois (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Shipp.
17. Color or Race White
18. Age at time of THIS birth 38 years
19. Birthplace Beatrice (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

NOV 28 1940

26. (a).....(Date received) (b).....(Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of.....
County of.....
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ida May Boyer, being first duly sworn, say that I am related to (Related to (or) acquainted with) Pearl Elizabeth Boyer (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wood (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ida Boyer
Name

P.O. Address

Subscribed and sworn to before me on this 23 day of November 1940

(SEAL)

H. A. Fisher
Notary Public, residing at Kalispell

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-211-028437

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 2 1940

State File No. 302969
Local Reg. No. 399
Reg. Dist. No. 121

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Coeur D'Alene
(c) Street Address or R F D No. outside of town
(d) Name of Hospital or Maternity Home: ------
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 1 years 2 months ? days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Coeur D'Alene
(d) Street Address or R.F.D. No. out of town
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Gen. delivery
3. **RESIDENCE OF FATHER** (city, state) Coeur D' Alene, Idaho

4. **FULL NAME OF CHILD** Jennie Wren Covey Seward
5. Date of Birth (Month, day, year) Mar. 11. 1906 Sunday
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Levi Elmer Covey
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Worthington, (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Cut and sold wood from farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Verna McPheters
17. Color or Race white
18. Age at time of THIS birth 33 years
19. Birthplace Cooper, (City or town) Maine (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead - (d) Stillborn -

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 12 p.M. on the date and at the place stated above, and that personal particulars were furnished by Mabel Covey (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 11-28-40 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN signature** .....M.D. or ..... (D.O., Midwife, etc.)
and address Date

27. Given name added on .....by..... (Registrar's signature)

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mabel Covey, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Jennie Wren Covey Seward (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Bowen (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Mabel Covey Name
4405 Baker Ave., Seattle, Wn. P. O. Address

Subscribed and sworn to before me on this 25 day of November, 1940

(SEAL) [signature] Notary Public, residing at Seattle, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Shoshone
City of Osburn Idaho
No. 713-115 St.
040133
(If born in hospital or institution give name.)

DEC 3 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

308001

Registration District No. _____ State File No. _____
Prim. Registration District No. 1441 Local Registrar's No. 153

2. **FULL NAME OF CHILD** Richard Sylvania Patterson

3. Sex Boy
If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term Yes
7. Legitimate? Yes
8. Date of birth Sept 15th 1940 (Month, Day, Year)

FATHER

9. Full name Cassius M. Patterson
10. Residence (usual place of abode) (If non-resident, give place and State) Osburn Idaho
11. Color or race White 12. Age at last birthday 44 (years)
13. Birthplace (city or place) (State or Country) Columbus Ohio
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Mary Lucy Allen
19. Residence (usual place of abode) (If non-resident, give place and State) Osburn Idaho
20. Color or race White 21. Age at last birthday 30 (years)
22. Birthplace (city or place) (State or Country) Syria
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HW
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation _____ months or weeks
30. Cause of Stillborn _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.

(Signed) _____, M. D.
or Sadie Allen, Midwife
Address Osburn Idaho
Filed Dec 2, 1940 John A Baer
Registrar.

638 203 016 743

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

303024

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 4 1940

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Declo
(c) Street Address or R F D No. #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home Home days.
In **THIS** county 1 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City Declo,
(d) Street Address or R.F.D. No. #1
(e) How long has **MOTHER** lived in Idaho? 36 yrs.
(f) Mother's mailing address #1, Declo, Idaho
3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Minnie Irene Flynn
5. Date of Birth (Month, day, year) May 3, 1906
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George B. Flynn
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Jenneyville, (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer and Stockman
15. Industry or Business Deceased

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucinda M. Guthrie
17. Color or Race White
18. Age at time of THIS birth 37 years
19. Birthplace (City or town) West Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 3
(c) Born alive and now dead 7 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at A. M. on the date and at the place stated above, and that personal particulars were furnished by Stella M. Lish (First name) (Last name), who is related to this child as Sister (Mother). Mae G. Atwood

26. (a) Dec. 4, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on by (Registrar's signature)
Bureau of Vital Statistics

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Rupert, Idaho Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Stella M. Lish, being first duly sworn, say that I am related to (Related to (or) acquainted with) Minnie Irene Flynn (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Stella M. Lish Name
Rupert Idaho P. O. Address

Subscribed and sworn to before me on this 3rd day of December 1940

(SEAL)

Notary Public, residing at Burley, Idaho

Commission expires Mar. 15, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 22 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Dec. 10, 1940. E.W.

749 119 003 316

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 6 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

303051
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Pocatello
(c) Street Address or R F D No. 734 E. Center St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 9 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Calif. (b) County Sacramento
(c) City Sacramento
(d) Street Address or R.F.D. No. 714-13th St.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Same

3. **RESIDENCE OF FATHER** (city, state) Sacramento

4. **FULL NAME OF CHILD** Maynard Jack Guild

5. Date of Birth (Month, day, year) May 1-19-6

6. Sex. male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lucius Eugene Guild
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Dayton (City or town) Nevada (State or foreign country) Lyon Co
14. Exact Occupation Black Smith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Agnes Lawson
17. Color or Race White
18. Age at time of THIS birth 26 years
19. Birthplace Mendon (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum S. S.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn. None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Jane Lawson (First name) (Last name), who is related to this child as Grandmother (Mother, etc.)

Mae G. Atwood

26. (a) Dec. 6, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** Jane Lawson M.D. or Grandmother (D.O., Midwife, etc.)
and address 1070-E 12th St Long Beach Cal. Date 11/26/40

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of California
County of Los Angeles } ss.

I, Celia Lawson, being first duly sworn, say that I am Related to as Aunt (Related to (or) acquainted with) Maynard Jack Guild (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jane Lawson (Name of attendant at birth), who attended said birth is his Grandmother (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Celia Lawson Name
741 Alamitos Ave. Long Beach P. O. Address

Subscribed and sworn to before me on this 26th day of November 1940

(SEAL) Elizabeth C. Plants Notary Public, residing at Long Beach California.

My Commission Expires June 18, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy. Issued Dec. 15, 1940. E.W.

253-115 032 253

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. _____ St.

(If born in hospital or institution give name.) —

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 9 1940

CERTIFICATE OF BIRTH

303094

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. *FULL NAME OF CHILD* William Thomas Gooding Beckett

3. Sex Male | *If plural births* 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term yes | 7. Legitimate? yes | 8. Date of birth May 15, 1906 (MONTH, DAY, YEAR), 193__

FATHER	MOTHER
9. Full name James Lewis Beckett	18. Full maiden name Lila Gooding Beckett
10. Residence (usual place of abode) (If non-resident, give place and State) Shoshone, Ida.	19. Residence (usual place of abode) (If non-resident, give place and state) Shoshone, Ida.
11. Color or race white 12. Age at last birthday 28 (years)	20. Color or race white 21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or country) State Line, Indiana	22. Birthplace (city or place) (State or country) Paw Paw, Michigan.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchantile	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. General Store	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work _____, 19__ 17. Total time (years) spent in this work 5 yrs.	25. Date (month and year) last engaged in this work _____, 19__ 26. Total time (years) spent in this work ____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living first (b) Born alive but now dead — (c) Stillborn —

28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (BORN ALIVE OR STILLBORN) at 6 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E.W. Kleinman, M.D.

Give name added from a supplemental report _____ (DATE OF)

Dated at Los Angeles, Calif. January 16th 1940

Address 4867 Carnegie Street

Mae G. Atwood

Filed DEC 9 1940, 193__ Mae G. Atwood

Bureau of Vital Statistics

_____ Registrar. Regist...

Certified Copy issued Dec. 19, 1940. E.W.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

303113

DEC 9 1940

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH (at that time)
County of Clear Water (Nez Perce)
City of Orofino,
No. 298 226018-235 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Bryant, Eula Audry

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. ~~Premature~~ Full term
7. Legitimate? yes
8. Date of birth 7/26/06, 193__ (Month, Day, Year)

FATHER	MOTHER
9. Full name: John M. Bryant	18. Full maiden name: Stearns, Lydia Lavina
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Idaho
11. Color or race: W | 12. Age at last birthday: 27 (years)	20. Color or race: W | 21. Age at last birthday: 22 (years)
13. Birthplace (city or place) (State or Country): Kentucky	22. Birthplace (city or place) (State or Country): Washington
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Own Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work ____, 19__	25. Date (month and year) last engaged in this work ____, 19__
17. Total time (years) spent in this work: 8 years	26. Total time (years) spent in this work: 1 year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: 1 (b) Born alive but now dead: ____ (c) Stillborn: ____

29. If stillborn, period of gestation: ____ months or weeks

30. Cause of Stillbirth: During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) ____, M. D.
or X Mrs. Aug. Grimm, Midwife
Address 1713 - 9th St - Lewiston Ida.

Filed ____, 193__ Mae G. Atwood Registrar.

____ Registrar.

DEC 9 1940 Bureau of Vital Statistics

DEC 21 1966

FEB 20 1969

592-120 028 954

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

303170

State File No. 408
Local Reg. No.
Reg. Dist. No. 121

1. **PLACE OF BIRTH:** ED
(a) County Kootenia (b) City Athol
(c) Street Address or R F D No. None
(d) Name of Hospital or Maternity Home: DEC 11 1940
none (at home)
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home none days.
In **THIS** county 7 years 2 months 28 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Washington (b) County Pend Oreille
(c) City Newport
(d) Street Address or R.F.D. No. 3 (1899-1919)
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Newport, Wash. R3

3. **RESIDENCE OF FATHER** (city, state) Newport, Wn. R3

4. **FULL NAME OF CHILD** Alex Otto Visnaw

5. Date of Birth (Month, day, year) May 20, 1906

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Joseph Visnaw
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Bay City, Michigan (City or town) (State or foreign country)
14. Exact Occupation Timber work
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Libbie Remington
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Webster City Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Vaseline, Boric Acid (diluted)
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 2 P.M. on the date and at the place stated above, and that personal particulars were furnished by Libbie Visnaw (First name) (Last name) and Edward Visnaw, (father) who is related to this child as Mother (Mother, etc.)

26. (a) 12-9-40 (Date received) (b) H. H. Newcomb M.D. (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Pend Oreille Washington
County of Washington Pend Oreille } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edward Joseph Visnaw, being first duly sworn, say that I am the father of (Related to (or) acquainted with) Alex Otto Visnaw (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth) who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Edward Joseph Visnaw Name
Rt #3 Newport, Wash P. O. Address

Subscribed and sworn to before me on this 6th day of December 1940

(SEAL) Clara M. Cole Notary Public, residing at Newport, Washington

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12/20/40 L. B.

DEC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464721-40-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 303171
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 2 years 9 months ..... days.

DEC 11 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Idaho Falls

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Leonard Hugh Dodson

5. Date of Birth (Month, day, year) Jan. 21, 1906

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Finis McLean Dodson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Cairo (City or town) Missouri (State or foreign country)
14. Exact Occupation Pumptender
15. Industry or Business Oregon Short Line

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gabrielle Johnson
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Levick's Mill (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Lennaotto Swank (First name) (Last name) who is related to this child as (Mother) Mae G Atwood

26. (a) Dec. 11, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lennaotto Swank, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Leonard Hugh Dodson (Name of person on certificate above) as neighbor (Stated relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Cunard (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Lennaotto Swank Name
2328 N Russett St Portland Ore P. O. Address

Subscribed and sworn to before me on this 9th day of December, 1940

(SEAL) E Boyle Notary Public, residing at Portland, Oregon
My commission expires March 6, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12/20/40 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

951 128 028 864

United States
Department of Commerce
Bureau of the Census

RECEIVED
DEC 16 1940

(Because the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 303194
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Hayden Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address Medimont Idaho

3. **RESIDENCE OF FATHER** (city, state) dead

4. **FULL NAME OF CHILD** Clinton John Reader

5. Date of Birth (Month, day, year) March 28-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Reader
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Hartford (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business mills

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kate De Young
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace (City or town) Netherlands (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Mae G. Atwood (First name) (Last name), who is related to this child as Mother (Mother)

26. (a) Dec. 16, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lena Eva, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clinton John Reader (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. C. Dwyer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lena Eva Name

Medimont, Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of December, 1940

(SEAL) Notary Public, residing at Coeur d'Alene, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Dec. 21, 1940. E.W.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d' Alene

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 6 1940

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Clinton John Reader

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth March 28, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Reader	18. Full maiden name Kate DeYoung
10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d' Alene	19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d' Alene
11. Color or race W | 12. Age at last birthday 34 (years)	20. Color or race White | 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Hartford, Wisconsin	22. Birthplace (city or place) (State or Country) Netherlands
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mills	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work present, 1906 | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work present, 1906 | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 8 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs Kate [illegible] (parent), ~~M. D.~~

or ....., Midwife

Address ~~[illegible]~~ 126½ Second Ave Spokane 11th

Give name added from a supplemental report .....

(Date of)

Filed ....., 193.....

Registrar. Registrar.

Names of 3 people who knew of the birth ---

JUL 17 1942

Mrs. John Pingel - Hayden Lake, Idaho

Mr. Frank Aigner - Blood Central Camp
Wallace, Idaho

Mrs. Lena Eva, Medimont, Idaho

443 220 029-753

303235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

RECEIVED DEC 18 1940

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 34 years month days

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address Deceased
3. **RESIDENCE of FATHER** (city, state): Deceased

4. **FULL NAME OF CHILD** Mary Henieretta Mulalley
5. Date of Birth (Month, day, year) Dec 20, 1906
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Patrick Frances Mulalley
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Ireland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Amelia Geltz
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Port Hope, Michigan (City or town) (State or foreign country)
20. Exact Occupation housewife & Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) Mae G. Atwood

26. (a) Dec. 18, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name a Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Felix A Mulalley, being first duly sworn, say that I am Related to her (Related to (or) acquainted with) Mary Henieretta Mulalley (Name of person on certificate above) as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth is now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Felix A Mulalley Signature

P. O. Address

Subscribed and sworn to before me on this 14th day of December 1940

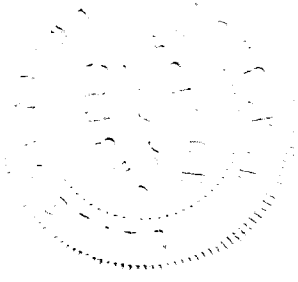
(SEAL) Notary Public, residing at Genesee Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Certified Copy issued Dec. 23, 1940. E.W.

259-219-010-735

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED DEC 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

303241

Registration District No. 610 State File No.

Prim. Registration District No. Local Registrar's No. 921

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. 264 South Capital ave St.
Born at Home
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Louise Kerr

3. Sex: Female

If plural births: 4. Twin, triplet, or other: Single; 5. Number, in order of birth:

6. Premature: No; Full term: Yes

7. Legitimate? Yes

8. Date of birth: November 19 1906 (Month, Day, Year)

FATHER

9. Full name: James Aggleck Kerr

10. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls

11. Color or race: White | 12. Age at last birthday: 41 (years)

13. Birthplace (city or place) (State or Country):

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sales Manager

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Hardware & Implements

16. Date (month and year) last engaged in this work: Present Time 19

17. Total time (years) spent in this work: 27

MOTHER

18. Full maiden name: Emma Louisa Kerr Gleason

19. Residence (usual place of abode) (If non-resident, give place and State):

20. Color or race: | 21. Age at last birthday: 39 (years)

22. Birthplace (city or place) (State or Country): Farmington Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House Keeping

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own Home

25. Date (month and year) last engaged in this work: Present Time 19

26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Sol Sol Boric Acid

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: Two (b) Born alive but now dead: (c) Stillborn:

29. If stillborn, period of gestation: months or weeks

30. Cause of stillbirth: Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at m. on the date above stated.

(Signed) Thomas C Wilson, M. D.
or , Midwife
Address 124 N Eastern ave

Filed Dec. 5, 1940 Anna Bridges Registrar.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

$$
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71.4 \\
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of [illegible]

City of [illegible]

No. 259-101-028-632 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

303256

DEC 11 1940

Registration District No. 120 State File No.

Prim. Registration District No. Local Registrar's No. 393

2. FULL NAME OF CHILD Arthur William Leonard Kvistad.

3. Sex Male | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature; Full term Yes | 7. Legitimate? Yes. | 8. Date of birth Dec. 1, 1906 (Month, Day, Year)

FATHER

9. Full name Antoine J. Kvistad.

10. Residence (usual place of abode) (If non-resident, give place and State) CDA.

11. Color or race White | 12. Age at last birthday 46 (years)

13. Birthplace (city or place) (State or Country) Norway.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. House builder

16. Date (month and year) last engaged in this work Dec. 1, 1906

17. Total time (years) spent in this work 26 yrs.

MOTHER

18. Full maiden name Ida Olson.

19. Residence (usual place of abode) (If non-resident, give place and State) CDA.

20. Color or race White | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) (State or Country) Minnesota.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work Dec 1, 1906

26. Total time (years) spent in this work 8 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 5% Argyrol.

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation months or weeks

30. Cause of Stillbirth During labor; Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 a m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) John O. Wood, M. D.

or Midwife

Address Coeur d'Alene, Ida.

Filed 11.18.40, 193 [illegible]

Registrar.

Health Unit
Coeur d'Alene
Idaho

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

303280

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Bingham (now Bonneville)
City of Idaho Falls Idaho
No. 408 N. Water ave St.
433 22 2006 864
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Maxine McLain

3. Sex Female | If plural births: 4. Twin, triplet, or other Single; 5. Number, in order of birth First | 6. Premature no; Full term yes | 7. Legitimate? yes | 8. Date of birth June 22nd, 1906 (Month, Day, Year)

FATHER

9. Full name Percy Lewis McLain
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls Idaho
11. Color or race White | 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Woodbine Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Druggist
16. Date (month and year) last engaged in this work June 22, 1906
17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Blanche Isabelle Houston
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls
20. Color or race White | 21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or Country) Olathe Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housekeeper own home
25. Date (month and year) last engaged in this work June 22, 1906
26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Sat Sol Boric Acid

28. Number of children of this mother one (At time of this birth and including this child)
(a) Born alive and now living one (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks —
30. Cause of Stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born 9 Oh at 9 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Rhoades L Wilson M. D.
or ____ Midwife
Address 124 N Eastern ave Idaho Falls
Filed Dec. 18, 1940 Mae D Atwood
Registrar.

Give name added from a supplemental report
(Date of)
Registrar.

Bureau of Vital Statistics

Certified Copy issued Jan. 16, 1941. E.W.

BOTH
DELAYED

219 201 028 689

304282

304282

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 20 1940

State File No.
Local Reg. No. 435
Reg. Dist. No. 120

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 1 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 610 Indiana
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address 610 Indiana Coeur d'Alene Idaho

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Janice Laura Barton

5. Date of Birth (Month, day, year) July 1, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hubert Henry Barton
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace New Aygo, Mich. (City or town) (State or foreign country)
14. Exact Occupation Supt. of Schools
15. Industry or Business CDA. City Schools

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Leota White
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Georgetown, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) 12. 17. 40. (Date received) (b) H. L. Newcomb M.D. (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.) and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, H. H. Barton, being first duly sworn, say that I am related to (Related to (or) acquainted with) Janice Laura Barton (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Watts (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hubert Henry Barton Sr Name
Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me on this 16 day of Dec 1940

(SEAL) Jas. A. Foster Notary Public, residing at

Clerk of the District Court
Ex-Officio Auditor and Recorder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Dec. 31, 1940. E.W.

165-121-036993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304288
Local Reg. No.
Reg. Dist. No.

DEC 21 1940

1. PLACE OF BIRTH:
(a) County Onieda (b) City Malad,
(c) Street Address or R.F.D No. 2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... months ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Claude Waldo Jones,

5. Date of Birth (Month, day, year) 7-21-1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 11th

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Benjamin David Jones,
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Willard City, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer,
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Claudia Richards,
17. Color or Race white
18. Age at time of THIS birth 43 years
19. Birthplace Brigham City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife.,
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 9 11
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living 9
(c) Born alive and now dead 12 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.) Mae G. Atwood

26. (a) DEC 21 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of California,
County of Los Angeles, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edith Mae Mc Gee, being first duly sworn, say that I am related ~~sister~~ to (Related to (or) acquainted with) Claude Waldo Jones, (Name of person on certificate above) as ~~brother~~ sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Susanna Jardine, (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Edith M. McGee Name
7020 Wooward Ave., Bell, Calif. P. O. Address

Subscribed and sworn to before me on this 3rd day of December, 1940.

(SEAL) A B Gettelman Notary Public, residing at

NOTARY PUBLIC
In and for the County of Los Angeles, State of California

My Commission Expires October 21, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued January 2, 1941. E.W.

304301

United States
Department of Commerce
Bureau of the Census
553 109 036-691

DEC 23 1940

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Oneida (b) City Mink Creek
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 20 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Mink Creek
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Mink Creek, Idaho

3. RESIDENCE of FATHER (city, state): Idaho

4. FULL NAME OF CHILD Orland J. Nelson

5. Date of Birth (Month, day, year) Sept. 9, 1906

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jens P. Nelson
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Norvede (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie M. Fransen
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace Tyvalse (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10
(c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.) Mae G. Atwood

26. (a) Dec. 23, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Box Elder } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jens P. Nelson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Orland J. Nelson (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Adrew Keller (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jens P. Nelson Signature
450 South Main St., Brigham, Utah P.O. Address

Subscribed and sworn to before me on this 21st day of December A.D., 1940

(SEAL) S. Normanhey Notary Public, residing at Brigham City, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 2, 1941. L.W.

A815 7114 029631

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Genesee
No. _____ St. _____
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

304312

DEC 23 1940

CERTIFICATE OF BIRTH

Registration District No. 206 State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Raymond Oden Hanson

3. Sex Male | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term yes | 7. Legitimate? yes | 8. Date of birth Oct 14th, 1926 (MONTH, DAY, YEAR)

FATHER

9. Full name Henry Hanson
10. Residence (usual place of abode) (If non-resident, give place and State) Genesee Idaho
11. Color or race White | 12. Age at last birthday 43 (years)
13. Birthplace (city or place) (State or country) Winchester Wisconsin

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work Oct, 1926 | 17. Total time (years) spent in this work 28 yrs total time

MOTHER

18. Full maiden name Belle Flamoe
19. Residence (usual place of abode) (If non-resident, give place and State) Genesee Idaho
20. Color or race White | 21. Age at last birthday 38 (years)
22. Birthplace (city or place) (State or country) Throndjem Norway

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19__ | 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 2 (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (BORN ALIVE OR STILLBORN) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.
or _____, Midwife
Address _____

Give name added from a supplemental report _____ (DATE OF)

_____ Registrar.

Filed DEC 23 1940, 193__ Mae G Atwood Registrar.
Bureau of Vital Statistics

Certified Copy issued Jan. 3, 1941. E.W.

OCT 28 1946

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Belle Hanson being first duly sworn says that she is the Mother (Relationship of child)* of Raymond Oden Hanson born October 14th 1906 (Date of birth) at Genesee Idaho, Idaho, whose certificate of birth is hereto attached, and that Belle Hanson desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Raymond Oden Hanson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. W. H. Ehlen M.D., M. D., was the Midwife medical attendant at the birth of said Raymond Oden Hanson and that the said medical attendant is Now Deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs. Belle Hanson

P. O. Address Genesee Idaho

Subscribed and sworn to before me this 18th day of December, 1940

[signature]
Notary Public.

Residing at Genesee, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A235103035 555

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce.
City of Country
No. ..... St. Juliaetta, Idaho.
(If born in hospital or institution give name.)

DEC 26 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

304331

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lloyd John Stevens

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth 10-3-'06, 193... (Month, Day, Year)

FATHER

9. Full name John A. Stevens
10. Residence (usual place of abode) (If non-resident, give place and State) Cal.
11. Color or race White | 12. Age at last birthday 62 (years)
13. Birthplace (city or place) (State or Country) Adams Center, Adams Co. Wis.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. None
16. Date (month and year) last engaged in this work ....., 19...
17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Elsie R. Needham
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
20. Color or race White | 21. Age at last birthday 60 (years)
22. Birthplace (city or place) (State or Country) Easton, Adams Co. Wis.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work now, 19...
26. Total time (years) spent in this work life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....
29. If stillborn, period of gestation No { months or weeks
30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed 12/31/40, 193... Mae G. Atwood
Registrar.

Mae G. Atwood
Bureau of Vital Statistics Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

DEC 26 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho } ss.
County of Nez Perce }

Elsie R. Michel, of Juliaetta, Idaho being first duly sworn says that she is the mother of Lloyd John Stevens
(Relationship of child)*

born Oct. 3, 1906 mm in Nez Perce Co. Idaho., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lloyd John Stevens hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Hoyt M. D. was the Midwife medical attendant at the birth of said Lloyd John Stevens and that the said medical attendant is cannot be located.
(Now deceased (or) cannot be located)

Name of Affiant Elsie R. Michel

P. O. Address Juliaetta, Idaho.

Subscribed and sworn to before me this 23 day of Dec., 19 40

John L. Phillips
Notary Public.

Residing at Lewiston, Idaho., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

12/31/40 L. B.

236113-014 613

304297

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304394
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state): Idaho

4. **FULL NAME OF CHILD** Clarence Wilbur Story
5. Date of Birth (Month, day, year) Feb 13-1906
6. Sex Male
7. Twin or Triplet ✓
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel J. Story
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Bloomfield (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Della E. Waldman
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Dennis (City or town) Texas (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol. 25% Nit.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Two
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at ✓ M. on the date and at the place stated above, and that personal particulars were furnished by Samuel Story (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) Jan. 14, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... by Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature** J. H. Murray M.D. (D.O., Midwife, etc.)
and address Nampa Ida Date 1-13-1941

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/14/41/ 54

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315 213 044 864

304415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 28 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Whatcom (b) City Midvale
(c) Street Address or R.F.D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 8 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Wash. (b) County Snohomish
(c) City Everett
(d) Street Address or R.F.D. No. 2201 Highland
(e) How long has **MOTHER** lived in Idaho? V yrs.
(f) Mother's mailing address deceased

3. **RESIDENCE OF FATHER** (city, state) Everett, Wash

4. **FULL NAME OF CHILD** Bessie Mae Canary

5. Date of Birth (Month, day, year) Dec. 13, 1906

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd V

8. No. months of Pregnancy V

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Willington Canary

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Princeton Mo
(City or town) (State or foreign country)

14. Exact Occupation retired Ry.

15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elnora Young

17. Color or Race White

18. Age at time of THIS birth 32 years

19. Birthplace Chicago Ill.
(City or town) (State or foreign country)

20. Exact Occupation now deceased

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 10 (c) Born alive and now dead V (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by Mae G. Atwood (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Dec. 28, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Snohomish }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I George Willington Canary being first duly sworn, say that I am related Father (Related to (or) acquainted with) Bessie Mae Canary (Name of person on certificate above) & George Willington Canary (State relationship or acquaintance) Father, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 138, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Adamson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

George Willington Canary Name
2201 Highland, Everett Wash. P. O. Address

Subscribed and sworn to before me on this 23rd day of Dec — 1940

(SEAL) W M Shelley Notary Public, residing at Everett
My com. expires Jan. 15, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 8, 1941. E.M.

967 119 001 239

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304433
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Route #2
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Route #2
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state): Boise, Idaho

4. **FULL NAME OF CHILD** Claude Edwin Rogers

5. Date of Birth (Month, day, year) May 19, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwin Addison Rogers
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Bad Axe, (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Stricker
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Milwaukee, (City or town) Wisc. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12:00 Noon M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother) Mae G. Atwood

26. (a) Dec. 26, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Helen A. Rogers, being first duly sworn, say that I am related to (Related to (or) acquainted with) Claude Edwin Rogers (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ida Stricker (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Helen A. Rogers Signature

Route #2, Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 26th day of December, 1940

(SEAL) Agnes Dunn Notary Public, residing at Boise, Ida.

JUL 2 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 2 19

CERTIFICATE OF BIRTH

STATE OF IDAHO

304495

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Black foot
(c) Street Address or R F D No.....
(d) ~~Name of Hospital~~ or ~~Maternity Home~~: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Black foot
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Black foot Ida.

3. **RESIDENCE OF FATHER** (city, state) Black foot Ida

4. **FULL NAME OF CHILD** Harold James Fitzgerald

5. Date of Birth (Month, day, year) Feb. 1- 1906

6. Sex. Male

7. ~~Twin or~~ Triplet ~~If so, born 1st, 2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Edward Fitzgerald

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Ireland (City or town) (State or foreign country)

14. Exact Occupation R.R. Sect-foreman

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Daisy Fetter

17. Color or Race White

18. Age at time of THIS birth 23 years

19. Birthplace New Castle Ohio (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. ~~Industry or~~ Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead ~~0~~ 0 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at 2 - A. M. on the date (born alive, ~~stillborn~~)
and at the place stated above, and that personal particulars were furnished by Mrs Daisy Fitzgerald, who is (First name) (Last name)
related to this child as Mother. (Mother, etc.)

Mae G. Atwood

26. (a) Jan. 2, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given n Bureau of Vital by Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Daisy Fitzgerald, being first duly sworn, say that I am related to ~~as~~ Mother (Related to (or) acquainted with)
Harold James Fitzgerald (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate
appears above and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Mrs Battrum (Name of attendant at birth), who attended
said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Daisy Fitzgerald Name
Present address 1524 Playmore Ave L.A. Cal. Address

Subscribed and sworn to before me on this 28th day of December 1940

(SEAL)

Ernest E. Martin Notary Public, residing at Los Angeles, Calif.

My Commission Expires Jan. 12, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Jan. 9, 1941. E.M.

296-228 025-296 RECEIVED

304572

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

JAN 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Kamiah
(c) Street Address or R.F.D. No. no
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years 6 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kamiah P.O.
(d) Street Address or R.F.D. No. no 1
(e) How long has **MOTHER** lived in Idaho? [illegible] yrs.
(f) Mother's mailing address .....

3. **RESIDENCE of FATHER** (city, state): .....

4. **FULL NAME OF CHILD** Grace Edna Brown

5. Date of Birth (Month, day, year) Mar 28 1906

6. Sex Female

7. Twin or Triplet .....

If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy .....

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Elijah Brown
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Albion (City or town) New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business .....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Brown
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Saginaw (City or town) Co. Mich. (State or foreign country)
20. Exact Occupation .....
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Jan. 8, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho
County of Lewis } ss.

I, Nettie J. Adams, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Grace Edna Brown Ness (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Lincoln (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nettie J. Adams Signature
Kamiah, Idaho P. O. Address

Subscribed and sworn to before me on this 4 day of January, 1941

(SEAL)

J. E. Felt Notary Public, residing at Kamiah Ida.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Jan. 13, 1941. E.W.

693 110 009646 RECEIVED

United States Department of Commerce Bureau of the Census

JAN 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304607
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonner (b) City Granite
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 16 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Granite
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address Granite

3. **RESIDENCE OF FATHER** (city, state) Granite

4. **FULL NAME OF CHILD** Harvey Allan Wiley

5. Date of Birth (Month, day, year) Feb. 10 - 1906

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Arthur Wiley

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Devil's Lake (City or town) N. Dakota (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine O'Donnell

17. Color or Race white

18. Age at time of THIS birth 20 years

19. Birthplace Walla Walla (City or town) Washington (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11 p M. on the date and at the place stated above, and that personal particulars were furnished by Josephine Evans (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Jan. 11, 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Acting

25. Attendant's **OWN signature** Arabelle Kelso M.D. or grandmother of child (D.O., Midwife, etc.) and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of California }
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Josephine Evans, being first duly sworn, say that I am mother (Related to (or) acquainted with) Harvey Allan Wiley (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Arabelle Kelso (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Josephine Evans (Name)

11970 Washington Ave, West Los Angeles (P. O. Address)

Subscribed and sworn to before me on this 10th day of January 1941

(SEAL) W. Brian Schon Notary Public, residing at Los Angeles Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

963 228-040-389 RECEIVED

United States
Department of Commerce
Bureau of the Census

JAN 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304609
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at my home in Burke
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D. No. General Delivery
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Burke Idaho

3. RESIDENCE of FATHER (city, state): Burke Idaho

4. FULL NAME OF CHILD Carolyn Barbara Hellen Rockstead

5. Date of Birth (Month, day, year) March 28 1906

6. Sex girl

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Edward Richard Rockstead
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Pittsburg (City or town) Penn. (State or foreign country)
14. Exact Occupation Miner at this mine
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amy Amelia Christena Ross
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Fort Worth (City or town) Texas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ——— (born alive, stillborn) at ——— M. on the date and at the place stated above, and that personal particulars were furnished by ——— (First name) (Last name), who is related to this child as ——— (Mother, etc.)

26. (a) Jan. 11, 1941 (Date received) (b) Clyde Bridger, Acting (Registrar's signature)

25. Attendant's OWN signature ——— M.D. (D.O., Midwife, etc.)
and address ——— Date

27. Given name added on ——— by ——— (Registrar's signature)

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Amy Amelia Christena Rockstead, being first duly sworn, say that I am the mother (Related to (or) acquainted with) Carolyn Barbara Hellen Rockstead as ——— (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr St Jean of Wallace (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Amy Amelia Christena Rockstead Signature
1425 W 102 Los Angeles Calif. P.O. Address

Subscribed and sworn to before me on this 9th day of January, 1941

(SEAL) [signature] Notary Public, residing Los Angeles Calif

Sd and for Los Angeles County State California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

My Commission Expires April 22, 1943

My Commission Expires April 22, 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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1/16/47 VS

546-21-028-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304618
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City LeClede
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Dr. Prindle
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home none days. In **THIS** county 35 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenia
(c) City Leclede and Spirit Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address Spirit Lake, Idaho

3. **RESIDENCE OF FATHER** (city, state) Spirit Lake

4. **FULL NAME OF CHILD** Eleanor J. Edwards

5. Date of Birth (Month, day, year) Feb. 11, 1906

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Edgar P. Edwards
11. Color or Race W
12. Age at time of THIS birth 25 yrs.
13. Birthplace State of Kansas (City or town) (State or foreign country)
14. Exact Occupation blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mettie May Price
17. Color or Race W
18. Age at time of THIS birth 20 years
19. Birthplace Farmington, Wash. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at 2 P M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mettie May Price (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Jan. 10, 1941 (Date received) (b) Clyde A. Bridger, Acting (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mettie May Edwards, being first duly sworn, say that I am Mother (Related to (or) acquainted with)
(Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that all now deseased (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Mettie Edwards Name
Spirit Lake, Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of January 1941

(SEAL) [signature] Notary Public, residing at Spirit Lake, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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296127028-315 RECEIVED

United States
Department of Commerce
Bureau of the Census

JAN 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304642
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Lane
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Lane
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 years
(f) Mother's mailing address Lane, Idaho

3. **RESIDENCE OF FATHER** (city, state) Lane, Id

4. **FULL NAME OF CHILD** Samuel Percy Brooks

5. Date of Birth (Month, day, year) June 27, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Garfield Brooks
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Appleton City, Missouri (City or town) (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Ellen Lantzy
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Burnside, Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at 11 A M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Rose Brooks (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 13 1941 (Date received) (b) Clyde A Bridger (Registrar's signature)

25. Attendant's **OWN signature** Dr. Moody M.D. or (D.O., Midwife, etc.)
and address Lane, Idaho Date 6 27 06

27. Given name added on ..... by ..... (Registrar's signature)

State of Washington } ss.
County of Lincoln }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mrs. Rose Brooks, being first duly sworn, say that I am related to (Related to (or) acquainted with) Samuel Percy Brooks (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Moody (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Rose Brooks Name

Miles, Washington P. O. Address

Subscribed and sworn to before me on this 9th day of January 1941

(SEAL) C. M. Oberman Notary Public, residing at Davenport Wn

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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843-110-015 419 RECEIVED 309649

United States
Department of Commerce
Bureau of the Census

JAN 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

304645

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Salmon
(c) Street Address or R F D No. Home
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Elmer Claude Hutcheson

5. Date of Birth (Month, day, year) Dec 10, 1906

6. Sex. male

7. Twin or Triplet ~~If so—born~~ 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James W Hutcheson

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace Dayton (City or town) Missouri (State or foreign country)

14. Exact Occupation rancher

15. Industry or Business ranch

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Mann

17. Color or Race W.

18. Age at time of THIS birth 21 years

19. Birthplace Shellsburg (City or town) Iowa (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) JAN 15 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Chas F Hammer M.D., being first duly sworn, say that I am acquainted (Related to (or) acquainted with) Elmer C Hutcheson (Name of person on certificate above) as an acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. C. Whitwell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Chas F Hammer M.D. Name
Salmon, Idaho P. O. Address

Subscribed and sworn to before me on this 10th day of January, 1941

(SEAL)

Maurice C. McBride Notary Public, residing at Salmon, Idaho

over.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

This name should be Claude Elmer Hutcheson
instead of Elmer Claude Hutcheson
as it appears on the opposite side.
Chas F Hammer MD

1/24/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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255-110-030-593 RECEIVED

United States
Department of Commerce
Bureau of the Census

JAN 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304657
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Salmon
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1yr yrs.
(f) Mother's mailing address Salmon, Idaho.

3. **RESIDENCE OF FATHER** (city, state) Salmon, Ida

4. **FULL NAME OF CHILD** John Allison Benjamin Jr.

5. Date of Birth (Month, day, year) June 10, 1906

6. Sex. male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Allson Benjamin
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace dont know (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business laborer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha M. Eichwald
17. Color or Race wh
18. Age at time of THIS birth 21 years
19. Birthplace Patterson N.J. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Borac Acid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 1 A. M. on the date and at the place stated above, and that personal particulars were furnished by Martha Benjamin (First name) (Last name), who is related to this child as Mother (Mother, etc.)

RECEIVED

26. (a) JAN 13 1941 (Date received) (b) Clyde A. Bridger, Acting (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

27. Given name added on.....by.....(Registrar's signature)

State of Idaho
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Martha M. Benjamin, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Allson Benjamin (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Whitwell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Martha M. Benjamin Name

Salmon, Idaho P. O. Address

Subscribed and sworn to before me on this 10th. day of January ,1940.

(SEAL) W. W. Simmonds Clerk Dist. Court, Lemhi Co. Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1967
FEB 24 1967

1/17/41 E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

CC. issued Jan. 29, 1941 Z.j.

816 121 022 764

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304679
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Farnum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In THIS county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Farnum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state): Farnum, Ida.

4. **FULL NAME OF CHILD** Estes LaCone Hawkes

5. Date of Birth (Month, day, year) Oct. 21, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Estes Smart Hawkes
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Franklin, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Godfrey
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Ogden, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was hornalive (born alive, stillborn) at 8:00 AM. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Jan. 14, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Dora Hawkes, being first duly sworn, say that I am related to (Related to (or) acquainted with) Estes LaCone Hawkes (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Swen Jenson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Dora Hawkes Signature

Boise, Idaho Route #1 P. O. Address

Subscribed and sworn to before me on this 14th day of January, 1941

(SEAL) Mae G. Atwood Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Duplicate Certificate filed Apr 29.
Duplicate Copy made (#342981) and destroyed. Apr 29.

JUN 2 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Amended May 13, 1952 141-22-040-691

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Shoshone
City of Wallace
No. 407 Pine St. St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 304682
Prim. Registration District No. ____ Local Registrar's No. ____

2. **FULL NAME OF CHILD** MARIANNA AMATTO

3. Sex | If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth SEPT. 21, 1906 (Month, Day, Year)

FATHER

9. Full name Carmella Amatto
10. Residence (usual place of abode) (If non-resident, give place and State) Wallace
11. Color or race W. | 12. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or Country) Italy

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labour
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. railroad
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Urenza Franchina
19. Residence (usual place of abode) (If non-resident, give place and State) Wallace
20. Color or race W. | 21. Age at last birthday 31 (years)
22. Birthplace (city or place) (State or Country) Italy

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Hw.
25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ { months or weeks | 30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 3:30a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Drs. Mowery, M. D.
or ____, Midwife
Address Wallace, Ida.

Give name added from a supplemental report ____ (Date of)

Filed Dec. 23, 1940 John A. Bever
Registrar.

____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Wallace

No. 407 Pine St. St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

304682

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. 140 Local Registrar's No. 186

2. FULL NAME OF CHILD Mary Amato.

3. Sex F. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate yes | 8. Date of birth Sept. 21, 1907 (Month, Day, Year)

FATHER	MOTHER
9. Full name Carmello Amato	18. Full maiden name Virginia Frank.
10. Residence (usual place of abode) (If non-resident, give place and State) Wallace	19. Residence (usual place of abode) (If non-resident, give place and State) Wallace.
11. Color or race W | 12. Age at last birthday 36 (years)	20. Color or race W | 21. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Italy	22. Birthplace (city or place) (State or Country) Italy.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Rail Road.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Hw.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 3:30 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. Mowery, M. D.

or ..... Midwife

Address Wallace Ida

Give name added from a supplemental report .....

(Date of)

Filed Dec 23, 1907 John A Bowen

Registrar. Registrar.

Certificate of Baptism

Church of

St. Alphonsus

Wallace, Idaho

This is to Certify

That Marianna Amatto

Child of Carmella Amatto

and Urenza Franchina

born in Wallace, Idaho

on the 21 day of September 19 06

was

Baptized

According to the Rites of the Roman Catholic Church

on the 1 day of Nov. 1906

by the Rev. Rev. F. A. Becker

the Sponsors being { Joe Jaquetta
Lucia Jaquetta

as appears from the Baptismal Register of this Church.

Dated June, 29, 1949.

Rev. J. S. Frest.

Pastor

PTD IN U.S.A. NO. 501 THE KAUFER CO. SEATTLE, TACOMA, W., VANCOUVER, B.C.

465-112-034-163

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304690
Local Reg. No.
Reg. Dist. No.

JAN 20 1941

1. **PLACE OF BIRTH:**
(a) County Minidoka (b) City Heyburn
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Heyburn
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Heyburn, Id.

3. **RESIDENCE of FATHER** (city, state) Heyburn, Idaho

4. **FULL NAME OF CHILD** Lawrence Moncur

5. Date of Birth (Month, day, year) May 12, 1906

6. Sex Male

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd Nil

8. No. months of Pregnancy Normal

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wallace Moncur
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Cedar City, Utah (City or town) (State or foreign country)
14. Exact Occupation Foreman U. S. Recl. Serv.
15. Industry or Business Irrigation

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Ann Jolley
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Mt. Carmel, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Emma Ann Jolley Mocur (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) JAN 20 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Deceased Dr. Killeen (?) M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Ann Jolley Moncur, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lawrence Moncur (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Killeen (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emma Ann Jolley Moncur Signature

RFD#4 Burley, Idaho P. O. Address

Subscribed and sworn to before me on this 17 day of January, 1941

(SEAL) Henry H. Tucker Notary Public, residing at Burley, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/ 18/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

646-114-209-369

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**

County of Bonner

City of Sandpoint

No. Corner Superior & Euclid Sts

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

304762

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Wesley Richard O'Donnell

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	.....	Yes	June 14, 1906

FATHER	MOTHER
9. Full name: George Michael O'Donnell	18. Full maiden name: Mary Elizabeth Cairnes
10. Residence (usual place of abode) (If non-resident, give place and State): Sandpoint	19. Residence (usual place of abode) (If non-resident, give place and State): Sandpoint
11. Color or race: White 12. Age at last birthday: 40 (years)	20. Color or race: White 21. Age at last birthday: 33 (years)
13. Birthplace (city or place) (State or Country): Saginaw, Michigan / Saginaw County	22. Birthplace (city or place) (State or Country): New Ireland, New Brunswick / Albert County
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 6 (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born Alive at 11:40 A. m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) C. V. Page, M. D.

or ....., Midwife

Address Sandpoint, Idaho.

Give name added from a supplemental report .....
(Date of)

Filed Jan. 17, 1941, 193 Clyde M. Bridger, Acting
Registrar.

.....
Registrar.

Certified Copy issued Jan. 24, 1941. E.W.

JUL 21 1949

APR 2 1952

395108-037755 304766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304766
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Owyhee (b) City Silver City
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.
(f) Mother's mailing address Silver City

3. **RESIDENCE OF FATHER** (city, state) Silver Ida

4. **FULL NAME OF CHILD** Erold Penrose Tremewan

5. Date of Birth (Month, day, year) April 8, 1906

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henery Tremewan
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Austin, Nevada (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Confectionery store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Hall Penrose
17. Color or Race white
18. Age at time of THIS birth 27 years
19. Birthplace Fairview Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living two 2
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Jan. 21, 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)
Acting
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of IDAHO
County of ADA } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, MINNIE HALL TREMEWAN, being first duly sworn, say that I am related to (Related to (or) acquainted with) EROLD PENROSE TREMEWAN (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hamilton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Minnie Hall Tremewan Name
Route #6, Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 21st day of January, 1941
(SEAL) Ross A. Haworth Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/21/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

756 220 022 462

304775

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304775
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 2 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address St Anthony

3. RESIDENCE of FATHER (city, state) St Anthony

4. FULL NAME OF CHILD Lucille Imogene Pew

5. Date of Birth (Month, day, year) Feb 20-1908

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Liram Smith Pew
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Mound City Mo (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosabelle Mabee
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Mound City Mo (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Jan. 23, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosabelle Pew, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Lucille Imogene Pew (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Humble (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rosabelle Pew, Signature
378 ½ Boise ave, Venice, Cal P. O. Address

Subscribed and sworn to before me on this 23 day of January, 1941

(SEAL) J. R. Moore Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/23/41 L. b.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

252206014154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304796
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. 115 W. 3rd. St.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Box 303

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Ethel Clarisa Kesgard

5. Date of Birth (Month, day, year) Apr. 6 - 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Chris Kesgard
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Preston Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming & Dairying

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta Anderson
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Emmett Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born Alive at 9 P. M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Etta Kesgard (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

26. (a) JAN 17 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Etta Kesgard, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Ethel Clarisa Kesgard (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth Russell (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Etta Kesgard Signature

Box 303 Emmett, Idaho P. O. Address

Subscribed and sworn to before me on this 16 day of Jan, 1941

(SEAL) J. L. Burdell Notary Public, residing at Emmett Ida

1/25/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363131016-845

United States Department of Commerce
Bureau of the Census

JAN 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304798
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Marion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: C. O. Tolman, Marion, Idaho
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 19 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Lawrence Alvin Tolman

5. Date of Birth (Month, day, year) May 31, 1906

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Cyrus O. Tolman
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Marion, Idaho-Cassia Co. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Hunt
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Basin, Cassia Co., Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business nil

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 17 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** deceased M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cyrus O. Tolman, being first duly sworn, say that I am the father related (Related to (or) acquainted with) Lawrence Alvin Tolman (Name of person on certificate above) as father of (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Annie Clark (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Cyrus O. Tolman Signature

Burley, Idaho R No. 1 P. O. Address

Subscribed and sworn to before me on this 16th day of January, 1941.

(SEAL) Henry W. Tucker Notary Public, residing at Burley, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/27/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Parma
No. None St.
(If born in hospital or institution give name.)

JAN 18 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

304804

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD ELIZABETH EMMA GEARHART

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? Yes

8. Date of birth MAY 28 1906 (Month, Day, Year)

FATHER

9. Full name Stuart Eaton Gearhart

10. Residence (usual place of abode) (If non-resident, give place and State) Parma Idaho

11. Color or race White | 12. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or Country) Madison Nebraska

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butter maker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Parma Creamery

16. Date (month and year) last engaged in this work May 28, 1906

17. Total time (years) spent in this work Four

MOTHER

18. Full maiden name Carrie Elvira Mathews

19. Residence (usual place of abode) (If non-resident, give place and State) Parma, Idaho

20. Color or race White | 21. Age at last birthday 17 (years)

22. Birthplace (city or place) (State or Country) Star, Ada County Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Keeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work May 27, 1906

26. Total time (years) spent in this work 1 year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not Known

28. Number of children of this mother One (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 1 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Carrie Elvira Mathews Gearhart Mother

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed Jan, 1941 Clyde A Bridges Acting Registrar.

Registrar.

751-228: 014-413

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of CALIFORNIA
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

CARRIE MATHEWS GEARHART being first duly sworn says that she is the mother (Relationship of child)* of Elizabeth Emma Gearhart born May 28, 1906 (Date of birth) at Parma, Idaho, whose certificate of birth is hereto attached, and that Elizabeth Emma Gearhart desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Elizabeth Emma Gearhart hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Williams, M. D., ~~was the~~ Midwife medical attendant at the birth of said Elizabeth Emma Gearhart and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Carrie Mathews Gearhart

P. O. Address 432 Via Miramonte, Montebello, Calif.

Subscribed and sworn to before me this 15th day of January, 19 41

Notary Public.

My Commission Expires: March 11, 1942. Residing at Montebello, California, ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

Certified Copy Issued Jan. 28, 1941. L...

(133-129-036-316

304820

United States Department of Commerce Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 20 1941

State File No.

Local Reg. No. 7

Reg. Dist. No. 540

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Oneida (b) City Fairview
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county All years life months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Oneida
   (c) City Fairview
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? All life yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lloyd James McLean

5. Date of Birth (Month, day, year) Aug 29, 1906

6. Sex Male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd First

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Levi C. McLean
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Franklin Idaho (City or Town) (State or foreign country)
14. Exact Occupation Rail Road Fireman
15. Industry or Business Southern P. R. R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carisse May Cafferty
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Fairview Idaho (City or Town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
    (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 2: P M. on the date and at the place stated above, and that personal particulars were furnished by Levi C. McLean (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) Jan 18 1941 (Date received) (b) G. W. States (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** G. W. States M.D. (D.O., Midwife, etc.)
and address Preston Ida. Date 1-18-41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

433-129-036-316

RECEIVED

JAN 20 1941

304821

United States Department of Commerce Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304821
Local Reg. No. 8
Reg. Dist. No. 540

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Oneida (b) City Fairview
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ____ days.
   In **THIS** county All life years ____ months ____ days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Oneida
   (c) City Fairview
   (d) Street Address or R.F.D. No. All life
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Leland George McLean

5. Date of Birth (Month, day, year) Aug 29 1906

6. Sex Male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Levi C. McLean
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Franklin (City or Town) Idaho (State or foreign country)
14. Exact Occupation Rail road Fireman
15. Industry or Business Southern P.R.R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carisse May Cafferty
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Fairwiew Idaho (City or Town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
    (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 2:30 P M. on the date and at the place stated above, and that personal particulars were furnished by Levi C. McLean (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) Jan 18 1941 (Date received) (b) G. W. States (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's Signature)

25. Attendant's **OWN signature** G. W. States M.D. (D.O., Midwife, etc.)
and address Preston Ida. Date 1-18-41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Oneida

City of Preston

No. ____ St. ____

(If born in hospital or institution give name.)

RECEIVED
JAN 20 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 304830

Registration District No. 540 State File No. ____

Prim. Registration District No. 2119 Local Registrar's No. 3

2. FULL NAME OF CHILD Garland Lofvander McDougal

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	____ / x	x	July 4 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Garland A McDougal	18. Full maiden name: Martha Rebecka Peterson
10. Residence (usual place of abode) (If non-resident, give place and State): Preston	19. Residence (usual place of abode) (If non-resident, give place and State): Same
11. Color or race: W | 12. Age at last birthday: 29 (years)	20. Color or race: W | 21. Age at last birthday: 25 (years)
13. Birthplace (city or place) (State or Country): Iowa	22. Birthplace (city or place) (State or Country): Lulea Sweden
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: newspaper	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: H. W.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Business	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____
16. Date (month and year) last engaged in this work ____, 19____	25. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work ____	26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother: one (At time of this birth and including this child) (a) Born alive and now living X (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Mrs Martha R McDougal, M.D.

or ____ Midwife

Address 1151-Grizzly Peak Blvd

Filed Jan 17, 1941 Berkeley-Calif

Registrar.

G. W. Stales

Registrar.

434 - 104: C36 - 753

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California } ss.
County of Alameda }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Martha R. McDougal being first duly sworn says that she is the mother (Relationship of child)* of Garland Lofvander McDougal born July 4, 1906 (Date of birth) at Preston, Oneida County, Idaho, whose certificate of birth is hereto attached, and that desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Garland Lofvander McDougal hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Emery M. D. was the ~~Midwife~~ medical attendant at the birth of said Garland Lofvander McDougal and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Mrs. Martha R. McDougal

P. O. Address 1151 - Grizzly Peak Blvd

Subscribed and sworn to before me this 14th day of January, 1941

Blanche M. Jeamans
Notary Public.

My Commission Expires June 1, 1942 Residing at Berkeley, California, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1/29/41 L. P.

799-1111-007-113 HFPC

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

JAN 23 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 305906

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Blaine (b) City Hailey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Hailey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Ralph Russell Priest

5. Date of Birth (Month, day, year) Feb. 11, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Marion Russell Priest
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Greeley, Kansas (City or town) (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna D. Jackson
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Carson City, Nevada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 23 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Marion R. Priest, being first duly sworn, say that I am related (Related to (or) acquainted with) Ralph Russell Priest (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Physician & Midwife (Name of attendant at birth), who attended said birth are both deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Marion Russell Priest Signature

P. O. Address

Subscribed and sworn to before me on this 22 day of January, 1941

(SEAL)

Notary Public, residing at Boise Idaho

MAY 3 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A 168-2041040-662

United States Department of Commerce
Bureau of the Census

RECEIVED
JAN 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 305926
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Mullan
(c) Street Address or R F D No. Lookout
(d) Name of Hospital or Maternity Home: Born in boxcar on N. P. Ry.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years 3 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Montana (b) County
(c) City Missoula
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Violet Lillian Johnson
5. Date of Birth (Month, day, year) Dec. 4, 1906
6. Sex. f.
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Edward Johnson
11. Color or Race W
12. Age at time of THIS birth 26 yrs.
13. Birthplace Cokato, Minn. (City or town) (State or foreign country)
14. Exact Occupation Bridge carpenter on
15. Industry or Business N. P. Railway

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Linda Foster
17. Color or Race W
18. Age at time of THIS birth 22 years
19. Birthplace Sprague, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by John Edward Johnson (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) JAN 22 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ~~MDXX~~ father (D.O., Midwife, etc.)
and address Clarksfork, Date Idaho

State of Idaho } ss.
County of Bonner }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Edward Johnson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Violet Lillian Johnson (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Josh Flemming (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

× John Edward Johnson Name
Clarksfork, Idaho P. O. Address

Subscribed and sworn to before me on this 13th day of December, 1940

(SEAL) Notary Public, residing at Sandpoint, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified copy issued Jan. 30, 1941. E.W.

A F F I D A V I T

STATE OF IDAHO
:ss
County of Bonner

JOHN EDWARD JOHNSON, being first duly sworn, deposes and on his oath says :

That he is the father of Violet Lillian Johnson, now Violet Lillian Johnson Grueschow, and that he makes this affidavit for the purpose of registering the birth of said Violet Lillian Johnson Grueschow in the Bureau of Vital Statistics, State of Idaho;

That the said Violet Lillian Johnson was born on the 4th day of December, 1906 near the Village of Mullan, Shoshone County, State of Idaho; that the mother of said Violet Lillian Johnson was Linda Foster Johnson; that the said Linda Foster Johnson is now deceased, she having died on or about the 10th day of November, 1923 at Yakima, Washington;

At the time of the birth of said Violet Lillian Johnson, no physician was present and that the only attendant at the birth of said Violet Lillian Johnson was Mrs. Josh Flemming whose residence at that time was Missoula, Montana; the said Mrs. Josh Flemming being present at the said time upon a visit to affiant and his family; that the said Mrs. Josh Flemming is now deceased, she having passed away on or about the month of November, 1936 at Missoula, Montana;

That the only persons present at the time of the birth of the said Violet Johnson was this affiant and the said Mrs. Josh Flemming, now deceased.

John Edward Johnson

Subscribed and sworn to before me this 1st day of November, 1940.

Everett E. Edwards
Notary Public in and for the State of Idaho, residing at Sandpoint.
My commission expires Apr. 15, 1941.

515-207-019-691

United States Department of Commerce Bureau of the Census

JAN 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306045

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Custer (b) City Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Sun Down Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 22 years 7 month 12 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mackay
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address Mackay, Idaho

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Clara Catherine Vanderwood

5. Date of Birth (Month, day, year) Sept 7th 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry N. Vanderwood

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Malad City (City or town) Idaho (State or foreign country)

14. Exact Occupation Bank Cashier

15. Industry or Business Banking

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie Lillian Frankeberg Vanderwood

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace [redacted] Houston (City or town) Idaho (State or foreign country)

20. Exact Occupation Housekeeper

21. Industry or Business Cook

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Clyde A. Bitzer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Elsie Lillian Vanderwood, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clara Catherine Vanderwood (Name of person on certificate above) as Mother, (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Francis H. Poole, (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Elsie Lillian Vanderwood Signature

272 East Jackson, Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me on this 27th day of January, 1941

(SEAL) Chas A. Quane Notary Public, residing at Blackfoot, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/7/41 Z. J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A 619-44-007-159

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

306071

CERTIFICATE OF BIRTH

JAN 22 1941

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Blaine
City of Carey
No. _____ St. Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Jett Finch Ward (step father's name Ward)

3. Sex Boy | If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth [illegible] 1941
(Month, Day, Year)

FATHER

9. Full name Ira G Finch
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race White 12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Nebraska

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____, 19____ | 17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Born 1892 Aug 20 Annie Louise Davis
19. Residence (usual place of abode) (If non-resident, give place and State) Jerome Idaho
20. Color or race White 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or Country) Malad City Oneida Co Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____ | 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks | 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of)

(Signed) _____, M. D.
or Louisa B. Howard, Midwife
Address Carey Idaho

Filed JAN 22 1941, 19____

_____ Registrar.

_____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

A F F I D A V I T

STATE OF IDAHO)
- ss
County of Jerome)

Mrs. Annie Louise Shawver, being first duly sworn says that she is a resident of Jerome County, State of Idaho, and has been for a period of years. That during the year of 1900 she married one Ira G. Finch, said marriage was performed at Malad, in Oneida County, Idaho.

That during the year of 1906 there was born to said union a son who was christened Jett Finch; that thereafter, during the year of 1912, this affiant obtained a decree of divorce from Ira G. Finch, her said husband and was by the Court awarded the custody of the said son, that the said Ira Finch died in the Territory of Alaska on or about the year 1930.

That thereafter, during the year of 1913 this affiant married one John W. Ward, of Carey, Blaine County, Idaho and that Jett Finch, the said son remained with her and under her control and custody and he thereupon took and was known by the name of Jett Finch Ward, and that during all the succeeding years he has been known by such name, and that he was married under the name of Jett Finch Ward and still has and retains such name.

That no Court or other proceedings were had to change his name from that of Finch to Ward other than by common usage.

That the said John W. Ward died during the year of 1918, and that during his lifetime and up to his death he assumed the guardianship and the care of said child, and that with the said deceased's full knowledge and consent the said child used the name of Jett Finch Ward.

That after the death of said John W. Ward, and during the year of 1923, this affiant married one Earnest E. Shawver of Jerome, Idaho and they have and still reside together.

This affidavit is made so as to acquaint the Department of Welfare, Bureau of Vital Statistics, as to the circumstances concerning and relating to the change of name and this affiant asks that such Bureau record the facts accordingly.

Dated and signed at Jerome, Idaho, this 27th day of January, 1941.

Louise Shawver

Subscribed and sworn to before me this 27th day of January, 1941.

Henry M. Hall
Notary Public
Residing at Jerome, Idaho

713-115-1028-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 30 1941

State File No. 306119
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Coeur d' Alene
(c) Street Address or R F D No. Poplar St.
(d) Name of Hospital or Maternity Home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 38 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Coeur d' Alene,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 59 yrs.
(f) Mother's mailing address 1014 4th St.

3. **RESIDENCE OF FATHER** (city, state) dead.

4. **FULL NAME OF CHILD** Glenn Oliver, Patchen,

5. Date of Birth (Month, day, year) 6-15-1906

6. Sex. Son

7. Twin or Triplet — If so—born 2nd 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Guy Jesse Patchen,
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Roseville, Minn. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Cornelia Barnes
17. Color or Race white
18. Age at time of THIS birth 20 years
19. Birthplace Coeur d' Alene Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife,
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 10 A M, on the date and at the place stated above, and that personal particulars were furnished by Frances Patchen, (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 30 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Acting

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho, } ss.
County of Kootenai }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frances Patchen, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Glenn Oliver Patchen, (Name of person on certificate above) as Mother, (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that all are dead (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Frances Patchen Name

1014 Fourth St., Coeur d' Alene, Ida. P.O. Address

Subscribed and sworn to before me this 29th day of January, 1941.

(SEAL) Notary Public, residing at Coeur d' Alene, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/8/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-218-028-249.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 31 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306134
Local Reg. No. 191
Reg. Dist. No. 121

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Pleasant Views
(c) ~~Street Address~~ or R F D ~~No.~~ Post Falls
(d) Name of Hospital or Maternity Home at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 3 years 6 months 17 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Pleasant View
(d) ~~Street Address~~ or R.F.D. ~~No.~~ Post Falls
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.
(f) Mother's mailing address Post Falls Ida
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Grace Evelyn Barnes
5. Date of Birth (Month, day, year) 12-18-06
6. Sex. Female
7. Twin or Triplet ~~X~~
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hezekiah Benjamin Barnes
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Mohawk Village Ohio (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zola Vernie Berry
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace New-Guilford Ohio (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None -
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) ~~Born alive and now dead~~ (d) ~~Stillborn~~

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother etc.)

26. (a) 1.29.41 (Date received) (b) H. Newcomb M.D. (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Zola V. Barnes, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Grace Evelyn Barnes (Name of person on certificate above) as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mettie Mellick nurse (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Zola V. Barnes Name
Rathdrum, Ida. P. O. Address

Subscribed and sworn to before me on this 27 day of January, 1941

(SEAL)

Jas A Foster Clerk of the District Court and Ex-Officio Auditor and Recorder residing at Rathdrum

By Jos C White Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-125-008-964

United States
Department of Commerce
Bureau of the Census

FEB 1 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306157
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County BOISE (b) City NAMPA
(c) Street Address or R.F.D. No. GEN DEL
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 1 years 2 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County BOISE
(c) City NAMPA
(d) Street Address or R.F.D. No. GEN DEL
(e) How long has MOTHER lived in Idaho? 14 MONTHS
(f) Mother's mailing address NAMPA

3. RESIDENCE of FATHER (city, state) NAMPA IDA.

4. FULL NAME OF CHILD KENNETH REX KIMBALL
5. Date of Birth (Month, day, year) MAR 25-1906
6. Sex MALE
7. ~~Twin or Triplet~~ ~~If so born 1st, 2nd, 3rd~~
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME JOHN REX KIMBALL
11. Color or Race WHITE
12. Age at time of THIS birth 24 yrs.
13. Birthplace LOGAN (City or town) UTAH (State or foreign country)
14. Exact Occupation STEEL CONSTRUCTION
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME IRMA ROZSA
17. Color or Race WHITE
18. Age at time of THIS birth 18 yrs.
19. Birthplace LOGAN (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living YES
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 1 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Irma Rozsa Kimball, being first duly sworn, say that I am mother (Related to (or) acquainted with) Kenneth Rex Kimball (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that cannot remember name (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Irma Rozsa Kimball Signature
417 - 12 St Santa Monica P. O. Address

Subscribed and sworn to before me on this 30 day of January, 1941

(SEAL) [signature] Notary Public residing at ..... NOTARY PUBLIC in and for the County of Los Angeles, State of California. My Commission Expires April 13, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Feb. 10, 1941. E.M.

281-118-044-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 6 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306219
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home of Parents
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Wash
(c) City Weiser
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 23 yrs.
(f) Mother's mailing address Weiser Ida

3. RESIDENCE of FATHER (city, state): Weiser Idaho

4. FULL NAME OF CHILD Eldon Deloss Shannon
5. Date of Birth (Month, day, year) March 18-1906
6. Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd no
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	Andrew Busby Shannon	16. FULL MAIDEN NAME	Laura Blanche Wallace
11. Color or Race	White	17. Color or Race	White
12. Age at time of THIS birth	35 yrs.	18. Age at time of THIS birth	23 yrs.
13. Birthplace (City or town)	Beaver City (State or foreign country) Utah	19. Birthplace (City or town)	Salubria (State or foreign country) Idaho
14. Exact Occupation	Farmer	20. Exact Occupation	house wife
15. Industry or Business	Farming	21. Industry or Business	none

22. Name prophylactic used to prevent Ophthalmia Neonatorum I dont know
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at Weiser Ida M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 6 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Deceased M.D. (D.O., Midwife, etc.)
and address Weiser Ida Date

State of Oregon
County of Morrow } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Laura Blanche Shannon, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Eldon Deloss Shannon (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr C B Shirley (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

L Blanche Shannon Signature
Boardman Ore P. O. Address

Subscribed and sworn to before me on this 3rd day of February 1941

(SEAL) Robert Harwood Notary Public, residing at Boardman Ore

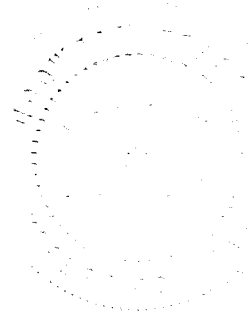
NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES NOV. 6, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Certified Copy Issued Feb. 17, 1941. E.L.

331-106-006-545

RECEIVED

United States Department of Commerce Bureau of the Census

FEB 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306230

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Bingham now Bonneville (b) City Idaho Falls
(c) ~~Street Address~~ or R.F.D. No. 6 no route then
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ---- days.
In THIS county 6 years 7 month 9 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bingham now Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. In country
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Idaho Falls Idaho
3. RESIDENCE of FATHER (city, state) Idaho Falls Idaho

4. FULL NAME OF CHILD Elem Emery Clark
5. Date of Birth (Month, day, year) November 6-1906
6. Sex Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Homer George Clark
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Davenport (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business General Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Rebecca Emery
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Utica (City or town) Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) FEB 6 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date

27. Given name added on ____ by ____ (Registrar's signature)

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth R. Clark, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Elem Emery Clark (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Rowberry (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elizabeth R. Clark Signature
1121 15th St Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of Feb 1941

(SEAL) A. J. Clements Notary Public, residing at Idaho Falls Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Feb. 17, 1941. E.W.

154-101-022-353

United States
Department of Commerce
Bureau of the Census

FEB 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306256
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Ora, Ida.
(c) ~~Street Address~~ or R F D No. 1
(d) Name of Hospital or Maternity Home: Home delivery
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Ora
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? ✓ yrs.
(f) Mother's mailing address Ora, Idaho

3. **RESIDENCE OF FATHER** (city, state) Ora, Idaho

4. **FULL NAME OF CHILD** Henry Telford Andrus

5. Date of Birth (Month, day, year) Dec. 1, 1906

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mansfield Andrus
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace West Jordan (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Una May Telford
17. Color or Race White
18. Age at time of THIS birth 35 years
19. Birthplace Richmond (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ✓ M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 7 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Willbern M. Andrus, being first duly sworn, say that I am related to (Related to (or) acquainted with) Henry Telford Andrus (Name of person on certificate above) as older brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hargis (Name of attendant at birth), who attended said birth cannot be located (or is deceased) and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Willbern M. Andrus Name
755 No 10th Ave Pocatello Idaho P. O. Address

Subscribed and sworn to before me on this 7 day of January 1941

(SEAL) Ward Green Notary Public, residing at Pocatello Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/18/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

612-204001-463

306219

306319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada. (b) City Boise
(c) Street Address or R.F.D. No. 613 Franklin St.
(d) Name of Hospital or Maternity Home: 613 Franklin St.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 3 years 6 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Ada.
(c) City Boise
(d) Street Address or R.F.D. No. 613 Franklin
(e) How long has **MOTHER** lived in Idaho? 3-1/2 yrs.
(f) Mother's mailing address 613 Franklin St.

3. **RESIDENCE of FATHER** (city, state): Boise, Idaho

4. **FULL NAME OF CHILD** Madeline Theresa Fassbender

5. Date of Birth (Month, day, year) Aug. 4, 1906

6. Sex F

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy Full term

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Fassbender

11. Color or Race W.

12. Age at time of THIS birth 42 yrs.

13. Birthplace Urfeld, Germany (City or town) (State or foreign country)

14. Exact Occupation Shoemaker

15. Industry or Business -

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Theresa Dollmeier

17. Color or Race W.

18. Age at time of THIS birth 30 yrs.

19. Birthplace Ensbach, Germany (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 1 A M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Feb. 17, 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Theresa Fassbender, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Madeline Theresa Fassbender (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Tukey (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Theresa Fassbender Signature
613 Franklin Ste. P. O. Address

Subscribed and sworn to before me on this 16 day of February, 19 41

(SEAL) William A. Hickey Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/17/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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689-11H040-296

RECEIVED

FEB 11 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306365
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Wilmer Olen Whitman
5. Date of Birth (Month, day, year) Dec 11-1906
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clarence Elmer Whitman
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Rising Sun (City or town) Ohio (State or foreign country)
14. Exact Occupation Yard Master for Northern
15. Industry or Business Pacific Rail Road.

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Eliza ~~Whitman~~ Brown
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Nevada (City or town) Missouri (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1 PM M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle E Whitman (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) ..... (Date received) (b) Clyde A Bridger Acting (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Pierce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Myrtle E. Whitman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Wilmer Olen Whitman (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Wallace Ida Hospital Doctor (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Myrtle E Whitman Signature
2716 - A - St P. O. Address

Subscribed and sworn to before me on this 7th day of February, 1941 Tacoma Wash

(SEAL) [signature] Notary Public, residing at Tacoma.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2/19/41 rmf

JUN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-113-003-519

United States
Department of Commerce
Bureau of the Census

RECEIVED FEB 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306388
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. N 7th ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days. Residence
In THIS county 7 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. N 7th ave
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Boardman ore

3. RESIDENCE of FATHER (city, state): same

4. FULL NAME OF CHILD Arthur Barge Chaffee Jr

5. Date of Birth (Month, day, year) Oct 13-1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur Barge Chaffee
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Galesburg Ill (City or town) (State or foreign country)
14. Exact Occupation merchant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME May Harper
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Edgerton Kansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 13 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Morrow } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, May Harper Chaffee, being first duly sworn, say that I am the mother (Related to (or) acquainted with) Arthur Barge Chaffee Jr (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Steel (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

May Harper Chaffee Signature
Boardman ore P.O. Address

Subscribed and sworn to before me on this 21st day of Feby, 1941

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES NOV. 6, 1944

A B Chaffee Justice of Peace Notary Public residing at Boardman ore
Robert Harwood - Notary Public morrow co ore

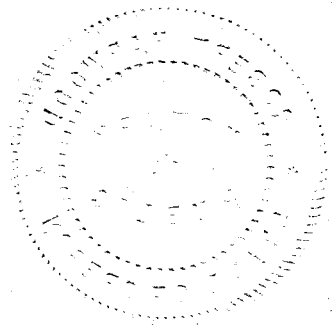
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 5

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Certified Copy Issued Feb. 19, 1941. E.W.

663-104-OX-805

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 13 1941

State File No. 306394
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon, Idaho (b) City Nampa
(c) Street Address or R.F.D. No. R.T.D. 3
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: at home
In Hosp. or Mat. Home.....days.
In **THIS** county yes 5 years 1 months + days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. R.T.D. 3
(e) How long has **MOTHER** lived in Idaho? ~~[illegible]~~ yrs.
(f) Mother's mailing address ~~[illegible]~~

3. **RESIDENCE OF FATHER** (city, state) ~~[illegible]~~

4. **FULL NAME OF CHILD** Isaiah Harvey Wolfe

5. Date of Birth (Month, day, year) May 4 - 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Cyrus H. Wolfe
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Pleasantville (City or town), Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Yant Nee Wolfe
17. Color or Race white
18. Age at time of THIS birth 24 years
19. Birthplace Derby (City or town), Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at a M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ellen Wolfe (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 13 1941 (Date received) (b) Clyde A. Bridge (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** E. G. HOUSEMAN M.D. or ..... (D.O., Midwife, etc.) and address 4112 N.E. Sandy Blvd., Portland, Ore. Date 1/15-41

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Evan G. Houseman, being first duly sworn, say that I am acquainted (Related to (or) acquainted with) Isaiah Harvey Wolfe (Name of person on certificate above) as Attending Physician (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Evan G. Houseman (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Evan G. Houseman D.O. Name
4112 N.E. Sandy, Portland, Oregon P. O. Address

Subscribed and sworn to before me on this 18 day of January, 1941

(SEAL) McChristy Notary Public, residing at Portland Ore.

Notary Public for Oregon
My Commission Expires 9-5-43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2/20/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-119-016-215

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECEIVED FEB 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306433
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 26 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
(f) Mother's mailing address Oakley, Idaho

3. **RESIDENCE of FATHER** (city, state) Oakley, Idaho

4. **FULL NAME OF CHILD** Ellis Albert Bunn

5. Date of Birth (Month, day, year) July 19, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Henry Bunn
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace New York (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Addie Sanford
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Deep Creek Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 14 1941 (Date received) (b) Lely de A. Bridges Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Addie Sanford Bunn, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ellis Albert Bunn (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Grace Severe (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Addie Sanford Bunn Signature
Burley, Idaho. P. O. Address

Subscribed and sworn to before me on this 12 day of February, 19 41

(SEAL) S. H. Duncan Notary Public, residing at Burley, Idaho.

cc 2/24/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-220-028-816

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 7 1941

306445

State File No. 306445
Local Reg. No. 35
Reg. Dist. No. 121

1. **PLACE OF BIRTH:**
(a) County KOOTENAI (b) City SAND POINT
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: 1 MONTH
In Hosp. or Mat. Home.....days.
In **THIS** county 11 years 7 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County LATAH
(c) City PRINCETON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address PRINCETON

3. **RESIDENCE OF FATHER** (city, state) IDAHO

4. **FULL NAME OF CHILD** THELMA ISABEL KELLY

5. Date of Birth (Month, day, year) SEPTEMBER 20 1906

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** THOMAS KELLY
11. Color or Race AMERICAN
12. Age at time of THIS birth 26 yrs.
13. Birthplace MINNEAPOLIS (City or town) MINNESOTA (State or foreign country)
14. Exact Occupation CONSTRUCTION FOREMAN
15. Industry or Business RAIL ROAD

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ETHEL MABEL HAWKINS
17. Color or Race AMERICAN
18. Age at time of THIS birth 21 years
19. Birthplace SPOKANE (City or town) WASHINGTON (State or foreign country)
20. Exact Occupation NONE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living..... (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) 2-6-41 (Date received) (b) H. F. Kennard M.D. (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California }
County of San Diego } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ethel M. Anderson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Thelma Isabel Kelly (Name of person on certificate above) as Her Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. M. C. Runion (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ethel M. Anderson Name
San Ysidro Cal P. O. Address

Subscribed and sworn to before me on this 4 day of Feb. Post Mistress San Ysidro, Calif

(SEAL) Notary Public, residing at

My Commission Expires Aug. 23, 1942.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2/25//41 rmf

SEP 25 1959

JUL 18 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-204-040-993

United States
Department of Commerce
Bureau of the Census

FEB 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306448
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Wardner
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: no hospital - at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 4 years 7 months 4 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. 515 McKinley Ave
(e) How long has **MOTHER** lived in Idaho? 34 yrs.
(f) Mother's mailing address Kellogg, Idaho

3. **RESIDENCE OF FATHER** (city, state) Kellogg, Idah

4. **FULL NAME OF CHILD** Virginia Simmonds

5. Date of Birth (Month, day, year) July 4, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William John Simmonds
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Redruth Cornwall England (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Richards
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Redruth Cornwall England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Jane Richars (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) FEB 14 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Chas R. Mowery M.D. or M.D. (D.O., Midwife, etc.) and address 305-6 Fernwell Bldg Spokane, Washington Date 1/30/41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Name

..... P. O. Address

Subscribed and sworn to before me on this ..... day of .....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2/25/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

997-107.005-243

306451

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306451
Local Reg. No.
Reg. Dist. No.

FEB 14 1941

1. **PLACE OF BIRTH:**
(a) County IDAHO (b) City none
(c) Street Address or R.F.D. No. CANFIELD
(d) Name of Hospital or Maternity Home: HOME RESIDENCE
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 3 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City none
(d) Street Address or R.F.D. No. CANFIELD
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address CANFIELD, IDA.

3. **RESIDENCE of FATHER** (city, state): CANFIELD, IDA.

4. **FULL NAME OF CHILD** CLAUDE MONROE RIPLEY

5. Date of Birth (Month, day, year) JULY 7, 1906

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** DAVID MAC RIPLEY
11. Color or Race WHITE
12. Age at time of THIS birth 44 yrs.
13. Birthplace HOLDEN (City or town) MISSOURI (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ALVIRA BUTTRICK
17. Color or Race WHITE
18. Age at time of THIS birth 36 yrs.
19. Birthplace MOUNDS CITY (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 14 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Acting Director

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Garland P. Ripley, being first duly sworn, say that I am related to (Related to (or) acquainted with) Claude Monroe Ripley (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Foskett (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Garland P. Ripley Signature

1132 7th Avenue P. O. Address

NOTARY PUBLIC
IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Subscribed and sworn to before me on this 13 day of February, 19 41

(SEAL) Grace M. Vale Notary Public, residing at Los Angeles, Calif.

My Commission Expires Sept. 29, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Certified copy issued 2-24-1941. dp

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-109-040-418

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306453
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Black bear
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home No days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Black bear
(d) Street Address or R.F.D. No. Gen Del
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state).

4. FULL NAME OF CHILD Henry William Palmer
5. Date of Birth (Month, day, year) May 9 - 1906
6. Sex Male
7. ~~Twin or Triplet~~ ~~If so born 1st, 2nd, 3rd~~
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry William Palmer
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Messina (City or town) New York (State or foreign country)
14. Exact Occupation Mining Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Virginia Mayer
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Virginia City (City or town) Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 15 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Clyde A. Bridger Acting, Director

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Louise Virginia Palmer, being first duly sworn, say that I am Mother (Related to (or) acquainted with) to Henry William Palmer (Name of person on certificate above) as Palmer (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Either (midwife) (Name of attendant at birth) who attended said birth ..... (~~Is now deceased (or)~~ cannot be located) and that this birth has not been previously recorded.

Louise Virginia Palmer Signature
2336 So Beverly Glen Los Angeles P. O. Address

Subscribed and sworn to before me on this 10th day of February, 1941

(SEAL) Mabel W Taman Notary Public, residing at 261 S. Swg 11 Dr. Beverly Hills. Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Certified copy issued 2-24-1941. dp

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-116-025-669

United States
Department of Commerce
Bureau of the Census

FEB 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306472
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Keuterville
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Keuterville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address Cottonwood, Idaho
3. **RESIDENCE of FATHER** (city, state): —

4. **FULL NAME OF CHILD** Hubert Edmund Hattrup
5. Date of Birth (Month, day, year) Jan. 16, 1906
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Hubert Hattrup
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Tetopolis (City or town) Illinois (State or foreign country)
14. Exact Occupation Deceased
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Gertrude Forsmann
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Bishop (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead one (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 17 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Mary Hattrup, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Hubert Edmund Hattrup (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Gertrude Bosse (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Mary G. Hattrup Signature
Cottonwood, Idaho P. O. Address

Subscribed and sworn to before me on this 24 day of February, 19 41

(SEAL) Notary Public, residing at Cottonwood, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/25/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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759-101-036-455

United States Department of Commerce Bureau of the Census

RECEIVED FEB 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306488

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Oneida (b) City Dayton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Dayton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Harold Mendenhall Perkins
5. Date of Birth (Month, day, year) 1 March 1906
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alepia Martin Perkins
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Franklin Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elvira Mendenhall
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Bridgeport Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at a M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 18 1941 (Date received) (b) Clyde A. Bridger acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Nancy E. Beckstead (M.D., Midwife, etc.)
and address Dayton Idaho Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 20 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306519

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Adams (b) City Council
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: Usual Residence of Mother
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home — days.
   In **THIS** county 31 years 1 month 2 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Council
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.
   (f) Mother's mailing address Same

3. **RESIDENCE of FATHER** (city, state): Same

4. **FULL NAME OF CHILD** Lucile Baird Lorraine Baird

5. Date of Birth (Month, day, year) June 27 - 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Harrison Baird
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Ola (City or town) Idaho (State or foreign country)
14. Exact Occupation Engineer and Feed
15. Industry or Business Stable

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian May Spoor
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Indian Valley, Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) ____ (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of California
County of San Joaquin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lillian May Baird, being first duly sworn, say that I am related (Related to (or) acquainted with) to Lucille Lorraine Baird (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Browne (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lillian May Baird Signature

Lockeford, San Joaquin Co., Calif. P. O. Address

Subscribed and sworn to before me on this 18th day of February, 19 41

(SEAL)

J. H. Hammond Notary Public, residing at Lockeford, Calif.

Notary Public in and for the County of San Joaquin, State of California

cc 2/25/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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30 6522

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306522
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Middleton
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 7 years 8 month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County
(c) City Middleton
(d) Street Address or R.F.D. No. Route 7
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Waldo Eli Jones

5. Date of Birth (Month, day, year) May 30, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Raymond Jones
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Pleasant Plain Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanche Cecilia Cochran
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Muscatine Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 2/21/41 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Raymond Jones, being first duly sworn, say that I am the Father of (Related to (or) acquainted with) Waldo Eli Jones (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sinna Pickard (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Raymond Jones Signature
Twin Falls R.F.D. one P.O. Address

Subscribed and sworn to before me on this 11th day of February, 1941

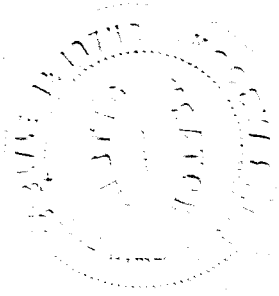
(SEAL) E. Maybone Notary Public, residing at Twin Falls

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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306523

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306523
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Adams (b) City Bear PO.
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
In **THIS** county 4 years 7 month 1 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Bear PO,
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? ~~5~~ 7 yrs.
(f) Mother's mailing address Boise Idaho
3. **RESIDENCE of FATHER** (city, state): Boise Idaho

4. **FULL NAME OF CHILD** Gladys Mae Robertson
5. Date of Birth (Month, day, year) Sept 1-1906
6. Sex Female
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Thomas Robertson
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Danville (City or town) Canada (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Alice Hales
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Near Oshkosh (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4
(c) Born alive and now dead / (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7.5 a. M. on the date and at the place stated above, and that personal particulars were furnished by Jessie Robertson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Feb. 21 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jessie A. Robertson, being first duly sworn, say that I am mother of (Related to (or) acquainted with) Gladys Mae Robertson (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jennie E. Synder (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jessie A. Robertson Signature

P. O. Address

Subscribed and sworn to before me on this 21 day of February, 1941

(SEAL) Mildred B. Kelly Notary Public, residing at Boise Ida

Comm Exp 11-5-43

2/21/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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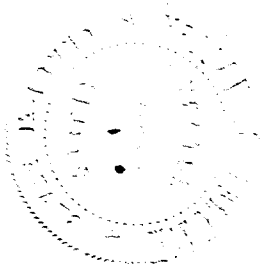


236 111-028 455

United States
Department of Commerce
Bureau of the Census

REC

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307630

Local Reg. No.

Reg. Dist. No.

FEB 20 1941

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No. at Farm
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: Kootenai County
In Hosp. or Mat. Home ..... days.
In **THIS** county 22 years 7 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address Mother now dead

3. **RESIDENCE of FATHER** (city, state): Ponoka Alberta

4. **FULL NAME OF CHILD** Claude Thomas Stoddard

5. Date of Birth (Month, day, year) Sept 11 - 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bert Arthur Stoddard
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Marshal (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Irene Dennison
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Granite (City or town) Idaho (State or foreign country)
20. Exact Occupation Daughter of Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Clyde A Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Canada
County of Province of Alberta ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bert Arthur Stoddard, being first duly sworn, say that I am the father (Related to (or) acquainted with) of Claude Thomas Stoddard (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Wenzel (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Bert Arthur Stoddard Signature
Ponoka Alberta Canada P.O. Address

Subscribed and sworn to before me on this 17 day of February, 1941

(SEAL) Notary Public, residing at Ponoka, Alberta Canada

My Exp. Dec 31, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 56, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-117-014-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307639
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County CANYON (b) City NAMPA
(c) Street Address or R.F.D. No. 100 block 12th Ave. N.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County CANYON
(c) City NAMPA
(d) Street Address or R.F.D. No. 100 Blk 12th Ave. N
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address 100 blk 12th Ave. N.

3. RESIDENCE of FATHER (city, state) NAMPA, IDAHO

4. FULL NAME OF CHILD RAY JENSEN

5. Date of Birth (Month, day, year) JULY 17, 1906

6. Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME NEILS JENSEN
11. Color or Race WHITE
12. Age at time of THIS birth 41 yrs.
13. Birthplace MANTI (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. FULL MAIDEN NAME ANNIE ELIZABETH BLACKHAM
17. Color or Race WHITE
18. Age at time of THIS birth 40 yrs.
19. Birthplace MORONI (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOUSEKEEPING

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of ADA } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, NEILS JENSEN, being first duly sworn, say that I am related to (Related to (or) acquainted with) RAY JENSEN (Name of person on certificate above) as FATHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ross (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Neils Jensen Signature

ROUTE 2 BOISE, IDAHO P. O. Address

Subscribed and sworn to before me on this 24th day of Feb., 1941

(SEAL) E. Ransen Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459 109 022 855

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307654
Local Reg. No.
Reg. Dist. No.

FEB 13 1941

1. **PLACE OF BIRTH:**
(a) County FREMONT (b) City FARNUM
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City FARNUM
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** FRANK JOHN MERRICK

5. Date of Birth (Month, day, year) Oct 9 - 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** GEORGE MERRICK

11. Color or Race WHITE

12. Age at time of THIS birth 35 yrs.

13. Birthplace MT PLEASNT, UTAH (City or town) (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business FARMING

MOTHER OF CHILD Henry

16. **FULL MAIDEN NAME** HATTIE ~~MERRICK~~

17. Color or Race white

18. Age at time of THIS birth 32 yrs.

19. Birthplace Mason (City or town) Texas (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) FEB 13 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George Merrick, being first duly sworn, say that I am & related to (Related to (or) acquainted with) Frank John Merrick (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

George Merrick Signature

Ashton, Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of February, 1941

(SEAL) Vivian T. Fuller Notary Public, residing at Ashton Ida

2/26/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299 711 036-389

United States
Department of Commerce
Bureau of the Census

REC FEB 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

307686

State File No.
Local Reg. No. 35
Reg. Dist. No. 540

1. PLACE OF BIRTH: (a) County ~~Franklin~~ Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ~~1906~~ Franklin years ~~1906~~ month ~~6~~ all life days ~~11~~

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County ~~Franklin~~ Oneida
(c) City PRESTON
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state).

4. FULL NAME OF CHILD Maurice Christensen Brimhall
5. Date of Birth (Month, day, year) 6-11-06
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hyrum Brimhall
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Union Fort (City or town) Utah USA. (State or foreign country)
14. Exact Occupation Brick Mason
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida May Christensen
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Manti (City or town) Utah USA. (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Lorenzo E Hansen (First name) (Last name), who is related to this child as Friend (Mother, etc.)

26. (a) Feb 6 1940 (Date received) (b) G.W. States (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Deceased M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lorenzo E. Hansen, being first duly sworn, say that I am acquainted (Related to (or) acquainted with) Maurice Christensen Brimhall (Name of person on certificate above) as living 20 years together (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Emory (Name of attendant at birth), who attended said birth is dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lorenzo E Hansen Signature
Preston Idaho P. O. Address

Subscribed and sworn to before me on this 6 day of Feb, 1941

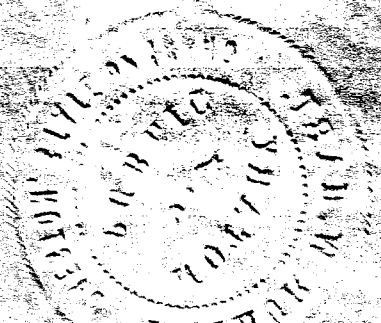
(SEAL) Arthur Mark Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.



C. A. Issued Feb. 25, 1941. E.W.

243-226 008 813 307693

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307693
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Boise (b) City Roseberry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Ida (b) County Boise
(c) City Roseberry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Hazel A Sult
5. Date of Birth (Month, day, year) Feb 26 1906
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Feb. 26, 1906

FATHER OF CHILD

10. FULL NAME Charles A Sult
11. Color or Race American
12. Age at time of THIS birth 26 yrs.
13. Birthplace Fredonia (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Hall
17. Color or Race American
18. Age at time of THIS birth 21 yrs.
19. Birthplace ..... (City or town) Washington (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED

26. (a) FEB 19 1941 (Date received) (b) Clyde A Bridges Adm (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature D B Tuttel M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles A. Sult, being first duly sworn, say that I am the father of (Related to (or) acquainted with) Hazel A. Sult (Name of person on certificate above) as daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. D. B. Tuttel (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles A Sult Signature
Box 1135 Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 18th day of February, 1941
(SEAL) Oma Post Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/25/41 I. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purpose and [illegible] Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-126. 001-816

30 7707 307707

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307707
Local Reg. No. 395
Reg. Dist. No. 45

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Lukes Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 1/4 days.
In **THIS** county 25 years 2 months 4 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Murphy, Idaho
3. **RESIDENCE of FATHER** (city, state). Murphy, Ida.

4. **FULL NAME OF CHILD** ROBERT HENRY LEONARD Jr.,
5. Date of Birth (Month, day, year) Aug. 26, 1906
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ROBERT HENRY LEONARD Sr.,
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Silver City, Idaho (City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LILLIE HAWES
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Silver City, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) February 18 1941 (Date received) (b) R.H. Leonard (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of OWYHEE } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, R. H. LEONARD, being first duly sworn, say that I am related to (Related to (or) acquainted with) ROBERT HENRY LEONARD Jr. (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Springer, (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

R.H. Leonard Signature

Murphy, Idaho P. O. Address

Subscribed and sworn to before me on this 18th day of February, 1941

(SEAL) Milo Axelsen Notary Public, residing at Murphy, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/27/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-202-1014-234

RECEIVED

MAR 7 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307730

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Falk Store
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Falk Store
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 00 yrs.
(f) Mother's mailing address Falk Store, Idaho

3. **RESIDENCE of FATHER** (city, state): Falk Store, Idaho

4. **FULL NAME OF CHILD** Elsie Louise Patton

5. Date of Birth (Month, day, year) Jan. 12, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Albert Patton
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Livestock

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Ethel Stuart
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Falk Store Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 7 1941 (Date received) (b) Clyde L. Bringer Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha E. Patton, being first duly sworn, say that I am Related (Related to (or) acquainted with)
Elsie Louise Patton (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bryedell (Name of attendant at birth), who attended said birth ✓ (Is now deceased (or) cannot be located) and that this birth **has not** been previously recorded.

Bertha E. Patton Signature

Jerome, Idaho P. O. Address

Subscribed and sworn to before me on this 6 day of March, 19 41

(SEAL) Fred White Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/7/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

286-227.001-213

307728

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307738
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 811 Ridenbaugh
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 811 Ridenbaugh
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address 811 Ridenbaugh

3. RESIDENCE of FATHER (city, state): Boise Idaho

4. FULL NAME OF CHILD Alta Marie Shoop

5. Date of Birth (Month, day, year) Nov. 27 - 1906

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. FULL NAME Julian Ray Shoop
11. Color or Race White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Abingdon (City or town) Illinois (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Bates
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Mar. 7, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha Bates Shoop, being first duly sworn, say that I am related (Related to (or) acquainted with) Alta Marie Shoop (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. George Haley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Bertha Bates Shoop Signature

P. O. Address

Subscribed and sworn to before me on this 23 day of Jan., 1941

(SEAL) S. L. Gill Notary Public, residing at Boise, Ida.

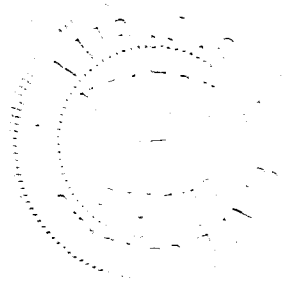
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3/8/41 L. B.



363-209 014-154

United States Department of Commerce
Bureau of the Census

RECEIVED FEB 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307741
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.
(f) Mother's mailing address Emmett, Idaho
3. **RESIDENCE of FATHER** (city, state) Emmett, Ida.

4. **FULL NAME OF CHILD** Vella Stone Tolles
5. Date of Birth (Month, day, year) Feb. 9, 1906
6. Sex Female
7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Stone Tolles
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Cambridge, Mass. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Rachel Anderson
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace St. Louis, California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ellen Rachel Tolles, being first duly sworn, say that I am related to (Related to (or) acquainted with) Vella Stone Tolles (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Hull (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Ellen Rachel Tolles Signature
4230 Midvale, Seattle, Wn. P. O. Address

Subscribed and sworn to before me on this 20 day of February, 1941

(SEAL) E. M. Ryan Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1943

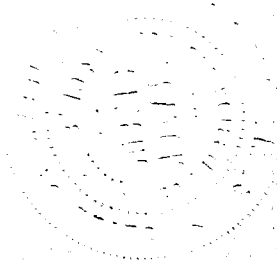
JUN 27 1962

JAN 19 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Amended 6-13-56 RECEIVED FEB 25 1941

307787

United States
Department of Commerce
Bureau of the Census

464-129-035-259

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 220

1. PLACE OF BIRTH:
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Southwick Ida

4. FULL NAME OF CHILD Alonzo Jackson Douglas

5. Date of Birth (Month, day, year) Sept 29, 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Stephen A. Douglas
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie May Berreman
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Feb. 24, 1941 (Date received) (b) Patricia Burke Deputy (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Stephen A. Douglas, being first duly sworn, say that I am related to (Related to (or) acquainted with) Alonzo Jackson Douglas (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stonebunner (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Stephen A. Douglas Signature
422-17th St. Lewiston, Ida. P. O. Address

Subscribed and sworn to before me on this 24 day of February, 1941.

(SEAL) Philip Weingarten Notary Public, residing at

CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/27/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED
MAY 24 1956
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Nez Perce }

Certificate No. .....
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Alonzo Jackson Douglas (Name on Original Certificate) who was born (Was Born or Died) on Sept. 29, 1906 (Date of Event)
in Southwick, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Army Discharge Papers Feb. 8, 1945 date of birth Viewed by Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth date	September 28, 1906	September 29, 1906

Subscribed and sworn to before me this 23rd day of May 19 56
Notary Public, residing at Lewiston, Idaho
My commission expires Dec 12 1958
(Seal)

Signed Stephen C. Douglas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record or other credible person.)
1109 8th St Clarkston, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of May 1956
Notary Public, residing at Lewiston, Idaho
My commission expires Dec 12, 1958
(Seal)

Signed Marie Hutchens
(Signature of Any Credible Person)
1109 - 8th St
(Street Address, City, State)
Clarkston, Wash

FORM DPH - 51117

JUN 1

753-108-035-719 REC

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307837
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Nezperce (b) City Southwick
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At own residence
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 8 years 7 month 7 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City Southwick
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.
   (f) Mother's mailing address Southwick, Idaho
3. **RESIDENCE of FATHER** (city, state). Southwick, Ida

4. **FULL NAME OF CHILD** Eddie Matt Peckenpaugh
5. Date of Birth (Month, day, year) April 8, 1906
6. Sex Male
7. Twin or Triplet No
   If so—born 1st, 2nd, 3rd None
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Rolla Whitford Peckenpaugh
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Harrison County, Iowa (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Della Alice Parker
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Harrison County, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 0 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Della Peckenpaugh (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Feb. 27, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Mrs. Thornton (M.D., Midwife, etc.)
and address Southwick, Idaho Date

State of California
County of Tulare } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Della A. Peckenpaugh, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Eddie Matt Peckenpaugh (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Thornton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Della A. Peckenpaugh Signature
Route 2, Box 63, Porterville, Calif. P. O. Address

Subscribed and sworn to before me on this 30th day of January, 19 41

(SEAL) Earl Hayes Notary Public, residing at Porterville

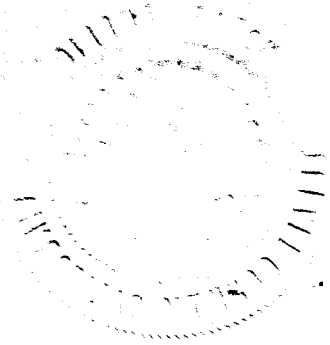
NOTARY PUBLIC IN AND FOR THE ..... Tulare County.

My Commission Expires September 29, 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



2 Certified copies issued 3-4-41. E.W.

This affidavit should be recorded in the County wherein birth occurred

IRA J. CHRISMAN
County Recorder
Visalia, California

AFFIDAVIT OF BIRTH

PERSONAL AND STATISTICAL PARTICULARS

Full Name of Child EDWARD MATT PECKENPAUGH
Date of Birth April 8, 1906
Place of Birth Southwick, Nezsperce County, Idaho
Sex of Child Male

Full Name of Father Rolla Whitford Peckenpaugh
Residence at Time of Birth Southwick, Nezsperce County, Idaho
Age at Child's Birth 30 years
Color or Race White American
Birthplace of Father Harrison County, Iowa
Occupation at Time of Child's Birth Rancher

Full Maiden Name of Mother Della Alice Parker
Residence at Time of Birth Southwick, Nezsperce County, Idaho
Age at Child's Birth 28 years
Color or Race White American
Birthplace Harrison County, Iowa
Occupation Housewife

I HEREBY CERTIFY That I am the ~~father and I also certify that I am the mother~~ of the above-named child who was born on the date above stated.

Affiant Rolla Whitford Peckenpaugh
Della Alice Peckenpaugh
Address Route 2, Box 63, Porterville, Calif.

Subscribed and Sworn To Before Me This 10th day of October, 1940

Edna Hayes
Notary Public in and for the
County of Tulare,
State of California

I, ...who reside at .....
hereby certify that I attended or was present at the birth of the above-mentioned child and that I have knowledge of the facts hereintobefore alleged and that the said facts as stated herein are true.

(Affiant).....
(Physician, Midwife, Nurse, Etc.)

(Address).....

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public in and for the County of

....., State of California.

P. A. No. 249.

635-205-009-336

REC

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 28 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307858
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bonner (b) City Clarks Fork
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho. (b) County Bonner
(c) City Clarks Fork.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Clarks Fork Idaho

3. RESIDENCE of FATHER (city, state) Clarks Fork.

4. FULL NAME OF CHILD Gladys Mildred Flemming.

5. Date of Birth (Month, day, year) Oct 5th 1906.

6. Sex Female

7. Twin or Triplet one If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Walter Sewell Flemming

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace South Robinston Maine (City or town) (State or foreign country)

14. Exact Occupation

15. Industry or Business Blacksmith.

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosalee Lloyd.

17. Color or Race White.

18. Age at time of THIS birth 26 yrs.

19. Birthplace Penn Township Minnesota (City or town) (State or foreign country)

20. Exact Occupation House Wife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 4 a M. on the date and at the place stated above, and that personal particulars were furnished by Rosalee Fleming (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 28 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature) Clyde A. Bridger

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Annie Nagel M.D. (D.O., Midwife, etc.)
and address Clarks Fork, Ida Date Oct 5-1906

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/4/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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613-10-1007-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 20 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

307863

State File No. 307863
Local Reg. No. 12
Reg. Dist. No. 410

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Hailey
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 22 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address Hailey, Idaho.

3. **RESIDENCE OF FATHER** (city, state) Hailey, Ida

4. **FULL NAME OF CHILD** Walter Laverne Watson

5. Date of Birth (Month, day, year) 5-7-1906

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Davis Watson
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Brown County (City or town) Ohio (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpenter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude M. White
17. Color or Race white
18. Age at time of THIS birth 41 years
19. Birthplace Clairmont Co. (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argo3
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 6 A M. on the date and at the place stated above, and that personal particulars were furnished by Maude Watson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 2-26-1941 (Date received) (b) Robert H. Wright (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maude M. Watson, being first duly sworn, say that I am RELATED (Related to (or) acquainted with) WALTER LAVERN WATSON (Name of person on certificate above) as FATHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. PLUMBER (Name of attendant at birth), who attended said birth DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Maude M. Watson Name

P. O. Address

Subscribed and sworn to before me on this 26th day of February

(SEAL) R. H. McCoy Notary Public, residing at Hailey, Idaho

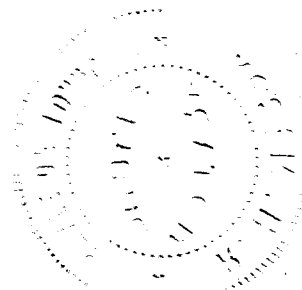
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 3/4/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



759-107.037-986

307892

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Owyhee (b) City Guffey
(c) Street Address or R.F.D. No. no
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay BEFORE delivery: no
In Hosp. or Mat. Home ..... days. no
In THIS county 3 years 11 month 5 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County owyhee
(c) City Guffey
(d) Street Address or R.F.D. No. no
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Guffey
3. RESIDENCE of FATHER (city, state): same

4. FULL NAME OF CHILD Elmer Newton Perry
5. Date of Birth (Month, day, year) April 7-1906
6. Sex male
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Frederick Newton Perry
11. Color or Race white
12. Age at time of THIS birth ..... yrs.
13. Birthplace Conn (City or town) (State or foreign country)
14. Exact Occupation dry Farmer, (Land)
15. Industry or Business no

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie May Rhodes
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Richmond, Mo (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business no

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of ~~Owyhee~~ Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lillie M. Gowen, being first duly sworn, say that I am Related (Related to (or) acquainted with) Elmer Newton Perry (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Phebie Cox (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lillie M Gowen Signature
1309 6th St. No. Nampa P.O. Address

Subscribed and sworn to before me on this 3 day of March, 1941
(SEAL) L. P. Geisler Notary Public, residing at Nampa Idaho.

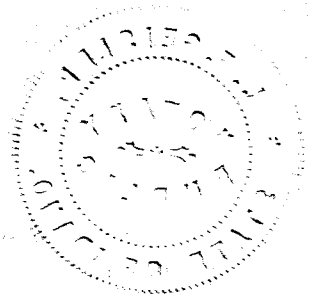
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

9-13-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



466-230-022-819

307915

United States Department of Commerce Bureau of the Census

RECEIVED MAR 3 1941

(Be sure the information is as of date of birth of THIS child)

State File No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Fremont (b) City Egin
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ____ days.
   In **THIS** county 52 years ____ month ____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony, R#2
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 66 yrs.
   (f) Mother's mailing address St. Anthony, R#2

3. **RESIDENCE of FATHER** (city, state): St. Anthony Idaho

4. **FULL NAME OF CHILD** Vilda Elvira Moon

5. Date of Birth (Month, day, year) May 30-1906

6. Sex female

7. Twin or Triplet XXXX If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Reuben Moon
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace St. George, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Emma Harris
17. Color or Race white
18. Age at time of THIS birth 44 yrs.
19. Birthplace Kaysville, Davis Co., Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 9 (c) Born alive and now dead 4 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAR 3 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date

27. Given name added on ____ by ____ (Registrar's signature)

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lucy E. Moon, being first duly sworn, say that I am mother (Related to (or) acquainted with) of Vilda Elvira Moon Dunn (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Eurilda McBride (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lucy E. Moon ✓ Signature

St. Anthony, R.F.D. #2 P. O. Address

Subscribed and sworn to before me on this 26th day of February, 1941

(SEAL) ____ Notary Public, residing at St. Anthony, Idaho.

Clerk of District Court.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/7/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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294-130-10-843

United States Department of Commerce
Bureau of the Census

RECEIVED MAR 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307921
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.
(f) Mother's mailing address Orofino, Idaho

3. **RESIDENCE of FATHER** (city, state): Deceased

4. **FULL NAME OF CHILD** Henry S. Kimberling

5. Date of Birth (Month, day, year) Oct 30, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward P. Kimberling
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Virginia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Hutchison
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Rockford, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAR 3 1941 (Date received) (b) Edgar A. Bridges (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jane Kimberling Scott, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Edward P. Kimberling (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Pappy Smith (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Jane Kimberling Scott Signature
P.O. Box 388, Orofino, Idaho P.O. Address

Subscribed and sworn to before me on this 27 day of Feb, 1941

(SEAL) Chase McEachern Notary Public, residing at Orofino, Idaho

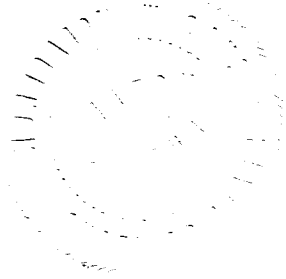
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/6/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



438-12-1022-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307924
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Ora
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Farm House
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
In **THIS** county 10 years — month — days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ora Idaho
(d) Street Address or R.F.D. No. farm
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address 2720 Front St Same as residence

3. **RESIDENCE of FATHER** (city, state): Alhambra Calif. Same as mother's address

4. **FULL NAME OF CHILD** Bert Iven McQuiston

5. Date of Birth (Month, day, year) 1-24-1906

6. Sex male

7. Twin or ~~Triplet~~

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Milo Adolphus McQuiston

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Colfax (City or town) Iowa (State or foreign country)

14. Exact Occupation Butcher & Farmer

15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Iren Lacey

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Greencastle Iowa (City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by Milo McQuiston (First name) (Last name), who is related to this child as ~~Father or Mother~~ (Mother, etc.) Is now deceased

26. (a) MAR 3 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

25. Attendant's **OWN signature** Mrs E J McQuiston Mother to Milo McQuiston ~~M.D.~~ ~~(D.O., Midwife, etc.)~~ and address By Mrs E J McQuiston Date

27. Given name added on ____ by ____ (Registrar's signature)

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bessie I McQuiston, being first duly sworn, say that I am related to (Related to (or) acquainted with) Bert Iven McQuiston (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. E. J. McQuiston (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Bessie I McQuiston Signature
2720 Front Street Alhambra Calif. P. O. Address

Subscribed and sworn to before me on this 20th day of February, 1941

(SEAL) Paul F Tippett Notary Public, residing at Alhambra, Calif.

My Commission Expires December 13, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

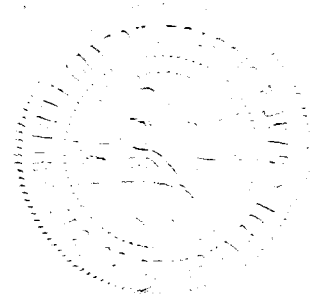
JUN 16 1945

3/6/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



235-113-003-483

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census MAR 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307929
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 145-S. Bartield Ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21-22 yrs.
(f) Mother's mailing address 145 S. Bartield Ave
3. **RESIDENCE of FATHER** (city, state): Pocatello

4. **FULL NAME OF CHILD** Edward Manson Stevenson
5. Date of Birth (Month, day, year) May 13, 1906
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Andrew Burtner Stevenson
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Warsaw (City or town) Indiana (State or foreign country)
14. Exact Occupation Trainmaster O.S.L.R.R.
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Ann Polly (Uhland)
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Chicago (City or town) Illinois (State or foreign country)
20. Exact Occupation Household Widow
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Mar. 3, 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California, }
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jennie Uhland Stevenson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Edward Manson Stevenson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Heuen (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jennie Uhland Stevenson Signature

Apt. 301-173 N. Whitley Ave., Los Angeles, California P.O. Address

Subscribed and sworn to before me on this 26th day of February 1941

(SEAL) Notary Public, residing at Los Angeles Calif

My Commission Expires April 19, 1945

3/8/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-113-014-863

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 4 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307961
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County ~~Ada~~ Canyon (b) City Emmett
(c) Street Address or R.F.D. No. RFD I
(d) Name of Hospital or Maternity Home: Home on ranch
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years 4 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Eldon John Buttler

5. Date of Birth (Month, day, year) July 13 1906

6. Sex Male

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Thomas Buttler (~~deceased~~

11. Color or Race white

12. Age at time of THIS birth 30 yrs.

13. Birthplace Buttlerville Utah
(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachel May Holmes (~~deceased~~

17. Color or Race white

18. Age at time of THIS birth 26 yrs.

19. Birthplace Murray Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 4 1941 (Date received) (b) Clyde A. Bridge (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, W.J.Holmes, being first duly sworn, say that I am related (Related to (or) acquainted with) Eldon John Buttler (Name of person on certificate above) as Uncle (mothers Brother) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that All atendents (Name of attendant at birth), who attended said birth are deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

W J Holmes Signature

Rour 4 Buhl Idaho P. O. Address

Subscribed and sworn to before me this 1st day of March, 1941

(SEAL) ..... Notary Public, residing at Buhl Idaho

Buhl

cc 3/6/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-101-016-432

United States
Department of Commerce
Bureau of the Census

RECEIVED MAR 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307965
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 23 years 8 month 6 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 23 2/3 yrs.
(f) Mother's mailing address Oakley Idaho

3. RESIDENCE of FATHER (city, state): Oakley Idaho

4. FULL NAME OF CHILD Robert Ingersol Moon

5. Date of Birth (Month, day, year) Sept. 1, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hugh Mathias Moon
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Stock Raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Louisa McBride
17. Color or Race White
18. Age at time of THIS birth 26 2/3 yrs.
19. Birthplace Grantsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not sure
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at a M. on the date and at the place stated above, and that personal particulars were furnished by Martha Moon (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) MAR 4 1941 (Date received) (b) Clyde A Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's ~~OWN signature~~ Dr. Peterson address unknown M.D. (D.O., Midwife, etc.)
and address Unknown Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha Louisa Moon Grover, being first duly sworn, say that I am ~~XXXXXXXXXXXXXX~~ related (Related to (or) acquainted with) to Robert Ingersol Moon (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Peterson (Name of attendant at birth), who attended said birth Residence Unknown (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Martha Louisa Moon Grover Signature

Burley, Idaho P. O. Address

Subscribed and sworn to before me on this 3 day of March, 1941

(SEAL) Henry W. Fischer Notary Public, residing at Burley, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 3/6/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

121-13-006-313

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308026

Local Reg. No.

Reg. Dist. No.

MAR 6 1941

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Riverside
(c) Street Address or R.F.D. No. Home
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 00 days.
In **THIS** county 1 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b), County
(c) City Riverside
(d) Street Address or R.F.D. No. Home
(e) How long has **MOTHER** lived in Idaho? 1 yrs
(f) Mother's mailing address Riverside

3. **RESIDENCE of FATHER** (city, state): Idaho

4. **FULL NAME OF CHILD** Leonard Ray Asay

5. Date of Birth (Month, day, year) Mar. 31-1906

6. Sex Male

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd 1st.

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leonard Asay

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Mt. Carmel - Utah
(City or town) (State or foreign country)

14. Exact Occupation Mining

15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie May Calloway

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Ferron - Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc)

26. (a) MAR 6 1941 (Date received) (b) Edgar A Bridger (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of King }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Leonard Asay, being first duly sworn, say that I am the Father of (Related to (or) acquainted with)
Leonard Ray Asay as Father, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Crawford who attended (Name of attendant at birth)
said birth is now deceased and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

Leonard Asay Signature

2127-2nd Ave.-Seattle Wash. P. O. Address

Subscribed and sworn to before me on this 24th day of February, 19 41

(SEAL) W E Whiting Notary Public, residing at Seattle, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-101-022-693

RECEIVED

308046

United States
Department of Commerce
Bureau of the Census

MAR 7 1941

Fremont

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County ~~Tooth~~ (b) City Chapin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 2 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Harvey Keith Tarbet

5. Date of Birth (Month, day, year) March 1, 1906

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Boyd Tarbet
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Smithfield, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Melissa Evelyne Williams
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Willsville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum yes
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 3:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Melissa Evelyne Tarbet (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) MAR 7 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by Acting (Registrar's signature)

25. Attendant's OWN signature Dr. Ora Keith, deceased MD (D.O., Midwife, etc.)
and address mother Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Melissa Evelyne Tarbet Sinclair, being first duly sworn, say that I am related (Related to (or) acquainted with) Harvey Keith Tarbet (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ora Keith (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Melissa Evelyn Tarbet Sinclair Signature
1357 Redondo P. O. Address

Subscribed and sworn to before me on this 24th day of February 1941

(SEAL) Nelda L. Myers Notary Public, residing at Long Beach, Calif.

My Commission Expires June 30, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2/12/41 L. B.

253-020-08 RECEIVED 766 MAR 6 1941

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

308056 State File No.

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: St. Alphonsus
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home days.
   In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1/2 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state): Boise, Idaho

4. **FULL NAME OF CHILD** Helen Marie Bellomy

5. Date of Birth (Month, day, year) Jan. 20, 1906

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Edward Bellomy
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Pearl Goodman
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Philadelphia Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1 (c) Born alive and now dead 2 (d) Stillborn -

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

RECEIVED MAR 6 1941

26. (a) (Date received) (b) Clyde A. Bridges (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Josephine Bellomy, being first duly sworn, say that I am related to (Related to (or) acquainted with) Helen Marie Bellomy (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bower (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Josephine Bellomy Signature

1322 Ada, Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 31 day of January, 19 41

(SEAL) Notary Public, residing at Boise, Idaho

DELAYED REGISTRATION LAW

([illegible] Chapter [illegible])

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of [illegible] report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title [illegible], Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife or by affidavits of the father or mother of the child, or in the [illegible] of the [illegible] living or [illegible], of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-215-020-253 RECEIVED 308066

United States Department of Commerce Bureau of the Census MAR 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308066
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County ELMORE (b) City MOUNTAIN-HOME
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 5 years 7 month 25 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State IDAHO (b) County ELMORE
   (c) City MOUNTAIN-HOME
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.
   (f) Mother's mailing address MOUNTAIN-HOME

3. **RESIDENCE of FATHER** (city, state): MTN-HOME

4. **FULL NAME OF CHILD** PAULINE MATHER

5. Date of Birth (Month, day, year) Feb. 15 - 1906

6. Sex GIRL

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** BERTHIER-WHITFORD-MATHER

11. Color or Race WHITE

12. Age at time of THIS birth 34 yrs.

13. Birthplace CARRETSVILLE NEW YORK (City or town) (State or foreign country)

14. Exact Occupation PHYSICIAN

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MABEL-ROSAMOND-KELLY

17. Color or Race WHITE

18. Age at time of THIS birth 29 yrs.

19. Birthplace OGDEN - UTAH (City or town) (State or foreign country)

20. Exact Occupation HOUSE-WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 5:15 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mabel R. Mather (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 10 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mabel R. Mather, being first duly sworn, say that I am related to (Related to (or) acquainted with) Pauline Mather (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. William F. Smith (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mabel R. Mather Signature

1317 Alturas Boise Idaho P. O. Address

Subscribed and sworn to before me on this 10th day of March 1941

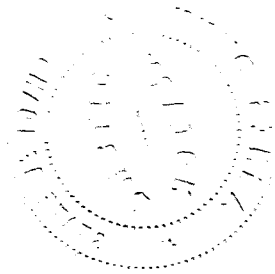
(SEAL) Ryles Dunn Notary Public, residing at Boise, Ida.

3/11/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



451-125-001-249 308099

United States
Department of Commerce
Bureau of the Census

RECEIVED MAR 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308099
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state): Star, Idaho

4. FULL NAME OF CHILD Leaborn Asa Means

5. Date of Birth (Month, day, year) Feb. 25, 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Leaborn Curtis Means
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Prairie City, Iowa (City or town) (State or foreign country)
14. Exact Occupation ~~Farmer~~ Mercantile Business
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Ann [redacted] Kurtz
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Runnells, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 19 1941 (Date received) (b) ~~Clyde A. Bridger~~ Mabel F. Elder Acting (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.) and address Mendiaka Date Mar. 17 1941

State of ~~Idaho~~
County of ~~Ada~~ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I ~~L. C. Means~~, being first duly sworn, say that I am related to (Related to (or) acquainted with) ~~Leaborn Asa Means~~ (Name of person on certificate above) as ~~Father~~ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 11 1943

APR 13 1943

3/19/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-227.035-666

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308125
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County NEZ PERCE (b) City LEWISTON
(c) Street Address or R.F.D. No. 1444 Main St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County NEZ PERCE
(c) City LEWISTON
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 26 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state): Same

4. FULL NAME OF CHILD ALWILDA LANGDON
5. Date of Birth (Month, day, year) 12-27-1906
6. Sex FEMALE
7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ALBERT LANGDON
11. Color or Race WHITE
12. Age at time of THIS birth 41 yrs.
13. Birthplace Leroy (City or town) Illinois (State or foreign country)
14. Exact Occupation City police
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY INDIA FOWLER
17. Color or Race WHITE
18. Age at time of THIS birth 34 yrs.
19. Birthplace Minndata (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Clyde A Bridger Acting (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Albert Langdon, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Alwilda Langdon (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Eliza E. Holbrook (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Albert Langdon Signature
1031 - Idaho St. Lewiston, Ida P. O. Address

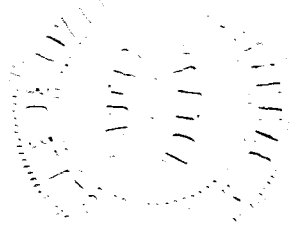
Subscribed and sworn to before me on this 8th day of March, 1941.
(SEAL) F. K. Ammarell Notary Public, residing at Craigmont, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



685-115-016-137

RECEIVED MAR 7 1941

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308147

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. In **THIS** county 4 years month days. Ranch Home

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Albion Idaho

3. **RESIDENCE of FATHER** (city, state). Idaho

4. **FULL NAME OF CHILD** Perry Francis Wheyland

5. Date of Birth (Month, day, year) Nov 15 1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd No

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Mike McWheylond

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Park City (City or town) Utah (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Amelia Alcanter

17. Color or Race Am.

18. Age at time of THIS birth 23 yrs.

19. Birthplace Albion (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead ✓ (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born Alive (born alive, stillborn) at 10 A. M. on the date 3/1/41 and at the place stated above, and that personal particulars were furnished by Jessie Amelia Wheyland (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 7 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

25. Attendant's **OWN signature** Mrs Lillian Powell M.D. (Dr., Midwife, other) and address Albion Ida. Date Mar. 5. 1941

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/14/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-125-003-791

RECEIVED MAR 10 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308156
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 945 No Main St
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years 4 month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 945 No Main St
(e) How long has MOTHER lived in Idaho? 39 yrs.
(f) Mother's mailing address 1116 No Main

3. RESIDENCE of FATHER (city, state): Pocatello Id

4. FULL NAME OF CHILD Joseph Miles Burlingame

5. Date of Birth (Month, day, year) 7-25-1906

6. Sex male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Miles Alexander Burlingame
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Oswego Co (City or town) New York (State or foreign country)
14. Exact Occupation Rail Road
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MaryKatherine Grant
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Berlin Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 4 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by Miles Alexander Burlingame (First name) (Last name) and is related to this child as father (Mother, etc.)

26. (a) MAR 10 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Miles Alexander Burlingame M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Miles Alexander Burlingame, being first duly sworn, say that I am the father (Related to (or) acquainted with) Joesph Miles Burlingame (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Castle (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Miles Alexander Burlingame Signature
Pocatello Idaho P. O. Address

Subscribed and sworn to before me on this 8 day of Feb 1941

(SEAL) Edith S. Smith Notary Public, residing at Lomita Calif

my com expires Nov. 18-1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

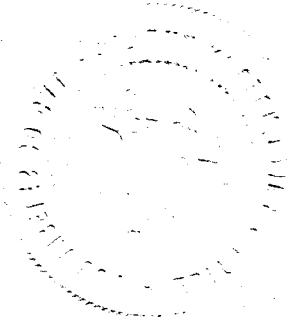
JUN 1 1958

3/15/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



793-117-001-949

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 11 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308175
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County ADA (b) City BOISE.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County ADA.
(c) City BOISE.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? All life yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** ROBERT FRANKLIN GILMORE.

5. Date of Birth (Month, day, year) 5/ 17/ 06.

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Robert Franklin Gilmore.

11. Color or Race Colored

12. Age at time of THIS birth ..... yrs.

13. Birthplace ..... (City or Town) (State or foreign country)

14. Exact Occupation PORTER.

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Ruiz Gilmore.

17. Color or Race Colored.

18. Age at time of THIS birth ..... yrs.

19. Birthplace BOISE, IDAHO. (City or Town) (State or foreign country)

20. Exact Occupation

21. Industry or Business HOUSE WIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% Nitrate Silver

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 3A M. on the date and at the place stated above, and that personal particulars were furnished by Fred A Pollinger (First name) (Last name) who is related to this child as ✓ (Mother, etc.)

RECEIVED

26. (a) MAR 11 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Fred A Pollinger M.D. (D.O., Midwife, etc.)
and address Boise Date 3/10/41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

3/14/41 L. B.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* ~~and~~ if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

735-2281044-283

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 10 1941

State File No. 308176
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Washington (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address Council Idaho

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Nellie May Glenn
5. Date of Birth (Month, day, year) Nov. 28. 1906
6. Sex Female
7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joel Price Glenn
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Boone Co. Ark. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Belle Sult
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Wilson Co. Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Clyde A Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mary McGinley M.D. (D.O., Midwife, etc.)
and address Fruitvale Ida Date March 28

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cora Belle Glenn, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Nellie May Glenn (Name of person on certificate above) as daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary McGinley (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

+ Cora Belle Glenn Signature
R7 Box 846 Portland Oregon P. O. Address

Subscribed and sworn to before me on this 7th day of March, 1941

(SEAL) F. Horton Notary Public, residing at 10332 N.E. Sandy Portland Ore

My Commission expires July 11-1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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345-102-020-493

United States Department of Commerce
Bureau of the Census

RECEIVED MAR 10 1941

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308191
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Elmore (b) City Glenns Ferry
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. HOME
In THIS county 1 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenns Ferry
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Glenns Ferry, Ida

3. RESIDENCE of FATHER (city, state). Same.

4. FULL NAME OF CHILD George William Cunningham

5. Date of Birth (Month, day, year) Dec. 2, 1906

6. Sex MALE

7. Twin or Triplet No.

If so—born 1st, 2nd, 3rd XXX

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME Fred Cunningham
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Boone, (City or town) Iowa (State or foreign country)
14. Exact Occupation Railroad Brakeman
15. Industry or Business Oregon Short Line R.R.

MOTHER OF CHILD

16. FULL MAIDEN NAME Calista Opal Miller
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Boone, (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Edgar A Bridges acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Iowa
County of Boone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fred Cunningham, being first duly sworn, say that I am related to (Related to (or) acquainted with) George William Cunningham (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Boone (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Fred Cunningham Signature
1129- Meridian St., Boone, Iowa. P. O. Address

Subscribed and sworn to before me on this 7 day of March, 1941

(SEAL) Pauline Curry Notary Public, residing at Boone, Iowa

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-115-001-442

308202

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

MAR 10 1941

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R F D No. 328 S. 17th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years 0 months 9 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 328 S Jefferson St
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address 328 S. 17th St.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Albert George Beattie

5. Date of Birth (Month, day, year) March 15, 1906

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Beattie
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Fergus (City or town) Ontario (State or foreign country) Canada
14. Exact Occupation Car Foreman
15. Industry or Business U. P. Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Frances Dukes
17. Color or Race White
18. Age at time of THIS birth 38 years
19. Birthplace Boston (City or town) Massachusetts (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ? (born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 10 1941 (Date received) (b) Clyde A Bridges (Registrar's signature)

27. Given name added on .....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Frances Beattie, being first duly sworn, say that I am related to (Related to (or) acquainted with) Albert George Beattie (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Van Note (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Frances Beattie .....Name
1113 Jefferson Boise .....P. O. Address

Subscribed and sworn to before me on this 8th day of February

(SEAL) M. L. Hepworth .....Notary Public, residing at Boise, Idaho
Commission Expires - 1-12-42

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653-224-030-597 RECEIVED

308211

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 10 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Lemphi (b) City May
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 2 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Lemphi
(c) City May
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address (826 S Jefferson
3. RESIDENCE of FATHER (or) ~~Tenant (Hawthorne Cal~~

4. FULL NAME OF CHILD Sarah Hazel Wells
5. Date of Birth (Month, day, year) July 24, 1906
6. Sex female
7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	Rufus Elbert Wells	16. FULL MAIDEN NAME	Helen Ann Vigus
11. Color or Race	white	17. Color or Race	white
12. Age at time of THIS birth	35 yrs.	18. Age at time of THIS birth	22 yrs.
13. Birthplace (City or town)	Tennessee (State or foreign country)	19. Birthplace (City or town)	Whitesburrow Texas (State or foreign country)
14. Exact Occupation	farmer	20. Exact Occupation	Housewife
15. Industry or Business	Farming	21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Clyde A Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Cal Jones
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Helen Ann Wells, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Sarah Hazel Wells (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Fortune (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Helen Ann Wells Signature
826 S. Jefferson av Hawthorne Cal P.O. Address

Subscribed and sworn to before me on this 7th day of March, 1941

(SEAL) J. E. Lull Notary Public, residing at Los Angeles Cal

My Commission Expires May 6, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-118 019-993

308226

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

MAR 12 1941

1. **PLACE OF BIRTH:**
(a) County CUSTER (b) City CHALLIS
(c) Street Address or R.F.D. No. GEN. DEL.
(d) Name of Hospital or Maternity Home: HOME OF HOLLIE ELDER
(e) Mother's stay **BEFORE** delivery: SAME
In Hosp. or Mat. Home NONE days.
In **THIS** county ONE years 7 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State IDAHO (b) County CUSTER
(c) City CHALLIS
(d) Street Address or R.F.D. No. GEN. DEL.
(e) How long has **MOTHER** lived in Idaho? TWENTY yrs.
(f) Mother's mailing address CARGILL Camp MEDFORD ORE or SAME

3. **RESIDENCE of FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** LORAINE MURDELL LARTER

5. Date of Birth (Month, day, year) APRIL 18, 1906

6. Sex MALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** LORRAINE DeCLIFFORD LARTER
11. Color or Race WHITE
12. Age at time of THIS birth Twenty-five yrs.
13. Birthplace MORONI (City or town) UTAH (State or foreign country)
14. Exact Occupation MINING
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MELISSA RICHARDS
17. Color or Race WHITE
18. Age at time of THIS birth TWENTY yrs.
19. Birthplace BIRCHCREEK (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living YES
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 4:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by MELISSA LARTER (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

26. (a) MAR 12 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Mrs Holly Elder M.D. (C.M.), Midwife, etc.)
and address Challis. Ida. Date April 12 1941

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 18 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-121-025-331

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308246
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Idaho (b) City near Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City near Grangeville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Grangeville

3. RESIDENCE of FATHER (city, state): Grangeville Idaho

4. FULL NAME OF CHILD Jonathan Halsey Wickam Jr.
5. Date of Birth (Month, day, year) June 21 1906
6. Sex White
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jonathan Halsey Wickam
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Appanoose Township Pomona Kan. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amy Blanch Hark
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Centropolis Kansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Yes
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 13 1941 (Date received) (b) Clyde A Bridger Acting (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Baker } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jonathan Halsey Wickham, being first duly sworn, say that I am father (Related to (or) acquainted with) Jonathan Halsey Wickham, Jr. (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Wilkins (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jonathan Halsey Wickam Signature
3129 Carter St Baker Ore P.O. Address

Subscribed and sworn to before me on this 12th day of March, 1941

(SEAL) Paudy Ade Notary Public, residing at Baker, Oregon

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES OCT. 13, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-112.035-993

United States Department of Commerce
Bureau of the Census

RECEIVED MAR 17 1941

(Be sure the information is as of date of birth of THIS child)

State File No. 308275

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County ~~Lewis~~ Nez Perce (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. In **THIS** county ____ years ____ month ____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County ~~Lewis~~ Nez Perce
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ~~all~~ yrs.
(f) Mother's mailing address Nezperce

3. **RESIDENCE of FATHER** (city, state): Idaho

4. **FULL NAME OF CHILD** Chester Riley Stanton

5. Date of Birth (Month, day, year) Nov 12, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James T Stanton
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Carlton (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie L Stanton (Riley)
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace ~~Ind~~ Iowa (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~None~~
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living ~~2~~
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

RECEIVED

26. (a) MAR 17 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hattie L Stanton, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Chester Riley Stanton (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Powel (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hattie L Stanton Signature

Nezperce Idaho P. O. Address

Subscribed and sworn to before me on this 14th day of March 19 41

(SEAL) Notary Public, residing at Nezperce Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/20/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 308275

County of Lewis } Date Filed Mar. 14-1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Chester Riley Stanton (Name on Original Certificate) who was born (Was Born or Died) on Nov. 12-1905 (Date of Event) in Nezperce Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birthdate	1906	Nov. 12-1905

Subscribed and sworn to before me this 24th day of August 1943

Perry W Mitchell

Notary Public, residing at Nezperce Idaho

My commission expires 9/30/44

(Seal)

Signed X Hattie L Stanton

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Nezperce Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Lewis }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of August, 1943

Perry W Mitchell

Notary Public, residing at Nezperce Idaho

My commission expires 9/30/44

(Seal)

Signed X J. T. Stanton

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 21 1943

213-224-028-864

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

308295

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 19 years 10 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Phyllis Arlene Bacon

5. Date of Birth (Month, day, year) Mar. 24,1906

6. Sex. Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harry Emmett Bacon
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace (City or town) Ohio (State or foreign country)
14. Exact Occupation Railroad Brakeman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Idena Mae Young
17. Color or Race White
18. Age at time of THIS birth 19 years 10 Mos.
19. Birthplace Rathdrum, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 17 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of California
City & County of San Francisco } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Idena Mae Bacon, being first duly sworn, say that I am mother of (Related to (or) acquainted with) Phyllis Arlene Bacon Kearns (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Idena Mae Bacon Name

1362 Post St., San Francisco, Calif. P. O. Address

Subscribed and sworn to before me on this 20th day of February, 1941.

(SEAL) Anna B. De Launay Notary Public, residing at ..... Notary Public in and for the City & County of San Francisco, State of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/21/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-220-025-415

Use only BLACK Ink or BLACK Record typewriter ribbon. In completing this certificate, Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECEIVED
MAR 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308299
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ——— days.
In **THIS** county 1 years 6 month 6 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address Grangeville, Ida
3. **RESIDENCE of FATHER** (city, state): Grangeville Ida

4. **FULL NAME OF CHILD** Helen Verna Campbell
5. Date of Birth (Month, day, year) Aug. 20, 1906
6. Sex Fem.
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frederick A. Campbell
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Waverly (City or town) Illinois (State or foreign country)
14. Exact Occupation Physician & Surgeon
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Verna Ruth David
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Muscoda (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ——— (born alive, stillborn) at ——— M. on the date and at the place stated above, and that personal particulars were furnished by ——— (First name) (Last name), who is related to this child as ——— (Mother, etc.)

26. (a) Mar. 17, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ——— by ——— (Registrar's signature)

25. Attendant's **OWN signature** ——— M.D. (D.O., Midwife, etc.)
and address ——— Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Verna D. Campbell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Helen C Christ (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Frederick A. Campbell (Name of attendant at birth), who attended said birth ——— (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Verna D. Campbell Signature
2401 W. 64th St. Los Angeles City P. O. Address

Subscribed and sworn to before me on this 17th day of March 1941

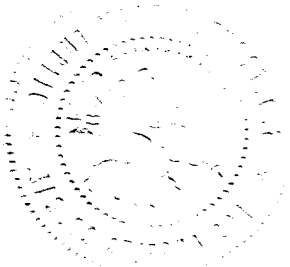
(SEAL) S. J. TROUT Notary Public, residing at Los Angeles, Calif.
My Commission Expires April 2, 1944.

3/22/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



464-118-003-315

RECEIVED MAR 10 1941

308327

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 211 No Arthur
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home none days.
   In **THIS** county 1 years 8 month 18 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 211 No Arthur
   (e) How long has **MOTHER** lived in Idaho? 1yr 8mo yrs.
   (f) Mother's mailing address 211 No Arthur Pmn
3. **RESIDENCE of FATHER** (city, state): Pocatello Ida

4. **FULL NAME OF CHILD** William Albert Dodge
5. Date of Birth (Month, day, year) July 18th 1906
6. Sex Male
7. Twin or Triplet No
   If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frederick William Dodge
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Oscéola (City or town) Nebraska (State or foreign country)
14. Exact Occupation Locomotive Engineer
15. Industry or Business R.R. Employee

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Candlish
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Fort Steele (City or town) Wyoming (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business Home wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
    (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 a M. on the date and at the place stated above and that personal particulars were furnished by Edith M Dodge (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 10 1941 (Date received) (b) Clyde A. Bridges acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Oregon
County of Malheur } ss.

I, Frederick William Dodge, being first duly sworn, say that I am related (Related to (or) acquainted with) William Albert Dodge (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Castle (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frederick W Dodge Signature

Ontario Ore P. O. Address

Subscribed and sworn to before me on this 8th day of March 19 41

(SEAL)

M C Briggs Notary Public, residing at Ontario Oregon

My Com Exp. May 11th 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261-119-028-319

308329

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years 1 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 4 mo. yrs.
(f) Mother's mailing address Spokane Wash

3. RESIDENCE of FATHER (city, state): Spokane Wash

4. FULL NAME OF CHILD Arthur Morris Swanson
5. Date of Birth (Month, day, year) 3/19/06
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo.
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alfred Swanson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Hod Carrier
15. Industry or Business Building

MOTHER OF CHILD

16. FULL MAIDEN NAME Alma Cecilia Larson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4
(c) Born alive and now dead ✓ (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 14 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Wash
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Otto W Larson, being first duly sworn, say that I am Relieved to (Related to (or) acquainted with) Arthur Morris (Name of person on certificate above) as Swanson Juncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mydrwife (Name of attendant at birth), who attended said birth Cannot be Located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Otto W Larson Signature
Spokane Wash P. O. Address

Subscribed and sworn to before me on this 14 day of March, 1941
(SEAL) H H Haberman Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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253-119-097-239

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308334
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. mother's residence,
(d) Name of Hospital or Maternity Home: no numbers
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 4 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. no numbers
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Hailey, Idaho
3. RESIDENCE of FATHER (city, state): Hailey, Ida.

4. FULL NAME OF CHILD Clarence Phillip Becker
5. Date of Birth (Month, day, year) Sept. 19 1906
6. Sex male
7. Twin or Triplet ----- If so—born 1st, 2nd, 3rd -----
8. No. months of Pregnancy 7 mos
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Phillip Daniel Becker
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Saginaw, Mich. (City or town) (State or foreign country)
14. Exact Occupation cook
15. Industry or Business Restaurant business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Straut
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Tuscarora, Nevada (City or town) (State or foreign country)
20. Exact Occupation Housewife, practical nurse
21. Industry or Business -------

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead --- (d) Stillborn -----

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 14 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature not living and cannot be located. M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Louis E. Becker, being first duly sworn, say that I am related (Related to (or) acquainted with) Clarence Phillip Becker (Name of person on certificate above) as his Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Plummer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Louis D. Becker Signature
General Delivery, Seattle Wn. P. O. Address

Subscribed and sworn to before me on this 10th day of March, 1941

(SEAL) J. Koigel Notary Public, residing at Seattle.

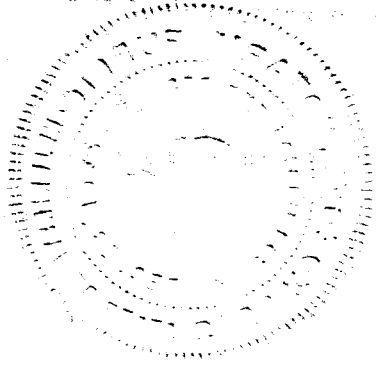
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/21/11 AM

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



253-117-029-253

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECEIVED MAR 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309270
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county 8 years 5 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.
(f) Mother's mailing address Deceased
3. **RESIDENCE of FATHER** (city, state) Gold Beach, Ore.

4. **FULL NAME OF CHILD** Thomas Leroy Bechtel
5. Date of Birth (Month, day, year) Nov. 17 1906
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Morgan Bechtel
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Memphis (City or town) Tennessee (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Florence Bechtel
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Latah, Co. (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAR 20 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Curry } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Wm. Bechtel, being first duly sworn, say that I am Father (Related to (or) acquainted with) Thomas Leroy Bechtel (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 189, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that He Doctor (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Wm Bechtel Signature
Gold Beach, Oregon P. O. Address

Subscribed and sworn to before me on this 8-th day of March, 1941

(SEAL) County Clerk Curry Co, ~~Notary Public~~, residing at Gold Beach Ore.

3/26/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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246-112-026-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 20 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309277
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Jefferson (b) City Annis
(c) Street Address or R.F.D. No. 1 - Tetonia - Idaho
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. at Home
In **THIS** county 20 years ... month ... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Annis
(d) Street Address or R.F.D. No. 1 - Tetonia
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address same
3. **RESIDENCE of FATHER** (city, state): Annis Idaho

4. **FULL NAME OF CHILD** Arnold Sargent Browning
5. Date of Birth (Month, day, year) 12 April 1906
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James David Browning
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Eagle Rock (City or town) Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business and Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lyda Sargent
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Annis (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum midwife used some wash
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2nd
(c) Born alive and now dead yes (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 20 1941 (Date received) (b) Mabel H Feder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature she is dead. M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James David Browning, being first duly sworn, say that I am the Father (Related to (or) acquainted with) of Arnold Sargent Browning (Name of person on certificate above) as the Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 189, 1907 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elisabeth Rose (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

James David Browning Signature
Annis - Tetonia RD 1 - Idaho P. O. Address

Subscribed and sworn to before me on this 15 day of March, 1941

(SEAL) Percy Green Notary Public, residing at Rigby Idaho.

3/26/41 Z.J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

566-226-010866

309278

United States Department of Commerce
Bureau of the Census

RECEIVED
MAR 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City
(c) Street Address or R.F.D. No. Rigby # 2
(d) Name of Hospital or Maternity Home: Stayed at her residents
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In THIS county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City
(d) Street Address or R.F.D. No. Rigby # 2
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Doris Howard
5. Date of Birth (Month, day, year) July 26-1906
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Shelton Howard
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Birmingham England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Anny Howard
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Derbyshire England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Midwife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as

26. (a) MAR 20 1941 (Date received) (b) Mabel V. Calder (Mother, etc.) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Albert L. Howard, being first duly sworn, say that I am ~~elder brother~~ related to (Related to (or) acquainted with) of Doris Howard (Name of person on certificate above) as older brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Hannah Coles (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Albert L. Howard Signature

375-11th St Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 19 day of March 1941

(SEAL) Jimmy Ormsby Notary Public, residing at Idaho Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/26/41 Z.J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-116-028-264

309299

United States
Department of Commerce
Bureau of the Census

RECEIVED MAR 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address ~~or R.F.D.~~ No. 920 D St.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay BEFORE delivery:
~~In Hosp. or Mat.~~ Home ~~days.~~
In THIS county ~~Yes~~ years — month — days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene, Ida
(d) Street Address ~~or R.F.D. No.~~ 920 D St
(e) How long has MOTHER lived in Idaho? 16 yrs.
(f) Mother's mailing address 920 D St

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Clair Prentice Jones
5. Date of Birth (Month, day, year) DEC 16, 1906
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Prentice Jones
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Clayton (City or town) Mis. (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Lbr. Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanche Olean Boughton
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Mnpls. (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by J. P. Jones (First name) (Last name), who is related to this child as Father (Mother, etc.)

RECEIVED MAR 21 1941

26. (a) (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Joseph Prentice Jones, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clair Prentice Jones (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr P. W. Scallon (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Joseph Prentice Jones Signature
837 So Oakes Tacoma Washington P.O. Address

Subscribed and sworn to before me on this 18th day of March, 1941

(SEAL) Robert M. Lean Notary Public, residing at Tacoma

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/27/41 L. B.
4/30/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-125-022-294

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309310
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Wilford
(c) Street Address or R.F.D. No. 1 St Anthony
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
In **THIS** county 22 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Wilford
(d) Street Address or R.F.D. No. 1 St Anthony
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address St Anthony Idaho
3. **RESIDENCE of FATHER** (city, state): St Anthony Ida

4. **FULL NAME OF CHILD** Don Edward Woolsey
5. Date of Birth (Month, day, year) Dec 25, 1906
6. Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Robert Woolsey
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Kaysville (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Aletha Birch Woolsey
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Wilford (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAR 21 1941 (Date received) (b) Mabel T Felder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, David Robert Woolsey, being first duly sworn, say that I am father of (Related to (or) acquainted with) Don Edward Woolsey (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Sorensen (Name of attendant at birth) who attended said birth is now dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

David Robert Woolsey Signature
St Anthony Ida P. O. Address

Subscribed and sworn to before me on this 20 day of March, 1941

(SEAL) A T Merrill ~~Notary Public~~, residing at Probate Judge

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 30 1971

3/26/41 Z.J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

3/26/41 Z.J.

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-219-007-97

RECEIVED

309387

United States Department of Commerce
Bureau of the Census

MAR 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Blaine (b) City Manard
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Manard
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 years yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Metta Fern Lee

5. Date of Birth (Month, day, year) Sept. 19th, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hyrum Bracken Lee
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Tooele, Utah (City or town) (State or foreign country)
14. Exact Occupation rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Eveline Dixon
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Harrisville, Utah. (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 3/22/41 (Date received) (b) Mabel T. Felt (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Wyoming
County of Lincoln } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alice Eveline Lee Burton, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Metta Fern Lee (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Kittie E. Dixon (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alice Eveline Lee Burton Signature

Afton, Wyoming P. O. Address

Subscribed and sworn to before me on this 21 day of March, 19 41

(SEAL) ..... Notary Public, residing at RESIDING AT AFTON, WYOMING

My Commission Expires Oct. 20, 1944

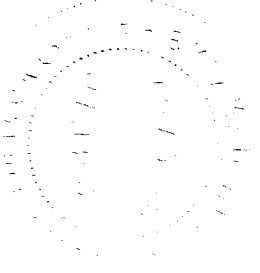
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 8 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



385-215-033-493

309393

United States
Department of Commerce
Bureau of the Census

MAR 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 74
Reg. Dist. No. 630

1. **PLACE OF BIRTH:**
(a) County Madison (b) City Salem
(c) Street Address or R F.D No. 11
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 20 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State ~~Idaho~~ (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. ~~230 W Main~~
(e) How long has **MOTHER** lived in Idaho? ~~[illegible]~~ yrs.
(f) Mother's mailing address Rexburg

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Elveda Cherry

5. Date of Birth (Month, day, year) 18 June 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Cherry
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Lewiston (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Jane Dille
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Hyram (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) 12 noon on the date and at the place stated above, and that personal particulars were furnished by Nancy Cherry (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) 3-23-41 (Date received) (b) Mrs H E Young (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nancy Jane Dille Cherry, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elveda Cherry (Name of person on certificate above) as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Christina Walz (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nancy Jane Dille Cherry Name
Rexburg Idaho P.O. Address

Subscribed and sworn to before me on this 27 day of March, 1941

(SEAL) Dave Notary Public, residing at Rexburg Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

327/41 Z.J.

162-22 7.002219

RECEIVED

MAR 24 1941

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309415
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Adams (b) City Goodrich
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None. Born at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 8 years / month 5 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Goodrich
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Goodrich, Idaho

3. **RESIDENCE of FATHER** (city, state): " "

4. **FULL NAME OF CHILD** Maggie Mildred Joslin

5. Date of Birth (Month, day, year) Dec. 27-1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harvey Fonzo Joslin
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Gertrude Bailey
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Eugene (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living X
(c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Grace Joslin (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAR 24 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature Caroline Bailey M.D. (D.O., Midwife, etc.)
and address Yakima, Washington - Route 1 Date 3, 20, 41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 19 1968

5/31/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-114-025-496

309421

United States Department of Commerce
Bureau of the Census

RECEIVED
MAR 24 1941

(Be sure the information is as of date of birth of THIS child)

State File No. 309421
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH:**
   (a) County Idaho (b) City Grangeville.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 15 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? [illegible] yrs.
   (f) Mother's mailing address Grangeville.

3. **RESIDENCE of FATHER** (city, state): Grangeville

4. **FULL NAME OF CHILD** Earnest Thomas Smith

5. Date of Birth (Month, day, year) 11, 14, 1906

6. Sex m

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Geo. J. Smith
11. Color or Race W
12. Age at time of THIS birth 23 yrs.
13. Birthplace Grangeville, Ida (City or town) (State or foreign country)
14. Exact Occupation Drayage
15. Industry or Business Drayman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Irwin
17. Color or Race W
18. Age at time of THIS birth 23 yrs.
19. Birthplace South West City, Mo. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED

26. (a) MAR 24 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Geo. J. Smith, being first duly sworn, say that I am related to (Related to (or) acquainted with) Earnest Thomas Smith (Name of person on certificate above) as his father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. G. Stockton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Geo J Smith Signature

Grangeville Idaho P. O. Address

Subscribed and sworn to before me on this 21st day of March 1941

(SEAL) Thompson Taylor Notary Public, residing at Grangeville Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/31/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-117-036-522

RECEIVED
MAR 22 1991

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309443
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Oneida (b) City Mink Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 1 years 3 month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Mink Creek
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address Mink Creek, Idaho.

3. RESIDENCE of FATHER (city, state): same

4. FULL NAME OF CHILD Homer Leland Hopkins

5. Date of Birth (Month, day, year) June 17, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME David Hopkins Jr.
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Philadelphia, Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zina Eskelsen
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Mink Creek, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Zina Hopkins (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAR 22 1991 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Bingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Zina Hopkins Racker, being first duly sworn, say that I am related to (Related to (or) acquainted with) Homer Leland Hopkins (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Adria Keller (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Zina Hopkins Racker Signature
86 Park St Blackfoot Idaho P. O. Address

Subscribed and sworn to before me on this 21 day of March, 19 91

(SEAL) J. K. Anderson Notary Public, residing at Blackfoot Idaho

3/29/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-108-014-713

309568

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 25 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Canyon (b) City now Gem; Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. In **THIS** county ..... years ..... month ..... days. at Home

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Allen Abraham Gilmore

5. Date of Birth (Month, day, year) Sept 8 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Guy William Gilmore
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Fairbury (City or town) Nebraska (State or foreign country)
14. Exact Occupation Bricklayer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie May Gilfield
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Stockton (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Mar. 25, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Cal
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Guy William Gilmore, being first duly sworn, say that I am father of (Related to (or) acquainted with) Alan Abraham Gilmore (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 189, 1931 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F. Lorden (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Guy William Gilmore Signature

Pico Calif P. O. Address

Subscribed and sworn to before me on this 7th day of April, 1941

(SEAL) Victor L. Deihl Notary Public, residing at Pico Calif

VICTOR L. DEIHL
NOTARY PUBLIC
In the County of Los Angeles, State of California
My Commission Expires Feb. 8, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/3/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

747-130-035-365

United States Department of Commerce
Bureau of the Census

MAR 28 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309584
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nes Perce (b) City Forest
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Nes Perce
(c) City Forest
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? One yrs.
(f) Mother's mailing address Forest, Ida.

3. **RESIDENCE of FATHER** (city, state): Same

4. **FULL NAME OF CHILD** Garland Neil Guptill

5. Date of Birth (Month, day, year) 12/30/1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles W. Guptill
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Kingston, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle May Conover
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Walla Walla, Washington (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 11:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle (First name) Croner (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 28 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Florida Conover M.D. (Dr., Midwife, etc.)
and address Colfax, Washington Date 3/25/41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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259-126-0 07-35 RECEIVED

309599

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 31 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Blaine (b) City or Soldier Creighton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 3 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State ..... (b) County .....
   (c) City .....
   (d) Street Address or R.F.D. No. .....
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address .....

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Clarence Eldred Kersey

5. Date of Birth (Month, day, year) April 26 1906

6. Sex White

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James B Kersey
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Hereford Shire England (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Jane Leigh
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by James B Kersey (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) March 31, 1941 (Date received) (b) Mabel H Geeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James B Kersey, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Clarence Eldred Kersey (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Olsen (midwife) (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

James B Kersey Signature

Jerome Idaho P. O. Address

Subscribed and sworn to before me on this 28th day of March, 1941

(SEAL) Estella F. Carver Notary Public, residing at Jerome Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

C.C. 4/8/1941 C. P.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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034-105-00-613

RECEIVED
MAR 28 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

309621

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Ada
City of Dry Creek
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Harley Lester Stauffer

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term .....
7. Legitimate? yes
8. Date of birth Oct. 5, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Sidney Jacob Stauffer	18. Full maiden name: Cora Ellen Fackler
10. Residence (usual place of abode) (If non-resident, give place and State): Dry Creek Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Dry Creek, Ida.
11. Color or race: W | 12. Age at last birthday: 30 (years)	20. Color or race: W | 21. Age at last birthday: 28 (years)
13. Birthplace (city or place) (State or Country): Iowa	22. Birthplace (city or place) (State or Country): Creston, Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks \| 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 9.15 A at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

Mabel F. Elder
Registrar.

(Signed) ..... M. D.
or Nettie M. Potter, Midwife
Address 807½ Bristol St. Santa Ana Calif.

Filed Mar. 28, 1941 Mabel F. Elder
Registrar.

4/8/41 L. B.

STATE OF CALIFORNIA,
County of Orange } ss.

On this 7th day of March in the year nineteen hundred and Thirty Forty one before me, the undersigned, a Notary Public in and for said Couny and State, residing therein, duly commissioned and sworn, personally appeared Nettie M. Potter personally known to me to be the person.... whose name is subscribed to the within instrument, and acknowledged to me that She.... executed the same.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal in said County the day and year in this certificate first above written.

(SEAL)

Notary Public in and for said County and State.

Abstract and Title Insurance Compa, Santa Ana, Calif.

Form 128—8-6-37—2M

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

994-41-608-769

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

309641

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of Boise

City of Sweet. APR 1 1941

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Willis Levi Zimmerman

3. Sex male. | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth May 21, 1941 (Month, Day, Year)

FATHER

9. Full name George Lee Zimmerman.

10. Residence (usual place of abode) (If non-resident, give place and State) Sweet. Idaho

11. Color or race white | 12. Age at last birthday 26 (years)

13. Birthplace (city or place) Orleans. (State or Country) Nebraska.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumberman.

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Alta Irene Lockley Zimmerman

19. Residence (usual place of abode) (If non-resident, give place and State) Sweet. Idaho.

20. Color or race white | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) ..... (State or Country) Illinois.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) One. (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 2 p. m. on the date above stated.

(Signed) Alfred Skippen, M. D.

or ....., Midwife

Address 554-N.E. Hazelfern Place Portland Ore

Filed Apr. 1, 1941 Mabel T. Elder Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

342-22-6014-689

United States Department of Commerce
Bureau of the Census

REC'D MAR 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309664
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 4 years 7 month 22 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. 609-13 ave so.
   (e) How long has **MOTHER** lived in Idaho? 22 4 yrs.
   (f) Mother's mailing address 609-13 ave so
3. **RESIDENCE of FATHER** (city, state) Nampa Ida.

4. **FULL NAME OF CHILD** Charlotte May Cushman
5. Date of Birth (Month, day, year) Sept 26-1906
6. Sex girl
7. Twin or Triplet
   If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Royal James Cushman
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Beatrice (City or town) Nebraska (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara May Whitmore
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Conway Spgs. (City or town) Kansas (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol. ag. Nit.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive/stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Clara May Cushman (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) APR 1 1941 (Date received) (b) Mabel T Felder (Registrar's signature)

25. Attendant's **OWN** signature J. H. Murray M.D. (D.O./Midwife, etc.)
and address Nampa Ida Date 3-28-41

27. Given name added on ..... by ..... (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of California
County of Los Angeles Co. } ss.

I, Clara May Cushman, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Charlotte May Cushman (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. H. Murray (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Clara May Cushman Signature
8501 Grape St - Los Angeles P. O. Address

Subscribed and sworn to before me on this 11 day of March, 1941

(SEAL) ..... Notary Public, residing at Walnut Park Calif.

My Commission Expires July 15th, 1942

4/9/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DFY-115-425-313

309667

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

APR 1 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 42 yrs.
(f) Mother's mailing address Kooskia
3. RESIDENCE of FATHER (city, state). Idaho

4. FULL NAME OF CHILD Eric Eugene Squire's
5. Date of Birth (Month, day, year) August 15, 06
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward E. Squires
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Monroe Kooskia (City or town) Idaho (State or foreign country) Wisc.
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Talcott
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Holenberg, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) APR 1 1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Squires, being first duly sworn, say that I am Related (Related to (or) acquainted with) Eric E. Squires (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Emil Laine (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary L Squires Signature
Kooskia Idaho P. O. Address

Subscribed and sworn to before me on this 31 day of March, 19 41.

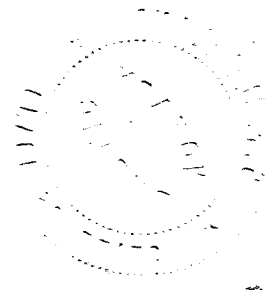
(SEAL) P F Cleveland Notary Public, residing at Kooskia Idaho

4/9/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



465-03-006 RECEIVED 769 APR 4 1941

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 309692

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Bingham (b) City Blackfoot (c) Street Address or R.F.D. No. Bridge St. (d) Name of Hospital or Maternity Home: at own home (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. In THIS county ____ years 8 month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State Idaho (b) County Bingham (c) City Blackfoot (d) Street Address or R.F.D. No. Bridge St (e) How long has MOTHER lived in Idaho? 8 mos (f) Mother's mailing address ____

3. RESIDENCE of FATHER (city, state): Idaho

4. FULL NAME OF CHILD Maude FLORENCE Monroe

5. Date of Birth (Month, day, year) Oct. 31. 1906

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME CLYDE PERLE MONROE

11. Color or Race white

12. Age at time of THIS birth 28 yrs.

13. Birthplace Gravity (City or town) Iowa (State or foreign country)

14. Exact Occupation Livery business

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LILLIE MABEL GORDON

17. Color or Race white

18. Age at time of THIS birth 23 yrs.

19. Birthplace Carney (City or town) Nebraska (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead ____ (d) Stillborn ____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:30 a M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) APR 4 1941 (Date received) (b) Maud Welden (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Clyde Perle Monroe M.D. (D.O., Midwife, etc.) and address La Salle Colo Date

State of Colorado } ss.
County of Weld }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clyde Perle Monroe, being first duly sworn, say that I am related to (Related to (or) acquainted with) Maude Florence Monroe (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Miller (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Clyde Perle Monroe Signature

P. O. Address

Subscribed and sworn to before me on this 31 day of March, 1941

(SEAL) Albert J. Englist Notary Public, residing at Greeley Colo.

My Commission Expires March 8, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 [illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

34

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

309733

CERTIFICATE OF BIRTH

APR 4 1941

1. PLACE OF BIRTH
County of LATAH
City of TROY
No. ..... St.
HOME
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD MERLE WESTON TUCKER

3. Sex MALE | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? YES | 8. Date of birth JUNE 13, 1906 (Month, Day, Year)

FATHER

9. Full name WESTON ALPHOSO TUCKER
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race WHITE | 12. Age at last birthday DECEASED
13. Birthplace (city or place) (State or Country) LOUISVILLE, KENTUCKY

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BOOKKEEPER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. SAWMILL
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name SUSAN ELIZABETH WEEDEN
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race WHITE | 21. Age at last birthday 61 (years)
22. Birthplace (city or place) (State or Country) OSCOLA MISSOURI

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSE WIFE
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Usual Precautions
28. Number of children of this mother FIVE (At time of this birth and including this child) (a) Born alive and now living YES (b) Born alive but now dead — (c) Stillborn —
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report April 4-1941
(Date of)
Mabel F. Eeefer
Registrar.

Filed apr, 1941
Registrar.

WRITE FADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at b... Return must be made for each, and the number of each, in order of birth stated.

343-113-024-655

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Oregon
County of Marion } ss.

Susan E. Miller, formerly Susan E. Tucker (nee Weeden) being first duly sworn says that she is the mother (Relationship of child)* of Merle Weston Tucker

born June 13, 1906 (Date of birth) at Troy, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Merle Weston Tucker hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Ward (?) that she believes that the doctor who attended is dead and is uncertain as to his name. M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is

(Now deceased (or) cannot be located)

Name of Affiant Mrs. Susan E. Miller

P. O. Address

Subscribed and sworn to before me this 31st day of March, 19 41

Otto K. Paulus
Notary Public for Oregon

Residing at Salem, Oregon, ~~Idaho.~~ Oregon

My commission expires February 26, 1945

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

4/11/41 Z.J.

759-264020 363

309737

United States Department of Commerce Bureau of the Census APR 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county one years one month six days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? one yrs.
(f) Mother's mailing address 338 E. Pine St. Lodi Calif.

3. RESIDENCE of FATHER (city, state) Lodi Calif.

4. FULL NAME OF CHILD Josephine Rose de Lima Perrin

5. Date of Birth (Month, day, year) Feb. 4. 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Perrin
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace St. Anna de la Parade Canada (City or town) (State or foreign country)
14. Exact Occupation Concrete Contractor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Cota
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Northempton Mass. (City or town) (State or foreign country)
20. Exact Occupation hous wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child eight (b) Born alive and now living eight (c) Born alive and now dead none (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 a. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Perrin (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) APR 4 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of San Joaquin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Perrin, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Josephine Rose de Lima Perrin (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Perrin Signature
P. O. Address

Subscribed and sworn to before me on this 1st day of april, 1941.

(SEAL) [signature] Notary Public, residing at Lodi California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 5 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-126-007-963

RECEIVED
APR 4 1941

309742

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? [illegible] yrs.
(f) Mother's mailing address Rigby Idaho
3. **RESIDENCE of FATHER** (city, state): Carey Idaho

4. **FULL NAME OF CHILD** Carl Peter Christensen
5. Date of Birth (Month, day, year) 26 October 1906
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Christian Peter Christensen
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Lem Sogn Jemvig Denmark
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Rollason
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Brisbane, Queensland Australia
(City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) APR 4 1941 (Date received) (b) Mabel T Eccles (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Elizabeth Christensen, being first duly sworn, say that I am related (Related to (or) acquainted with) Carl Peter Christensen (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. H arris (Name of attendant at birth), who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Elizabeth Christensen Signature
Rigby, Idaho P. O. Address

Subscribed and sworn to before me on this 3 day of April, 19 41

(SEAL) Notary Public, residing at Rigby, Idaho

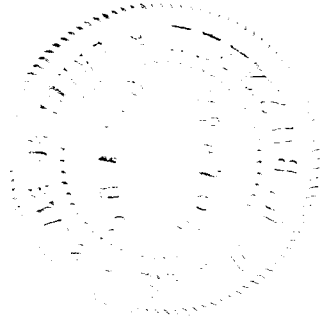
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

C. C. C. 4/11/1941 C. P.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



695-124-011-36 RECEIVED

309752

United States
Department of Commerce
Bureau of the Census

APR 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 1 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address

3. **RESIDENCE OF FATHER** (city, state) Bonners Ferry

4. **FULL NAME OF CHILD** Harry Richard Fields

5. Date of Birth (Month, day, year) Jan. 24, 1906

6. Sex. Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd ~~2nd~~

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Arthur Fields
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Fort Fairfield, Maine (City or town) (State or foreign country)
14. Exact Occupation Timber cruiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Victoria Mabel Tomlinson
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Andover, New Brunswick (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Victoria Mabel Fields (First name) (Last name) who is related to this child as Mother (Mother, etc.)

APR 4 1941

26. (a) Apr. 4, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Victoria Mabel Fields, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Harry Richard Fields (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. E. Fry (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Victoria Mabel Fields Name
209 Foster Coeur D'Alene P. O. Address

Subscribed and sworn to before me on this 3rd day of April 1941

(SEAL) Robert H. Burton Notary Public, residing at Coeur d'Alene, Ida.

My commission expires June 2, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/11/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-129-025-799

309786

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309786

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home X days.
In **THIS** county 3 years 3 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Byron Burdette Belknap

5. Date of Birth (Month, day, year) Nov. 29, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Maynard Morton Belknap
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Spokane County, Washington (City or town) (State or foreign country)
14. Exact Occupation Bank Cashier
15. Industry or Business Banking

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Emma Gribbin
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Keokuk County, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Apr. 16, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of NEZ PERCE } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maynard Morton Belknap, being first duly sworn, say that I am related to (Related to (or) acquainted with) Byron Burdette Belknap (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. W. Turner (Name of attendant at birth), who attended said birth cannot be reached (Is now deceased (or) cannot be located) and that this birth has not been previously recorded. (Dr. Turner is somewhere in Calif.)

Maynard Morton Belknap Signature

Lewiston, Idaho, P. O. Address

Subscribed and sworn to before me on this 28th day of March, 19 41.

(SEAL) Mabel F. Elder Notary Public, residing at Lewiston, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 1973
OCT 12 1973

4/16/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-22-001-363

309794

309794

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Joan Farkner

3. Sex F | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth June 22, 1906 (Month, Day, Year)

FATHER

9. Full name Charles M. Farkner
10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho
11. Color or race White | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Kansas City, Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. gas station attendant
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Effie Tollman
19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho
20. Color or race White | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or Country) Chesterfield, Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) M. Callaway, M. D.

or ....., Midwife

Address Boise Idaho

Give name added from a supplemental report ..... (Date of)

Filed Apr. 17/41, 193.. Mabel F. Elder, Registrar.

Registrar.

Copies Farkner Mabel F. Elder

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

4/17/41 L. B.

389-116-055-669

309849

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

APR 7 1941

1. PLACE OF BIRTH
(a) County NEZ PERCE (b) City WESTLAKE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: CHILD BORN IN OWN HOME
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County NEZ PERCE
(c) City WESTLAKE
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) WESTLAKE IDA

4. FULL NAME OF CHILD ORVILLE, DUNREATH, BYRAM

5. Date of Birth (Month, day, year) SEPT 16, 1906

6. Sex MALE

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy NINE

9. Legitimate? YES

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME JOSEPH, NELSON, BYRAM	16. FULL MAIDEN NAME MARION, LUCY, FORD
11. Color or Race WHITE. 12. Age at time of THIS birth 26 yrs.	17. Color or Race WHITE 18. Age at time of THIS birth 22 yrs.
13. Birthplace WASHINGTON (City or town) KANSAS (State or foreign country)	19. Birthplace CHENEY (City or town) WASH (State or foreign country)
14. Exact Occupation MERCHANT	20. Exact Occupation HOUSE WIFE
15. Industry or Business RETAIL STORE	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN

23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE (c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 7 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Washington } ss.
County of LINCOLN }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Joseph Nelson Byram, being first duly sworn, say that I am RELATED (Related to (or) acquainted with) ORVILLE, DUNREATH, BYRAM (Name of person on certificate above) as FATHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. TURNER (Name of attendant at birth), who attended said birth CANNOT BE LOCATED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Joseph Nelson Byram Signature
Edwall Washington P. O. Address

Subscribed and sworn to before me on this 4th day of April, 1941

(SEAL) P. Heather Notary Public, residing at Edwall, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

384-121-007 243 RECEIVED APR 9 1941

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309883
Local Reg. No.
Reg. Dist. No.

309883

1. PLACE OF BIRTH
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days At home
IN THIS county none years 4 month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Soldier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ~~35~~ 4 mo. ~~yrs.~~
(f) Mother's mailing address Soldier, Idaho

3. RESIDENCE of FATHER (city, state) ~~Deceased~~

4. FULL NAME OF CHILD Waldo Arian Thurber

5. Date of Birth (Month, day, year) July 21, 1906

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Isaac Erin Thurber	16. FULL MAIDEN NAME Caroline Butler
11. Color or Race White American	17. Color or Race White American
12. Age at time of THIS birth 32 yrs.	18. Age at time of THIS birth 26 yrs.
13. Birthplace Richfield, Sevier County, Utah (City or town) (State or foreign country)	19. Birthplace Panguitch, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation House wife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to ~~prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living ..... (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Caroline Thurber (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) April 9-1941 (Date received) (b) Mabel F. Esher (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature C A Higgs M.D. (D.O., Midwife, etc.) and address [illegible] Date 4-6-41

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 2 1952

DEC 10 19

JUL 12 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

12-12-41

259-205-021-645

309887

United States Department of Commerce Bureau of the Census

APR 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Franklin (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: no- at home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.
   (f) Mother's mailing address Preston, Idaho

3. **RESIDENCE of FATHER** (city, state): same

4. **FULL NAME OF CHILD** RUBY LEE BYINGTON

5. Date of Birth (Month, day, year) Sept. 5, 1906

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** JOSEPH HENRY BYINGTON
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Huntsville (City or town), Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ROSETTA HUNT
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Huntsville (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12th (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) April 10 - 1941 (Date received) (b) Mabel T. Gardner (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosetta Byington, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ruby Lee Byington (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Cutler (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Rosetta Byington Signature

P. O. Address

Subscribed and sworn to before me on this 5th day of March 1941

(SEAL) Irma Haglund Notary Public, residing at Long Beach, Calif

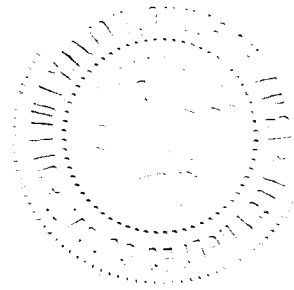
My commission expires Dec 13, 1944

APR 1 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



235-124-016-494

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 10 1941

State File No. 309889
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Twin Falls,
(c) Street Address or R F D No. Washington Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City Twin Falls, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 Mo yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** John Drury Stephens
5. Date of Birth (Month, day, year) Dec. 24th 1906
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy X
9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Charles Stephens
11. Color or Race W
12. Age at time of THIS birth 34 yrs.
13. Birthplace Freeman, Mo (City or town) (State or foreign country)
14. Exact Occupation Farmingo
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Francis Drury
17. Color or Race W
18. Age at time of THIS birth 27 years
19. Birthplace Decatur, Neb (City or town) (State or foreign country)
20. Exact Occupation HsWife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9.00A M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Francis Drury (First name) (Last name) Stephens who is related to this child as Mother (Mother, etc.)

26. (a) 4/9/41. (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Twin Falls, Idaho Date

State of Idaho }
County of Twin Falls, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Francis Drury Stephens, being first duly sworn, say that I am releated to (Related to (or) acquainted with) John Drury Stephens (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that John Colburn (Name of attendant at birth), who attended said birth id now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Frances Drury Stephens Name
Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of April 1941

(SEAL) Notary Public, residing at Twin Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-228-040658

United States
Department of Commerce
Bureau of the Census

APR 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309958
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Murray
(c) Street Address or R.F.D. No. (no street number) Murray, Idaho
(d) Name of Hospital or Maternity Home: child was born at family home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home no days.
In THIS county 3 years 9 month — days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Murray
(d) Street Address or R.F.D. No. (no street number) Murray, Idaho
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Murray, Idaho

3. RESIDENCE of FATHER (city, state): Murray, Idaho

4. FULL NAME OF CHILD Julia Friedericka Oehler Groesbeck
5. Date of Birth (Month, day, year) March 28, 1906
6. Sex female
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Clarence Groesbeck
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Warren, Michigan (City or town) (State or foreign country)
14. Exact Occupation mine manager
15. Industry or Business mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Friedericka Oehler
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Union City, Indiana (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) April 14 - 1941 (Date received) (b) Mabel F. Eesler (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma F. Groesbeck, being first duly sworn, say that I am related to (Related to (or) acquainted with) Julia Friedericka Oehler Groesbeck (Name of person on certificate above) & mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that George S. Lesher M.D. (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma F. Groesbeck Signature
2109 Venice Blvd. L.A. P.O. Address
California

Subscribed and sworn to before me on this 12 day of April, 1941

(SEAL) [signature] Notary Public, residing at Los Angeles

My Commission Expires May 27, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/21/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

218-124-035-141

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 310030
Local Reg. No.
Reg. Dist. No.

APR 16 1941

1. PLACE OF BIRTH:
(a) County Ney Perce (b) City Peck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
In THIS county 8 years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Ney Perce
(c) City Peck
(d) Street Address or R.F.D. No. ✓
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address (For registration notice): Peck Ida.
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Peck Ida.

4. FULL NAME OF CHILD Dean Clayton Kayler
5. Date of Birth (Month, day, year) July 24-1906
6. Sex M
7. Twin or Triplet
If so—born 1st, 2nd, 3rd ✓
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME James H. Kayler	16. FULL MAIDEN NAME Mamie Adams
11. Color or Race W 12. Age at time of THIS birth 34 yrs.	17. Color or Race W 18. Age at time of THIS birth 37 yrs.
13. Birthplace Wisconsin (City or Town) (State or foreign country)	19. Birthplace Wisconsin (City or Town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silv. nitr.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 10 a. M. on the date
(born alive, ~~stillborn~~)
and at the place stated above, and that personal particulars were furnished by Mamie Kayler, who is
(First name) (Last name)
related to this child as mother
(Mother, etc.)

26. (a) Apr. 16, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by Mabel F. Elder (Registrar's Signature)

25. Attendant's OWN signature J. M. Lyle M.D. ~~(D.O., Midwife, etc.)~~
and address Lewiston Date Ida.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

4/23/41 L. E.

432-102-201-293

310041

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 17 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Boise, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days. None
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1913 N.1th.St
(e) How long has MOTHER lived in Idaho? 6yrs yrs.
(f) Mother's mailing address Boise, Idaho

3. RESIDENCE of FATHER (city, state): Boise.Ida.

4. FULL NAME OF CHILD Uriah Frederick McBurney, Jr.

5. Date of Birth (Month, day, year) July 2-1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd 3rd.

8. No. months of Pregnancy 9Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Uriah Frederick McBurney
11. Color or Race white
12. Age at time of THIS birth 35yrs. yrs.
13. Birthplace North Liberty, Iowa (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Teamster

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Belle Sillivan
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Sargent, Nebraska. (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business House wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) April 17-1941 (Date received) (b) Maud I Felder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Polk } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eva Belle McBurney, being first duly sworn, say that I am the mother (Related to (or) acquainted with) pf the above named child as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs.Wilmot (Name of attendant at birth), who attended said birth is now dead — (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Eva Belle McBurney Signature

Monmouth, Oregon, Rt.# 2 P. O. Address

Subscribed and sworn to before me on this 15th. day of April, 19 41

(SEAL) R. F. Snyder Notary Public, residing at Independence, Oregon.

My commission exoires Oct.16-1943.

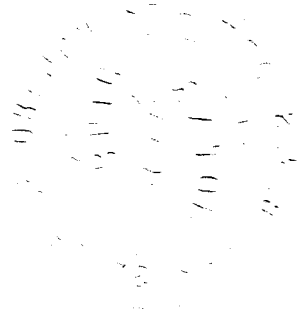
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/23/41. wh

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



553-205-028-154

310081

United States Department of Commerce Bureau of the Census

RECEIVED APR 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No. 111

Reg. Dist. No. 121

1. **PLACE OF BIRTH:**
   (a) County Kootenai (b) City Hayden Lake
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 6 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Hayden Lake
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.
   (f) Mother's mailing address Hayden Lake

3. **RESIDENCE of FATHER** (city, state) Hayden Lake

4. **FULL NAME OF CHILD** Alma Louise Nelson

5. Date of Birth (Month, day, year) July 5, 1906

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Nelson
11. Color or Race W
12. Age at time of THIS birth 40 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christina Anderson
17. Color or Race W
18. Age at time of THIS birth 40 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 4-2-41 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carl Nelson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Alma Louise Nelson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Hattie Crane (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Carl Nelson Signature

..... P. O. Address

Subscribed and sworn to before me on this 2 day of April 1941

(SEAL) Jos. A. Foster Clerk of the District Court ~~Notary Public, residing at~~ Ex-Officio Auditor and Recorder

By Jos. C. White Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

743-110-011-61-2

United States
Department of Commerce
Bureau of the Census

RECEIVED
APR 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 310093
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Boundary (b) City Copeland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 11 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Copeland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 11 yrs.
(f) Mother's mailing address Copeland
3. RESIDENCE of FATHER (city, state) Copeland

4. FULL NAME OF CHILD Clarence Guthrie
5. Date of Birth (Month, day, year) April 10-1906
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME James Henry Guthrie
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Martha Adele Guthrie Washburn
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) April 11-1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha Guthrie, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clarence Guthrie (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no physician (Name of attendant at birth), ~~who~~ attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Martha Adele Guthrie Signature
Copeland Idaho P. O. Address

Subscribed and sworn to before me on this 22 day of March, 1941
(SEAL) [signature] Notary Public, residing at Notary Public for the State of Idaho Residing at Bonners Ferry. Commission Expires March 9, 1945.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 23 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-101-044862

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 19 1941

State File No. 310110
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. R.F.D. # 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 12 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. R.F.D. # 1.
(e) How long has MOTHER lived in Idaho? 1½ yrs.
(f) Mother's mailing address Weiser, Idaho

3. RESIDENCE of FATHER (city, state): same.

4. FULL NAME OF CHILD David Frank Ross

5. Date of Birth (Month, day, year) April 1st. 1906

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Dave Ross
11. Color or Race white
12. Age at time of THIS birth ..... yrs.
13. Birthplace Ray County Mo. U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Stock bus.&Farmer
15. Industry or Business Stock Bus.& Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Yost
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Walnut, Ill. U.S.A. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Apr 19-1941 (Date received) (b) Mabel F Eeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Joseph R Numbers M.D. (D.O., Midwife, etc.)
and address Weiser Date 4/26/41

State of California
County of Tuolumne } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Dave Ross, being first duly sworn, say that I am XXXXXXXX related (Related to (or) acquainted with) David Frank Ross (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Numbers (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Dave Ross Signature
Sonora, California. P. O. Address

Subscribed and sworn to before me on this 17th day of April, 1941

(SEAL) Tobias M. Wilzinski Notary Public, residing at Sonora, California
Tobias M. Wilzinski

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 26 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4/28/41 L. B.

693102014495

310124

United States Department of Commerce
Bureau of the Census

APR 10 1941

(Be sure the information is as of date of birth of THIS child)

State File No.

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. I
(e) How long has **MOTHER** lived in Idaho? 41 yrs.
(f) Mother's mailing address Emmett Ida

3. **RESIDENCE of FATHER** (city, state) Emmett Ida

4. **FULL NAME OF CHILD** Edgar Marion Wilson

5. Date of Birth (Month, day, year) Oct 2nd 1906

6. Sex m

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wm Marion Wilson

11. Color or Race White

12. Age at time of THIS birth 44 yrs.

13. Birthplace Marysville Mo (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lenar Russell

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Leonard Miss (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2 P. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) X-9-41 (Date received) (b) J. L. Reynolds (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Edgar Wilson M.D. (D.O., Midwife, etc.)
mother
and address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is **NOT LIVING or CANNOT BE LOCATED.**

I, Lena Wilson, being first duly sworn, say that I am related (Related to (or) acquainted with) Edgar Marion Wilson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Loeder (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lena Wilson Signature

Emmett, Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of April, 19 41

(SEAL) Margaret Snope Notary Public, residing at Emmett, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

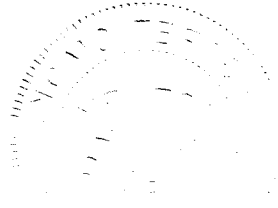
Edgar Marion Wilson

c.c. 4/24/41. W.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



262-220-025-263

310128

United States
Department of Commerce
Bureau of the Census

APR 15 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Idaho (b) City Lucile
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: Home
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Idaho
   (c) City Lucile
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Jeanette Helen Kokta

5. Date of Birth (Month, day, year) Dec. 20-1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Kokta

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Budweis, Czechoslovakia (City or Town) (State or foreign country)

14. Exact Occupation Stockman - Farmer

15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Kolar

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Porizan-Czechoslovakia (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead — (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by John Kokta (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) April 15-1941 (Date received) (b) Mabel H Eccles (Registrar's signature)

25. Attendant's **OWN signature** Mrs. N. J. Elfers M.D. (D.O., Midwife, etc.)
and address Lucile Ida. Date .....

27. Given name added on ..... by ..... (Registrar's Signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

APR 3 196

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

C.C. 4/24/41. wh

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

219-213010-366 RECEIVED

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 22 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311170
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Granite
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Granite
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Granite Ida

3. RESIDENCE of FATHER (city) Granite Ida

4. FULL NAME OF CHILD Pauline Theresa Tiffany Bartholomew
5. Date of Birth (Month, day, year) Oct 13. 1906
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Clarence Allen Bartholomew
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Vanessa Ont Canada (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Coffman
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Sumner Illinois (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 11 10 P M. on the date and at the place stated above, and that personal particulars were furnished by Clara Coffman Bartholomew (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) April 22-1941 (Date received) (b) Mabel F E Ldur (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clara Coffman Bartholomew, being first duly sworn, say that I am related (Related to (or) acquainted with) Pauline Theresa Tiffany Bartholomew (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Wm Campbell (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Clara Coffman Bartholomew Signature
Post Falls Idaho P. O. Address

Subscribed and sworn to before me on this 21 day of April, 1941

(SEAL) W. Chapin Notary Public, residing at Post Falls Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/28/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-127-022-366

United States
Department of Commerce
Bureau of Census

APR 28 1941

(Be sure this information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311184
Local Reg. No. 36
Reg. Dist. No. 620

1. PLACE OF BIRTH
(a) County Fremont now Teton (b) City Chapin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 10 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Chapin
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Chapin, Idaho.

3. RESIDENCE of FATHER (city, state) Chapin, Ida.

4. FULL NAME OF CHILD Lawrence Edwin Beesley

5. Date of Birth (Month, day, year) Oct 27, 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ebenezer Le Roy Beesley
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Musician
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Jane Cooper
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Midwife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Jennie E. Fuller (First name) (Last name), who is related to this child as Older Sister. Aged 48. (Mother, etc.)

26. (a) April 17, 1941 (Date received) (b) Florence Davidson (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. ~~Attendant's~~ OWN signature Jennie E. Fuller ~~MD~~ ~~(XX, Midwife, etc.)~~ and address Older Sister Driggs, Idaho. Date 4/17/1941

State of Idaho
County of Teton } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jennie E. Fuller, being first duly sworn, say that I am an Older Sister of (Related to (or) acquainted with) Lawrence Edwin Beesley (Name of person on certificate above) as his older sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Rosa Davidson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded. And that I was present at said birth.

Jennie E. Fuller Signature
Driggs, Teton County, Idaho. P. O. Address

Subscribed and sworn to before me on this 17th day of April - - - - - , 1941.

(SEAL) Amary W. Clark Notary Public, residing at Driggs, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1964

4/29/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133 106 021 314

311223

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311223
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Fremont (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 1 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.
   (f) Mother's mailing address Idaho Falls, Ida.

3. **RESIDENCE of FATHER** (city, state) Idaho Falls

4. **FULL NAME OF CHILD** Cecil Glen Allred

5. Date of Birth (Month, day, year) March 6, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Isaac Merell Allred
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Spring City Utah (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Campbell
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace American Fork Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 7 - 1941 (Date received) (b) Maire F Reeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jane Allred, being first duly sworn, say that I am Related (Related to (or) acquainted with) Cecil Glen Allred (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Bridges (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Jane Allred Signature

401 So Broad P. O. Address

Subscribed and sworn to before me on this 30 day of April, 1941.

(SEAL)

J L Gull Notary Public, residing at Boise, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4/30/41 Z.J.

168 124 006-251 311235 **311235**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County BINGHAM (b) City IONA
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 35 years — month - days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State ~~Bingham~~ Idaho (b) County ~~Iona~~ Bingham
(c) City IONA
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address IONA - IDAHO

3. **RESIDENCE of FATHER** (city, state): IONA, Idaho

4. **FULL NAME OF CHILD** MERRILL BEACH JOHNSON

5. Date of Birth (Month, day, year) MARCH 24, 1906

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ANDREW HYRUM JOHNSON
11. Color or Race W
12. Age at time of THIS birth 34 yrs.
13. Birthplace OVID, BEARLAKE COUNTY IDAHO USA (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELIZA BEACH
17. Color or Race W
18. Age at time of THIS birth 24 yrs.
19. Birthplace PARLEYS PARK SUMMIT CO. UTAH, USA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 6, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ANDREW HYRUM JOHNSON, being first duly sworn, say that I am RELATED (Related to (or) acquainted with) MERRILL BEACH Johnson (Name of person on certificate above) as FATHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that SARAH ELIZABETH BEACH (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Andrew Hyrum Johnson Signature
Emmett Idaho P.O. Address

Subscribed and sworn to before me on this 6th day of May 1941

(SEAL) Thos. J. Dwiggins Notary Public, residing at Emmett, Idaho X

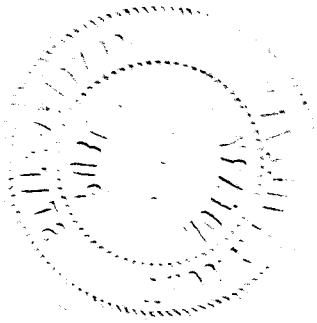
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/6/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

MAY 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311238
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. W. S. Ave near Fen.
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. W. S. Ave. Near Fen.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Emmett Idaho.

3. RESIDENCE of FATHER (city, state) Boise.

4. FULL NAME OF CHILD Edward William Hanft

5. Date of Birth (Month, day, year) Aug 26-1906

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Full Term

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Hanft

11. Color or Race W

12. Age at time of THIS birth 32 yrs.

13. Birthplace Wisconsin W
(City or town) (State or foreign country)

14. Exact Occupation Black smith

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lulu Heath

17 Color or Race W

18. Age at time of THIS birth 21 yrs.

19. Birthplace Missouri
(City or town) (State or foreign country)

20. Exact Occupation Housework

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2.10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Lulu Hanft (First name) (Last name), who is related to this child as mother (Mother, etc.).

RECEIVED

26. (a) MAY 8 1941 (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature [signature] M.D. (D.O., Midwife, etc.)
and address Boise Ida Date 5-8-41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

c.c. 5/13/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569-225 025-154 RECEIVED

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 24 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311271
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 1 years 2 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Ruth Tillie Ewing
5. Date of Birth (Month, day, year) Aug. 25, 1906
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Henry Leman Ewing	16. FULL MAIDEN NAME Tillie Louise Andrew
11. Color or Race White 12. Age at time of THIS birth 27 yrs.	17 Color or Race White 18. Age at time of THIS birth 20 yrs.
13. Birthplace Dayton Iowa (City or town) (State or foreign country)	19. Birthplace Farnhamville, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming	20. Exact Occupation Housewife
15. Industry or Business Farming	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) April 24-1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Iowa
County of Webster } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Caroline Andrew, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Ruth Tillie Ewing (Name of person on certificate above) as Grandmother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. G. S. Stockton (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Caroline Andrew Signature
108 K St., Ft. Dodge, Iowa P. O. Address

Subscribed and sworn to before me on this 19th day of April, 1941

(SEAL) Evelyn L. Rosene Notary Public, residing at Ft. Dodge, Ia.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/30/41. wh

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

963106-025814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 26 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

311331

State File No.
Local Reg. No. 25
Reg. Dist. No. 240

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Ida (b) County Ida
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Ray Karlen Rothlisberg

5. Date of Birth (Month, day, year) April 6, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Rothlisberg
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Dallas (City or town) Texas (State or foreign country)
14. Exact Occupation Cattle man
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Jane Hamill
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Centerville (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 1 A M. on the date and at the place stated above, and that personal particulars were furnished by Lydia Rothlisberg (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) April 15 41 (Date received) (b) B. Chipman (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cecil L. Brown, being first duly sworn, say that I am Acquainted with (Related to (or) acquainted with) Ray Karlen Rothlisberg (Name of person on certificate above) as Friend (Public Accountant for him (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jesse L. Raines (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ray Karlen Rothlisberg Signature

3753 SE Henry Portland, Oregon P. O. Address

Subscribed and sworn to before me on this 5th day of April, 19 41

(SEAL) Cecil L. Brown Notary Public, residing at 6113 SE 45th Ave Portland, Ore.

My Commission Expires 3/5/43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/2/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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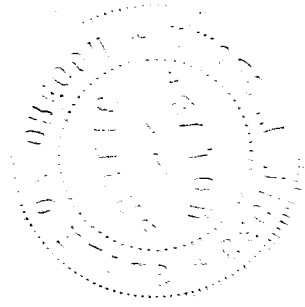

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311356

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 28 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311356
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. x
(d) Name of Hospital or Maternity Home: x
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home x days. IN THIS county x years x month x days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. x
(e) How long has MOTHER lived in Idaho? 51 yrs.
(f) Mother's mailing address Clearwater

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Gerald E. Smith

5. Date of Birth (Month, day, year) 9-17-1906

6. Sex Male

7. Twin or Triplet x

If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William B. Smith
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business x

MOTHER OF CHILD

16. FULL MAIDEN NAME Maggie Kerr
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business x

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 2 (d) Stillborn x

24. I HEREBY CERTIFY That I attended the birth of this child, who was x (born alive, stillborn) at x M. on the date and at the place stated above, and that personal particulars were furnished by x (First name) (Last name), who is related to this child as (Mother etc.)

26. (a) Apr 28-1941 (Date received) (b) Mabel F Feeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maggie Kerr Smith, being first duly sworn, say that I am Related (Related to (or) acquainted with) Gerald E. Smith (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. G. S. Steekton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located), and that this birth has not been previously recorded.

Maggie (Kerr) Smith Signature

Clearwater, Idaho P. O. Address

Subscribed and sworn to before me on this 24 day of April, 19 41

(SEAL) N. Rothwell Notary Public, residing at Grangeville

c.c. 5/3/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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843.230.006-453

311286

United States Department of Commerce
Bureau of Census

APR 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Blackfoot

1. **PLACE OF BIRTH**
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 1 years 0 month 0 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.
   (f) Mother's mailing address Blackfoot Idaho

3. **RESIDENCE of FATHER** (city, state) Blackfoot

4. **FULL NAME OF CHILD** Mary Helena Hull

5. Date of Birth (Month, day, year) 30 June 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Owen Martin Hull
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Hooper (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Viola Kneldrum
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Provo Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Apr. 29, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Utah, County of Utah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nellie Viola Hull, being first duly sworn, say that I am related to (Related to ~~(or) acquainted with~~) Mary Helena Hull (Name of person on certificate above) as mother (State relationship ~~or acquaintance~~), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs (Mary?) Brown (Name of attendant at birth), who attended said birth Cannot be located (~~is now deceased (or)~~ cannot be located) and that this birth **has not been previously recorded.**

Nellie Viola Hull Signature
R3 Box 152 Provo Utah P. O. Address

Subscribed and sworn to before me on this 28th day of April, 1941

(SEAL) Chas W Mitchell Notary Public, residing at Provo, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/6/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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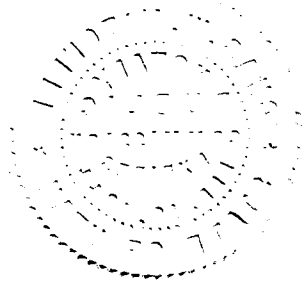

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 14 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311430
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Blain (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Blain
(c) City Soldier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Soldier, Idaho

3. **RESIDENCE of FATHER** (city, state) Soldier,

4. **FULL NAME OF CHILD** Alger LaRule Stott

5. Date of Birth (Month, day, year) 2-9-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lester W.A. Stott

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Meadow, Millard County, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Stewart

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Meadow, Millard Co. Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Solution Nitrate 1% [illegible]

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn No.

24. I HEREBY CERTIFY That I attended the birth of this child, who was Living (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ellen Stott (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Apr. 14, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** A. Higgs M.D. (D.O., Midwife, etc.) and address San Diego, Calif. Date 4-26-41

State of UTAH
County of UTAH } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ellen Stewart Stott, being first duly sworn, say that I am mother (Related to (or) acquainted with) Alger LaRule Stott (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that A. Higgs (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ellen Stewart Stott Signature

Pleasant Grove, Utah, R.F.D. P. O. Address

Subscribed and sworn to before me on this 11th day of April, 19 41.

(SEAL) M B Pope Notary Public, residing at Provo, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/8/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record ~~in the~~ Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493 226-001-291

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 4 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311487
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County (b) City Boise, Ida
(c) Street Address or R.F.D. No. 2222 Thatcher
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
IN THIS county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Boise
(d) Street Address or R.F.D. No. 2222 Thatcher
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address 2222 Thatcher

3. RESIDENCE of FATHER (city, state) Boise, Ida

4. FULL NAME OF CHILD Agnes Alvena Miller

5. Date of Birth (Month, day, year) Oct 26-1906

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME William J Miller	16. FULL MAIDEN NAME Irene Mary Bratz
11. Color or Race White	17 Color or Race White
12. Age at time of THIS birth 24 yrs.	18. Age at time of THIS birth 21 yrs.
13. Birthplace Pittsburg, Pa (City or town) (State or foreign country)	19. Birthplace Plainview, Nebr (City or town) (State or foreign country)
14. Exact Occupation Bar Tender	20. Exact Occupation House work
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 4-1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Washington
County of Whatcom } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Irene Mary Gardner, being first duly sworn, say that I am mother (Related to (or) acquainted with) Agnes Alvena Miller (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Stuckey (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Irene Mary Gardner Signature
2020 Humboldt, Bellingham, Wn. P. O. Address

Subscribed and sworn to before me on this 2 day of May, 1941.

(SEAL) [signature] Notary Public, residing at Bellingham

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 9 19

c.c. 5/8/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 4 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Kootenai (b) City Springston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Springston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 44 yrs.
   (f) Mother's mailing address Springston, Idah

3. **RESIDENCE of FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Albert Wilber Nederhood

5. Date of Birth (Month, day, year) 6/1/1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Nederhood
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Chicago, Ill (City or town) (State or foreign country)
14. Exact Occupation Farmer, Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Margaret Wilber
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Little Rock, Ark. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 4 - 1941 (Date received) (b) Mabel F Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrtle Margaret Daniels, being first duly sworn, say that I am the Mother of (Related to (or) acquainted with) Albert Wilber Nederhood as Mother, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Dan Bridgeman, who attended (Name of attendant at birth) said birth not located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Myrtle Margaret Daniels Signature

Springston, Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of May, 19 41

(SEAL) M. A. Kiger Notary Public, residing at Harrison, Idaho

d.c. 5/8/41, w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by [illegible] physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 4 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 1425
Reg. Dist. No. 201

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Latah (b) City Troy
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home.
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.
   (f) Mother's mailing address 1823 W Dean Spokane Wash.

3. **RESIDENCE of FATHER** (city, state) Spokane Wash.

4. **FULL NAME OF CHILD** Vera Alfreda Sahlin

5. Date of Birth (Month, day, year) July 8-1906

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** John Peter Sahlin
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Saloon Keeper
15. Industry or Business business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Emelia Peterson
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Sacred Heart Minn (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 5-3-41 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT

To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Washington } ss.
County of Spokane }

I, Emma C. Sahlin Hanson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Vera Alfreda Sahlin (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Hinkle (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emma C. Sahlin Hanson. Signature
1823 W. Dean Spokane P. O. Address

Subscribed and sworn to before me on this 29 day of April, 1941

(SEAL) [signature] Notary Public, residing at Spokane, Wn.

c.c. 5/9/41. W.n.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Black Bear

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

311522

MAY 5 1941

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Murl James Young

3. Sex Boy | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? yes | 8. Date of birth Oct. 10, 1906 (Month, Day, Year)

FATHER

9. Full name William James Young

10. Residence (usual place of abode) (If non-resident, give place and State) Black Bear

11. Color or race W | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Galena Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work Oct, 1906

17. Total time (years) spent in this work 14 yr.

MOTHER

18. Full maiden name Mary Dena Parsons (maiden name)

19. Residence (usual place of abode) (If non-resident, give place and State) Black Bear

20. Color or race W | 21. Age at last birthday 30 (years)

22. Birthplace (city or place) (State or Country) Seneca Mo.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work Oct, 1906

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) F W Rolfs, M. D.

or ....., Midwife

Address Mullan Ida

Give name added from a supplemental report .....
(Date of)

Filed MAY 5 1941, 193.. Marvel F Eeeler
Registrar.

Registrar.

2 c. c. 5/10,41. .wh

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United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311530
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bannock (b) City Lago
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home — days. IN **THIS** county 2 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Lago
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Lago, Idaho

3. **RESIDENCE of FATHER** (city, state) Lago Ida

4. **FULL NAME OF CHILD** Ralph Vernal Andersen

5. Date of Birth (Month, day, year) Apr. 9-1906

6. Sex M

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andrew S. Andersen
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Willreys (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Heaps Andersen
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Williamsburg (City or town) N.Y. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7 (c) Born alive and now dead 2 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) May 7-1941 (Date received) (b) Mabel F Geisler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Aida Geisler, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Ralph Vernal Andersen (Name of person on certificate above) as Sister. (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 19— Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Pierce (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Aida Geisler Signature

1015 3rd St no- Nampa. Idaho. P. O. Address

Subscribed and sworn to before me on this 1st day of May, 1941

(SEAL) L.F. Geisler Notary Public, residing at Nampa Idaho

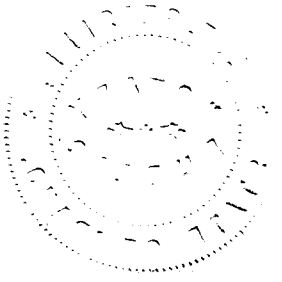
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/10/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 6 1941

State File No. 311581
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Kootenai (b) City Rathdrum
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: AT Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 3 years 2 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City RATHdrum
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.
   (f) Mother's mailing address 3741 SE. Market Portland Ore

3. **RESIDENCE of FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Helen Hazel McCarty

5. Date of Birth (Month, day, year) Mar 4-1906

6. Sex Female

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Charles Elbert McCarty
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace BAXTER SPRINGS (City or town) Kansas (State or foreign country)
14. Exact Occupation Real Estate
15. Industry or Business Real Estate Bus,

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SARAH CATHRINE HICKS
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Ackworth (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead NONE (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 6-1941 (Date received) (b) Mabel T Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Cathrine Hicks McCarty being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Helen Hazel McCarty (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. D Drennen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sarah Cathrine McCarty Signature

3741 S E Market Portland Ore P. O. Address

Subscribed and sworn to before me on this 4th day of April, 1941

(SEAL) C L Allen Notary Public, residing at Portland, Ore.

my comm. Exp Dec 15-42

C.C. 5/12/41. W.D.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

MAY 9 1941

1. **PLACE OF BIRTH**
   (a) County Boise, Idaho (b) City Sweet,
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Sweet,
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.
   (f) Mother's mailing address Sweet, Idaho.

3. **RESIDENCE of FATHER** (city, state) "

4. **FULL NAME OF CHILD** Walter Scott Ramey

5. Date of Birth (Month, day, year) Sept. 20, 1906

6. Sex male

7. Twin or Triplet no.

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles E. Ramey
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Mount Plesent, Iowa. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola Cadwell Ramey
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Nebraska. (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes (c) Born alive and now dead no. (d) Stillborn no.

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 12 M. on the date and at the place stated above, and that personal particulars were furnished by myself, Charles E. Ramey (First name) (Last name) who is related to this child as father (Mother, etc.)

26. (a) MAY 9 1941 (Date received) (b) Muriel T Eelen (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of South Dakota, } ss.
County of Lawrence, }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles E. Ramey, being first duly sworn, say that I am father of (Related to (or) acquainted with) Walter Scott Ramey (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no attendant (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

My Commission Expires June 17, 1941

Charles E Ramey Signature

Spearfish, S.Dak. P. O. Address

Subscribed and sworn to before me on this 21, day of April, 1941.

(SEAL) Chas. P. Cooper Notary Public, residing at Spearfish, S.D.

c.c. 5/15/51. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-113-D14-133

311674

United States
Department of Commerce
Bureau of the Census

MAY 9 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD George Alred Tiffany
5. Date of Birth (Month, day, year) July 13, 1906
6. Sex Male
7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Hiram Tiffany
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Salem (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lavern Alred
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Beaver City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol ag nit.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Lavern Tiffany (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAY 9 1941 (Date received) (b) Mabel F. Eldur (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature J H Murray M.D. (D.O., Midwife, etc.)
and address Nampa Ida Date May 3-1941

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/15/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-104-025-468

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

MAY 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311696
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Idaho (b) City Kooskia
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 6 years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Kooskia
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.
   (f) Mother's mailing address Kooskia Idaho

3. **RESIDENCE of FATHER** (city, state) Kooskia

4. **FULL NAME OF CHILD** Lester Leroy Montgomery

5. Date of Birth (Month, day, year) Nov 4 1906

6. Sex m

7. Twin or Triplet xx

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Owen William Montgomery
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Oregon (City or town) (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Estella Irene Moyer
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace McPaul (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 13-1941 (Date received) (b) Mabel H Felder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Estella I Montgomery, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lester Leroy Montgomery (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs O. Robinett (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Estella I Montgomery Signature

Kooskia Idaho P. O. Address

Subscribed and sworn to before me on this 10 day of May, 19 41

(SEAL) Lloyd K Jones Notary Public, residing at Kooskia Idaho

c.c. 5/19/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-113-006-693

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 7 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311725
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Springfield
(c) Street Address or R.F.D. No. Home
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Springfield
(d) Street Address or R.F.D. No. ---
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Los Angeles, Cal.

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD VIRGIL LEON STOWELL
5. Date of Birth (Month, day, year) Apr. 13, 1906
6. Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd 9th
8. No. months of Pregnancy Yes
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Washington Stowell
11. Color or Race White
12. Age at time of THIS birth 61 yrs.
13. Birthplace South Bend, Indiana (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Sabria Wilson
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Farmington, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9th (b) Born alive and now living 9 (c) Born alive and now dead - (d) Stillborn -

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ____ P M. on the date and at the place stated above, and that personal particulars were furnished by Sabria Stowell (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

26. (a) MAY 10 1941 (Date received) (b) Maud F Feeler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Sabria Stowell M.D. (D.O., Midwife, etc.)
and address 3619 Bellvue St Los Angeles, Cal
Date 5-8-41

State of CALIFORNIA
County of LOS ANGELES, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, SABRIA STOWELL, being first duly sworn, say that I am the mother (Related to (or) acquainted with) Virgil Leon Stowell, (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Pugmire (Name of attendant at birth), who attended said birth cannot be located... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

My Commission Expires Jan. 4, 1942

/ Sabria Stowell Signature
3619 Bellvue Avenue, Los Angeles, Cal. Address

Subscribed and sworn to before me on this 6th day of May, 1941

(SEAL) Carrie D. Tenner Notary Public, residing at Los Angeles, Cal.
Notary Public. 214 -228 West 4th St.

c.c. 5/19/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

913129 019 412

United States Department of Commerce
Bureau of Census

MAY 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311814
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Custer, (b) City Mackay,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at our res. 5mi. E. Mackay, Ida.
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho. (b) County Custer,
(c) City Mackay,
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 41 yrs.
(f) Mother's mailing address Rupert, Idaho.

3. RESIDENCE of FATHER (city, state) Rupert, Ida.

4. FULL NAME OF CHILD Bennie Frances Ralls,

5. Date of Birth (Month, day, year) Sept. 29, 1906.

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Morton Ralls,
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Hedge City, Mo. (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming.

MOTHER OF CHILD

16. FULL MAIDEN NAME Roxie Lena Massey,
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Tuscola, Illinois. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife,

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 15, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Roxie Lena Ralls, being first duly sworn, say that I am related to (Related to (or) acquainted with) Bennie Frances Ralls, (Name of person on certificate above) as Mother, (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that a Mrs. Harris, midwife (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Roxie Lena Ralls Signature

201 "H" St. Rupert, Idaho. P. O. Address

Subscribed and sworn to before me on this 14 day of May, 1941.

(SEAL) Paul A. Franch, Notary Public, residing at Rupert, Idaho.

5/22/41 L. R.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-221-040-296

311903

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** MAY 17 1941
   (a) County Shoshone (b) City Wallace
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Wallace General Hospital
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 1 days. IN **THIS** county 2 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wallace
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.
   (f) Mother's mailing address Wallace, Idaho

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Eleanor Hale

5. Date of Birth (Month, day, year) July 21, 1906

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Anson Hale
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Tenino (City or town) Washington (State or foreign country)
14. Exact Occupation Office worker in N.P.R.R.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Estella Brown
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Hutchinson (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAY 17 1941 (Date received) (b) Mabel V. Zeller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Estella Brown Hale, being first duly sworn, say that I am related to (Related to (or) acquainted with) Eleanor Hale (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Estella B. Hale Signature

408 Aurora Av., Seattle, Washington P. O. Address

Subscribed and sworn to before me on this 14th day of May, 1941

(SEAL) Fred Starzenburg Notary Public, residing at Seattle

JUN 25 1971

c.c. 5/24/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859-121-022-669

United States
Department of Commerce
Bureau of the Census

RECEIVED MAY

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 312947
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Burton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At mother's home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. #1
(e) How long has **MOTHER** lived in Idaho? 37 yrs.
(f) Mother's mailing address (For registration notice): Rigby, Idaho #1
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lyal Christian Heilson

5. Date of Birth (Month, day, year) Sept 21, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Niels Christian Heilson

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Glenwood, (City or Town) Utah (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabella Dorinda Forsyth

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Pineraly (City or Town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 a. M. on the date and at the place stated above, and that personal particulars were furnished by Isabella D. Heilson (First name) (Last name), who is related to this child as mother (Mother, etc.)

Isabella D Heilson

Subscribed and sworn to before me this 23rd day of May, 1941

George M. Lauer Notary Public.

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

26. (a) May 24, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

Mabel F Elder

27. Given name added on ..... by ..... (Registrar's Signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

6/6/41 L. B.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) Was there an operation for delivery? None

State all operations:

(d) Did baby have any:

(1) Congenital Malformation? None

Describe:

(2) Birth Injury? None

Describe:

(3) Was mother given a Wasserman before delivery? No

(4) Signature of Physician:

Mid-wife. (Deceased)

652-216-029-632

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAY 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 312959
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Latah (b) City Moscow, Id
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: xx
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home x days.
In THIS county x years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 49 yrs.
(f) Mother's mailing address Grangeville, Ida.

3. RESIDENCE of FATHER (city, state): Deceased

4. FULL NAME OF CHILD Mabel Beulah Westman

5. Date of Birth (Month, day, year) Apr. 16, 1906

6. Sex Female

7. Twin or Triplet x If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	Alfred Westman	16. FULL MAIDEN NAME	Emma Olson
11. Color or Race	White	17. Color or Race	White
12. Age at time of THIS birth	46 yrs.	18. Age at time of THIS birth	21 yrs.
13. Birthplace (City or town)	x	19. Birthplace (City or town)	Westby,
(State or foreign country)	Sweden	(State or foreign country)	Wisconsin
14. Exact Occupation	Farmer	20. Exact Occupation	Housewife
15. Industry or Business	xx	21. Industry or Business	xx

22. Name prophylactic used to prevent Ophthalmia Neonatorum x

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7 (c) Born alive and now dead None (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was x (born alive, stillborn) at x M. on the date and at the place stated above, and that personal particulars were furnished by x (First name) (Last name), who is related to this child as x (Mother, etc.)

26. (a) May 22-1941 (Date received) (b) Mabel H Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature x M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Westman, being first duly sworn, say that I am Related (Related to (or) acquainted with) Mabel Beulah Westman (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Thompson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma Westman Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me on this 19 day of May, 1941

(SEAL) T H Bothwell Notary Public, residing at Grangeville, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/12/41 w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-201-01K-698

United States Department of Commerce
Bureau of the Census

RECEIVED MAY 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 312968
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Payette~~ Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 7 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County ~~Payette~~ Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Payette, Idaho.

3. RESIDENCE of FATHER (city, state): Payette, Idaho

4. FULL NAME OF CHILD Violet Maude Hill

5. Date of Birth (Month, day, year) April 1, 1906.

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Tracy Hill
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Claremont, (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer, Common Laborer
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie May Ory
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Bethany, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Minnie May Ory Hill (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAY 22 1941 (Date received) (b) Maud T Fiedler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature No Doctor/ Mid-wife deceased . M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho, }
County of Bannock, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie May Ory Hill, being first duly sworn, say that I am related to (Related to (or) acquainted with) Violet Maude Hill (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Manis (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Minnie May Hill Signature

Pocatello, Idaho. P. O. Address

Subscribed and sworn to before me on this 22nd day of April, 19 41.

(SEAL) R. E. Hansen Notary Public, residing at Pocatello, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1971
OCT 2 9 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

41-111021-719

312994

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED MAY 21 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Franklin (b) City Clifton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Our home
(e) Mother's stay **BEFORE** delivery: home
In Hosp. or Mat. Home ..... days.
IN **THIS** county 6 years X month 6 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.
(f) Mother's mailing address Murray, Ut.

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Truman Maddox

5. Date of Birth (Month, day, year) Mar 11 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oscar Jackson Maddox
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Macon (City or town) Georgia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Alberta Garner
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace North Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 9 (c) Born alive and now dead 2 (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was my great grandmother (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Olive A Maddox (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAY 21 1941 (Date received) (b) Mabel M Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Olive A Maddox, being first duly sworn, say that I am mother of (Related to (or) acquainted with) Truman Maddox (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Polly E Barker (Name of attendant at birth), who attended said birth is dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Olive A Maddox Signature

Murray Utah P. O. Address

Subscribed and sworn to before me on this 20 day of May — 1941, 1941

(SEAL) C C Crapo Notary Public, residing at Sandy Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-217-007-281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313043
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years 3 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 26 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): Oakley, Ida.

4. FULL NAME OF CHILD Violet Fairchild
5. Date of Birth (Month, day, year) Oct. 17-1906
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Seymour Fairchild
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Grantsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Melissa Isabella Sharp
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Clay Center (City or town), Nebr. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 28, 1941 (Date received) (b) Mabel F. Elefer (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ila Orth, being first duly sworn, say that I am Sister (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. David Davis (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

✓ Ila Orth Signature
Wendell, Idaho P. O. Address

Subscribed and sworn to before me on this 24th day of May, 1941

(SEAL) G. D. McQuiney Notary Public, residing at Wendell, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

C.C. 6/2/41 V.H.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

264-129-029-231

313089

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 26 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Gritman Hospital
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 14 days. IN **THIS** county years month 14 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County NezPerce
   (c) City Lookout
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.
   (f) Mother's mailing address Lookout, Idaho

3. **RESIDENCE of FATHER** (city, state) Lookout, Ida

4. **FULL NAME OF CHILD** Louis Albin Soderberg

5. Date of Birth (Month, day, year) Mar. 29, 1906

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Louis Soderberg
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Dahlby (City or town) Sweeden (State or foreign country)
14. Exact Occupation Storekeeper
15. Industry or Business general store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susie Stadheim
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Bergen, Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~unknown~~ boric acid
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAY 26 1941 (Date received) (b) Mabel T. Eccles (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Clearwater }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Louis Soderberg, being first duly sworn, say that I am related to (Related to (or) acquainted with) Louis Albin Soderberg (Name of person on certificate above) as his father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Gritman (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Louis Soderberg Signature

Orofino, Idaho. P. O. Address

Subscribed and sworn to before me on this 24th day of May, 1941

(SEAL) Edward T. Johnson Notary Public, residing at Orofino, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

234-115-029-753

United States
Department of Commerce
Bureau of Census

MAY 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313094
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Deary
(c) Street Address or R.F.D. No. 1 RFD
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Deary
(d) Street Address or R.F.D. No. RFD No. 1
(e) How long has MOTHER lived in Idaho? 11 yrs.
(f) Mother's mailing address Deary, Idaho

3. RESIDENCE of FATHER (city, state) Deary, Ida

4. FULL NAME OF CHILD Elmer August Kluver

5. Date of Birth (Month, day, year) Aug. 15, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Michael Kluver	16. FULL MAIDEN NAME Elna Peterson
11. Color or Race White 12. Age at time of THIS birth 52 yrs.	17 Color or Race White 18. Age at time of THIS birth 37 yrs.
13. Birthplace Heide (City or town) Germany (State or foreign country)	19. Birthplace Eslof (City or town) Sweden (State or foreign country)
14. Exact Occupation Merchant and Farmer	20. Exact Occupation Housewife
15. Industry or Business Merchandise and Farming	21. Industry or Business Household

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elna Kluver, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elmer August Kluver (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Elmer Kluver Signature
Deary, Idaho P. O. Address

Subscribed and sworn to before me on this 24th day of May, 1941.

(SEAL) G. H. Wylie Notary Public, residing at Deary, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-28-038-49

United States Department of Commerce
Bureau of the Census

MAY 31 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313145
Local Reg. No.
Reg. Dist. No.

Harrison Idaho

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Harrison
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 7 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Nora Marie Burns
5. Date of Birth (Month, day, year) Dec 3 1906
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Ray Burns
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Portland (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Marlatt
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Toledo (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) May 31, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on.....by Mabel F Elder (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary J Burns, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Nora Marie Burns (Name of person on certificate above) as.....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Bussey (Name of attendant at birth), who attended said birth.....(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary J Burns Name
1304 - W 145th St Gardena Cal. P. O. Address

Subscribed and sworn to before me on this 24th day of May 1941

(SEAL) Arthur Davies Notary Public, residing at Gardena Calif

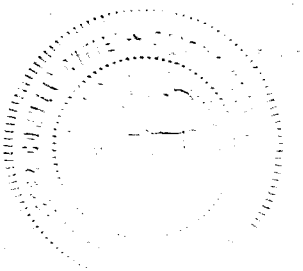
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/10/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



354-119-063-869

RECEIVED

MAY 16 1941

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313149
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D. No. 552 E. CLARK
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City POCATELLO
(d) Street Address or R.F.D. No. 552 E. CLARK
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address 552 E. CLARK

3. RESIDENCE of FATHER (city, state) POCATELLO IDAHO

4. FULL NAME OF CHILD Herbert William Lemming
5. Date of Birth (Month, day, year) Sept-19-1906
6. Sex WHITE
7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME William David Lemming	16. FULL MAIDEN NAME Dora Elizabeth Horsley
11. Color or Race WHITE 12. Age at time of THIS birth 24 yrs.	17. Color or Race WHITE 18. Age at time of THIS birth 22 yrs.
13. Birthplace Kansas City (City or town) Missouri (State or foreign country)	19. Birthplace Rogers (City or town) Arkansas (State or foreign country)
14. Exact Occupation Locomotive Engineer	20. Exact Occupation House Wife
15. Industry or Business Oregon Short Line R.R. Co	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) 3:20 a. M. on the date and at the place stated above, and that personal particulars were furnished by Mr. & Mrs. W. D. Lemming (First name) (Last name) who is related to this child as Father and Mother (Mother, etc.)

26. (a) There was no registration (Date received) (b) (Registrar's signature)
27. Given name added on in Idaho in 1906. May 16-1941 Mabel [illegible] P.H. (Registrar's signature)

25. Attendant's OWN signature William F. Howard M.D. (D.O., Midwife, etc.) and address Pocatello Idaho Date 5/24/1941

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth Lemming, being first duly sworn, say that I am the mother (Related to (or) acquainted with) Herbert William Lemming (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mother (Name of attendant at birth), who attended said birth Mother (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Dora Elizabeth Lemming Signature
127 West 86 Place P. O. Address

Subscribed and sworn to before me on this 19th day of May, 1941

(SEAL) [signature] Notary Public, residing at Los Angeles.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/10/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313187
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No. R. F. D.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No. R. F. D.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address .....

3. **RESIDENCE of FATHER** (city, state) Grangeville, Ida.

4. **FULL NAME OF CHILD** Georga Louise Shearer

5. Date of Birth (Month, day, year) Jan. 8, 1906

6. Sex Female

Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joel Sturgess Shearer
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace ..... (City or town) Iowa (State or foreign country)
14. Exact Occupation .....
15. Industry or Business .....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Adelaide Ritter
17. Color or Race .....
18. Age at time of THIS birth 45 yrs.
19. Birthplace ..... (City or town) Iowa (State or foreign country)
20. Exact Occupation .....
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child Eight (b) Born alive and now living Yes
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 28-1941 (Date received) (b) Mabel H Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Julia Adelaide Shearer, being first duly sworn, say that I am related to (Related to (or) acquainted with) Georgia Louise Willey (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no attendant (Name of attendant at birth), who attended said birth except husband (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Julia A. Shearer Signature

Hargaster Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of April, 1941

(SEAL) Hampton Taylor Notary Public, residing at Grangeville

c.c. 6/10/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-102-008-275

United States
Department of Commerce
Bureau of Census

JUN 2 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313231
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Boise (b) City Placerville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 10 years 8 month 28 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Placerville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Placerville Idaho

3. RESIDENCE of FATHER (city, state) Placerville Idaho

4. FULL NAME OF CHILD John Thomas Johnston

5. Date of Birth (Month, day, year) July 2nd 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Charles Franklin Johnston	16. FULL MAIDEN NAME Elizabeth Margaret Spencer
11. Color or Race White — 12. Age at time of THIS birth 46 yrs.	17 Color or Race White — 18. Age at time of THIS birth 36 yrs.
13. Birthplace New Sheffield Pennsylvania (City or town) (State or foreign country)	19. Birthplace Dunmanway Ireland (City or town) (State or foreign country)
14. Exact Occupation Miner	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 2-1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth Margaret Johnston, being first duly sworn, say that I am Related to (Related to (or) acquainted with) John Thomas Johnston (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. R. M. Fairchild (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elizabeth Margaret Johnston Signature
5351 S.E. 89th Ave Portland Oregon P. O. Address

Subscribed and sworn to before me on this 31 day of May 1941

(SEAL) E. E. Farrier Notary Public, residing at Portland, Ore

Com Expires May 2, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/12/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-165-001-795

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313258
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. S. 17th St.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: at home
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 19 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 124 S. 17th St
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.
   (f) Mother's mailing address 124 S. 17th St.

3. **RESIDENCE of FATHER** (city, state) Boise, Ida.

4. **FULL NAME OF CHILD** Milton William Belsher

5. Date of Birth (Month, day, year) Aug. 5, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Troupe Nelson Belsher
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Mississippi (City or town) (State or foreign country)
14. Exact Occupation Clerk in post-office
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Antoinette Gregory
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Plainville, Mass. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 13, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Caroline Belsher, being first duly sworn, say that I am Mother of (Related to (or) acquainted with)
Milton W. Belsher as Mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Geo. Haley, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Caroline Belsher Signature
1009 E. Jeff. St Boise Ida P.O. Address

Subscribed and sworn to before me on this 12th day of June, 1941

(SEAL) Agnes Dunn Notary Public, residing at Boise

NOV 8 1942

c.c. 6/15/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

257-204-04-997 313270

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 17 1941

State File No. 313270
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 513 N. 9th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 513 N. 9th St.
(e) How long has MOTHER lived in Idaho? 27 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD THELMA ALIENE SEAR

5. Date of Birth (Month, day, year) July 4, 1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JOSEPH WILLIAM SEAR

11. Color or Race WHITE

12. Age at time of THIS birth 33 yrs.

13. Birthplace (City or town) Utah (State or foreign country)

14. Exact Occupation blacksmith

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Richardson

17. Color or Race WHITE

18. Age at time of THIS birth 27 yrs.

19. Birthplace (City or town) Boise (State or foreign country) Idaho

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 17 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Deschutes } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clara Sear, being first duly sworn, say that I am related (Related to (or) acquainted with) Thelma Aliene Sear (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. T. Bowers (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

✓ Clara Sear Signature

Bend Ore P. O. Address

Subscribed and sworn to before me on this 13th day of June, 1941

(SEAL) Clarence W. Nelson Notary Public, residing at Bend Ore

NOTARY PUBLIC FOR OREGON
My Commission Expires Dec. 19, 1941.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-187-1942-815

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

JUN 4

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313287
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County ~~Franklin~~ Oneida (b) City Preston
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home None days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County ~~Franklin~~ Oneida
(c) City Preston
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address Preston, Idaho

3. **RESIDENCE of FATHER** (city, state): Preston, Idaho

4. **FULL NAME OF CHILD** Denzil Ivaughn Petterborg

5. Date of Birth (Month, day, year) June 23, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Emil Petterborg
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Preston (City or town) Idaho (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business General Mercantile

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Hanson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Halmstad (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) June 4-1911 (Date received) (b) Mabel T. Edelen (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emily Petterborg, being first duly sworn, say that I am related to (Related to (or) acquainted with) Denzil Ivaughn Petterborg (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. A. R. Cutler Sr. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emily Petterborg Signature
Preston, Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of June, 1911

(SEAL)

Notary Public, residing at Preston Idaho

MAR 4 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813 114 016 413

313395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 9 1941

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Burley
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years 10 months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County CASSIA
(c) City BURLEY
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 10 Mos Yrs
(f) Mother's mailing address BURLEY

3. **RESIDENCE OF FATHER** (city, state) BURLEY IDAHO

4. **FULL NAME OF CHILD** PAUL EDWARD YACOBY

5. Date of Birth (Month, day, year) SEPT 14-1906

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. **FULL NAME** CHARLES FREDRICK YACOBY	16. **FULL MAIDEN NAME** MATHILDA LOUISE MATTI
11. Color or Race WHITE 12. Age at time of THIS birth 40 yrs.	17. Color or Race WHITE 18. Age at time of THIS birth 39 years
13. Birthplace BRAUNSBUG (City or town) HERMANY (State or foreign country)	19. Birthplace BERNE (City or town) SWITZERLAND (State or foreign country)
14. Exact Occupation CARPENTER	20. Exact Occupation HOUSEWIFE
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic Acid 2 assume
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) June 9, 1941 (Date received) (b) by Mabel F. Elder (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California
County of San Bernardino } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mathilda Yacoby, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) PAUL EDWARD YACOBY (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS. OWENS (Name of attendant at birth), who attended said birth CANNOT BE LOCATED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Name

1468 Mt. Vernon Ave, San Bernardino Cal. P. O. Address

Subscribed and sworn to before me on this.....day of June 1941

(SEAL) .....Notary Public, residing at San Bernardino Cal.

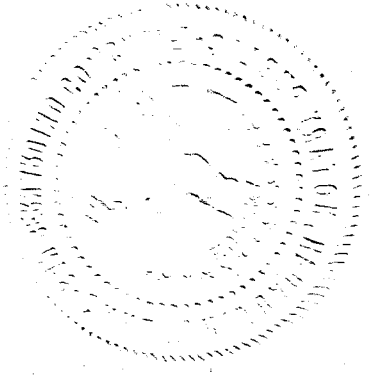
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/16/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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313397

United States Department of Commerce
Bureau of Census

JUN 9 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Cassia (b) City Albion
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Geo. Brimm Ranch
   (e) Mother's stay **BEFORE** delivery: Ranch
   In Hosp. or Mat. Home ..... days
   IN **THIS** county 1 years 8 month 9 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Albion
   (d) Street Address or R.F.D. No. Geo. Brimm Ranch
   (e) How long has **MOTHER** lived in Idaho? 3½ yrs.
   (f) Mother's mailing address Albion, Idaho

3. **RESIDENCE of FATHER** (city, state) Albion Idaho

4. **FULL NAME OF CHILD** Walter Bertrand Jacobsen

5. Date of Birth (Month, day, year) Sept 1, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter Jacobsen
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Denmark Aalhuser (City or town) (State or foreign country)
14. Exact Occupation Oil Well Driller
15. Industry or Business Well Drilling

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Winder
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Joseph City Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Nothing

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 9 1941 (Date received) (b) Mabel H Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ida May King, being first duly sworn, say that I am related to (Related to (or) acquainted with) Walter Bertrand Jacobsen (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Branstetter (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Ida May King Signature

P. O. Address

Subscribed and sworn to before me on this 7th day of June, 1941

(SEAL) My Commission Expires Oct. 26, 1943 S S Stuckey Notary Public, residing at Long Beach Calif

c.c. 6/17/41. W.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

JUN 9 1941 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 313411
Local Reg. No. 193
Reg. Dist. No. 120

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 805 Sherman
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 10 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 805 Sherman
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address 805 Sherman

3. RESIDENCE of FATHER (city, state): Coeur d'Alene Idaho

4. FULL NAME OF CHILD ALFRED KIRK WHITE

5. Date of Birth (Month, day, year) Nov. 11, 1906

6. Sex M

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Clarence White
11. Color or Race W
12. Age at time of THIS birth 41 yrs.
13. Birthplace Wyoming, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Owner
15. Industry or Business Red Collar Boats

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriet Mansfield Whitmore
17. Color or Race W
18. Age at time of THIS birth 31 yrs.
19. Birthplace Corinth, Maine (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 4, 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Hattie M. White, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Alfred Kirk White (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dwyer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Hattie M. White Signature
Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of June, 1941

(SEAL) Jas. A. Foster Clerk of the District Court Notary Public, Ex-Officio Auditor and Recorder By Sadath Bakke Deputy

NOV 13 19

c.c. 6/16/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—Name of one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 313443

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Kootenai (now Benewah)
City of St. Maries, Idaho
No. ____ St. ____
(If born in hospital or institution give name.) ____

2. FULL NAME OF CHILD Lila Anne Trueman

3. Sex: female

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term yes

7. Legitimate? yes

8. Date of birth Apr. 9, 1906 (Month, Day, Year)

FATHER

9. Full name: William Trueman

10. Residence (usual place of abode) (If non-resident, give place and State): St. Maries,

11. Color or race: white 12. Age at last birthday: 46 (years)

13. Birthplace (city or place) (State or Country): Canada

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Veterinarian

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work: to date, 19____

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name: Anne Marian Hanks

19. Residence (usual place of abode) (If non-resident, give place and State): St. Maries

20. Color or race: white 21. Age at last birthday: 40 (years)

22. Birthplace (city or place) (State or Country): Ireland County Kildare

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work: to date, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 4 (c) Stillborn ____

29. If stillborn, period of gestation ____ months / weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 6P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Anne Marian Trueman Mother, MXX

or ____, Midwife

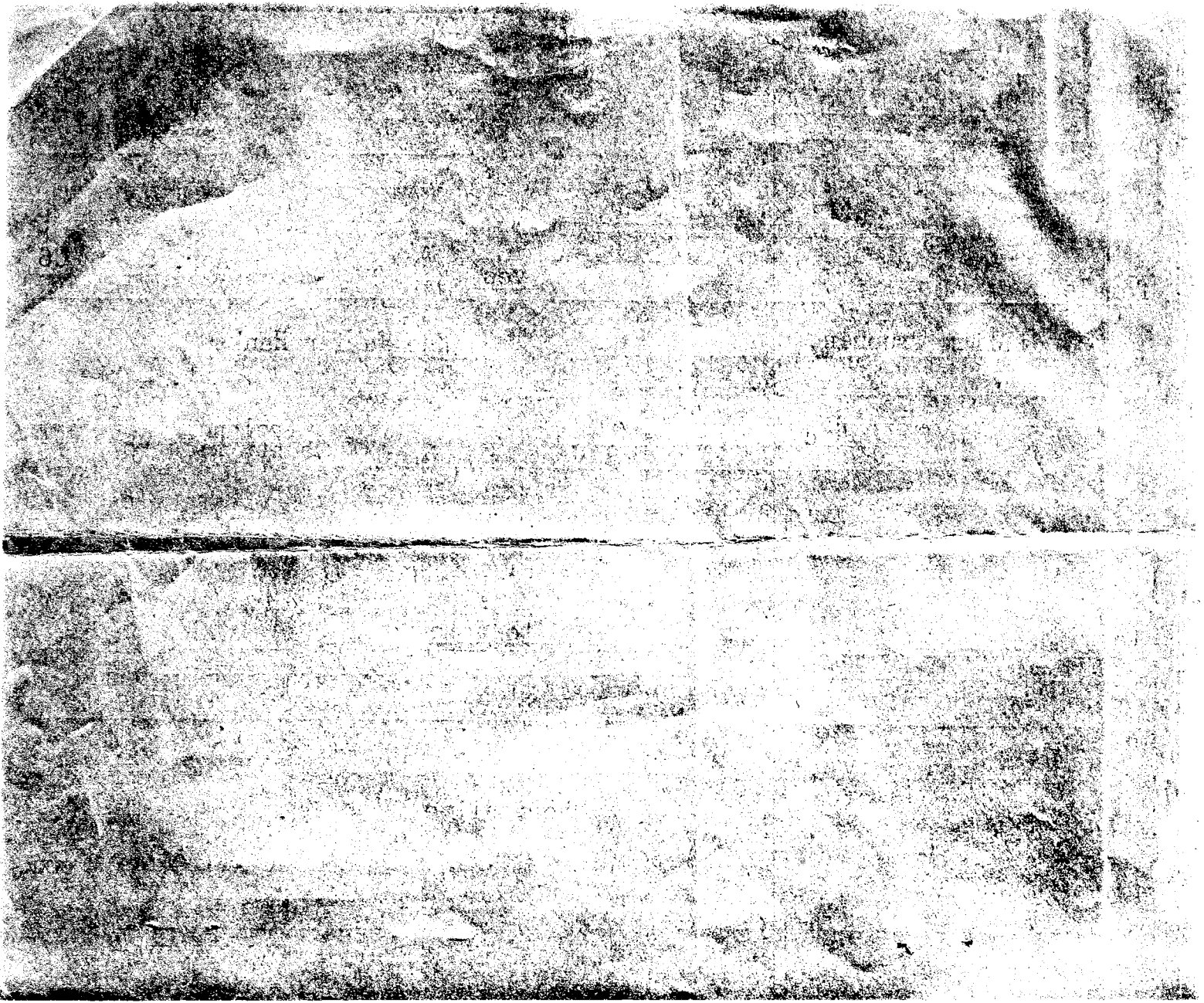
Address St. Maries, Idaho

Give name added from a supplemental report ____ (Date of) ____

Filed June 10, 1941 Mabel F. Elder Registrar.

Registrar.

Mabel F. Elder



394-209-028 815

STATE OF IDAHO
~~BARZILLA W.~~ CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Benewah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Anne Marian Trueman being first duly sworn says that she is the mother (Relationship of child)* of Lila Anne Trueman born April 9, 1906 (Date of birth) at St. Maries, I, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lila Anne Trueman hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Darnell M. D. was the ~~Midwife~~ medical attendant at the birth of said Lila Anne Trueman and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Anne Marian Trueman

P. O. Address St. Maries, Idaho

Subscribed and sworn to before me this 30 day of March, 1941

Paul C. Keeton
Notary Public.

Residing at St Maries, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

c.c. 6/18/41. w.h.

296-116-040-363

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 12 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313456
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone. (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Wallace Hospital
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 10 days. IN THIS county years 11 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 11/12 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Joseph Colbert Brown
5. Date of Birth (Month, day, year) Dec. 16, 1906
6. Sex male
7. Twin or Triplet single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Edward Brown	16. FULL MAIDEN NAME Daisy Johanna Colbert
11. Color or Race White 12. Age at time of THIS birth 36 yrs.	17 Color or Race white 18. Age at time of THIS birth 36 yrs.
13. Birthplace Marysville (City or town) Kansas (State or foreign country)	19. Birthplace Astoria (City or town) Oregon (State or foreign country)
14. Exact Occupation Assistant Railroad Agent	20. Exact Occupation Housewife
15. Industry or Business Railroad	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUN 12 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of Oregon
County of Deschutes } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Daisy J. Brown, being first duly sworn, say that I am related to (Related to (or) acquainted with) Joseph Colbert Brown (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. St. Jean (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Daisy J. Brown Signature
Redmond, Oregon P. O. Address

Subscribed and sworn to before me on this 10 day of June 1941

(SEAL) [signature] Notary Public, residing at Redmond Or.
My com. exp. 9-8-44

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/18/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

969-115 007643 RECEIVED

313480

United States Department of Commerce Bureau of Census

JUN 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BLAIN (b) City HAILEY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: RESIDENCE
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 15 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State 15 yrs. (b) County 15 yrs
(c) City HAILEY
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD MARIOUS ANNO RORDELL

5. Date of Birth (Month, day, year) 15 Oct 1906

6. Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME MARIOUS JENSEN RORDELL	16. FULL MAIDEN NAME EMMA JOSEPHENE FULLER
11. Color or Race WHITE 12. Age at time of THIS birth 25 yrs.	17 Color or Race WHITE 18. Age at time of THIS birth 18 yrs.
13. Birthplace MANTI (City or town) UTAH. (State or foreign country)	19. Birthplace PEOLA. (City or town) WASH. (State or foreign country)
14. Exact Occupation Unknown	20. Exact Occupation HOUSEWIFE
15. Industry or Business Unknown	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED

26. (a) JUN 11 1941 (Date received) (b) Mabel F. Eccher (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of California
County of Fresno } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Josephine Henderson, being first duly sworn, say that I am the mother (Related to ~~(or) acquainted with~~) Marious Anno Rordell (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Silva (Name of attendant at birth), who attended said birth deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma Josephine Henderson Signature
Rt 1 Bx 487 Selma Calif. P. O. Address

Subscribed and sworn to before me on this 24 day of May 1941

(SEAL) Horace N Caldwell Notary Public, residing at Fresno

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/20/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-219 029 869

United States
Department of Commerce
Bureau of the Census

JUN 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

313502

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. Spotwood - Harrison St
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Spotwood - Harrison St

3. **RESIDENCE OF FATHER** (city, state) Moscow Ida

4. **FULL NAME OF CHILD** Mary Edith Gaston

5. Date of Birth (Month, day, year) April 19 1906

6. Sex. Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Emery Ulysses Gaston
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Bureau County (City or town) Illinois (State or foreign country)
14. Exact Occupation Manager of Lumber Co.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ladie Ann Hanna
17. Color or Race White
18. Age at time of THIS birth 38 years
19. Birthplace Perth Ontario (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) June 13, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Oregon }
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hazel F. Campbell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mary Edith Gaston (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Asprey (Name of attendant at birth), who attended said birth, cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hazel F. Campbell Name
6130 S.E. Division St. Portland Oregon P. O. Address

Subscribed and sworn to before me on this 28 day of November, 1940

(SEAL) Helen Kapsa Notary Public, residing at Portland Oregon

My com. Exp. Feb 6 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/19/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 17 1952

168-113-015-213

Health Certificate

313519

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

RECEIVED JUN 16 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Caribou (b) City Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 2 years ½ months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Utah (b) County Salt Lake
   (c) City Bingham Canyon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 ½ months yrs.
   (f) Mother's mailing address (For registration notice):
   Soda Springs
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Stephen Dayton Johnson

5. Date of Birth (Month, day, year) Wed. 13 April 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Stephen Dayton Johnson
11. Color or Race White
12. Age at time of THIS birth 29 7 mo. yrs.
13. Birthplace Ill. (City or Town) (State or foreign country)
14. Exact Occupation Cattleman
15. Industry or Business Cattleman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Viola Salt
17. Color or Race White
18. Age at time of THIS birth 19 6 mo. yrs.
19. Birthplace Bingham Canyon. Utah. (City or Town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of silver
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Jennie [illegible] Johnson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Feb. 4, 1941 (Date received) (b) Dr. Russell Tigert (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** [illegible] M.D. (D.O., Midwife, etc.)
and address Soda Springs, Idaho Date

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

854-122-04486 RECEIVED

313522

United States Department of Commerce
Bureau of the Census

JUN 10 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 57
Reg. Dist. No. 320

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Washington (b) City Weiser,
   (c) Street Address or R.F.D. No. Rt #1
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 6 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City Weiser,
   (d) Street Address or R.F.D. No. Rt.#1
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.
   (f) Mother's mailing address (For registration notice): Rt. #1 (Street or R. F. D.) Weiser, Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Weiser, Ida.

4. **FULL NAME OF CHILD** Frank Hemenway

5. Date of Birth (Month, day, year) June 22/1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** John Bartlet Hemenway
11. Color or Race Wht.
12. Age at time of THIS birth 25 yrs.
13. Birthplace Weiser, (City or Town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fannie Sarah Hawkey
17. Color or Race Wht
18. Age at time of THIS birth 21 yrs.
19. Birthplace Delta (City or Town) Colerado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Ownhome

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Fannie (First name) Hemenway (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 6/9/41 (Date received) (b) M Hawthorne (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Joseph R. Nunneley M.D. (D.O., Midwife, etc.)
and address Weiser, Ida. Date 5/16/1941

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

C.C. 6/19/41. W.D.

391110016-355 RECEIVED

United States Department of Commerce Bureau of Census

JUN 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313539

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at our home.
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.
   (f) Mother's mailing address died 12-3-1925

3. **RESIDENCE of FATHER** (city, state) died 12-3-1925

4. **FULL NAME OF CHILD** Ross L. Cramer

5. Date of Birth (Month, day, year) Sept. 10, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Harrison Cramer
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Richmond (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer, Sheepman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosena Lee
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Grantsville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) June 13-1941 (Date received) (b) Mabel H. Eddy (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of ____ } ss.
County of ____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edith Cramer Wells, being first duly sworn, say that I am related (Related to (or) acquainted with) Ross L. Cramer (Name of person on certificate above) as a sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Albee (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Edith C. Wells, Signature

605 Highland Ave. Twin Falls, Ida. P. O. Address

Subscribed and sworn to before me on this 12th day of June, 1941

(SEAL) W. C. Pierce Notary Public, residing at Twin Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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313649

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 10 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

Pocatello registration

State File No.
Local Reg. No. 342
Reg. Dist. No. 511

1. **PLACE OF BIRTH**
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No. R F D
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home — days.
   IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No. R F D
   (e) How long has **MOTHER** lived in Idaho? yrs.
   (f) Mother's mailing address Malad Same

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** RAY JAMES

5. Date of Birth (Month, day, year) Sept., 6, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Daniel James
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country) Oneida
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Hanson
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Gentile Valley Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Laura James (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) June 11 1941 (Date received) (b) Mabel Hedden (Registrar's signature)

27. Given name added on — by — (Registrar's signature)

25. Attendant's **OWN signature** D C Ray M.D. (D.O., Midwife etc.)
and address Pocatello Idaho Date 6-11-41

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ——, being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this — day of —, 19—

(SEAL) Notary Public, residing at —

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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815-209-018 553

314796

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JUN 23 194

1. PLACE OF BIRTH
(a) County Clearwater (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at own Residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Mary Enga Hansen

5. Date of Birth (Month, day, year) Feb 9 1906

6. Sex female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Ingvart Hansen	16. FULL MAIDEN NAME Hansena Nelson
11. Color or Race white 12. Age at time of THIS birth 34 yrs.	17 Color or Race white 18. Age at time of THIS birth 35 yrs.
13. Birthplace (City or town) Denmark (State or foreign country)	19. Birthplace Gever (City or town) Denmark (State or foreign country)
14. Exact Occupation farming	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 23 1941 (Date received) (b) Mabel H Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Fred L Frazier, being first duly sworn, say that I am acquainted (Related to (or) acquainted with) Mary Enga Hansen (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr J M Fairley (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Fred L Frazier Signature

Orofino Idaho P. O. Address

Subscribed and sworn to before me on this 16 day of June, 1941

(SEAL) Frank H Kimble Notary Public, residing at Orofino Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796 111 002 693

United States
Department of Commerce JUN 16 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 314800
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in the home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days
IN THIS county 1 years 8 month 11 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Council

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Aubrey Wicklund Gifford
5. Date of Birth (Month, day, year) Sept 11-1906
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Morgan Price Gifford
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Monroe (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Candace Wicklund
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Monroe (City or town) Utah (State or foreign country)
20. Exact Occupation Home Maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11 A M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Candace Gifford (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) JUN 16 1941 (Date received) (b) Mabel Y Eeler (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Frank E Brown M.D. (D.O., Midwife, etc.) and address Salem Oregon Date 6-6-41

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 2 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Owyhee (b) City Hot Spring
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
At my mothers home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county 12 years 2 month 1 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Wickahoney
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Wickahoney, Ida.

3. **RESIDENCE of FATHER** (city, state) " "

4. **FULL NAME OF CHILD** Frank Harold Dodge

5. Date of Birth (Month, day, year) 10/29—1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Willis Cornelius Dodge
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Delaware Co., Iowa (~~City~~ or town) (State or foreign country)
14. Exact Occupation with cattle & horses
15. Industry or Business Stockman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mida Wilda Thomas
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Portland, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid, I think.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 1 o'clock A. M. on the date and at the place stated above and that personal particulars were furnished by Iona Crabb (First name) (Last name), who is related to this child as Mid-wife (Mother, etc.)

26. (a) June 25, 1941 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** Iona Crabb ~~M.D.~~ (~~D.O.~~, Midwife, ~~etc.~~)
and address Mtn. Home, Ida Date June 24, 1941

State of Idaho
County of Elmore } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Iona Crabb, being first duly sworn, say that I am accquainted with (Related to (or) acquainted with) Frank Harold Dodge (Name of person on certificate above) as Mid-wife (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Iona Crabb (Name of attendant at birth), who attended said birth am making affidavit (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Iona Crabb Signature

Mountain Home, P. O. Address

Subscribed and sworn to before me on this 24th day of June, 1941.

(SEAL) E. Mead Notary Public, residing at Mtn. Home, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 28 1969

cc 6-25-41 PBA

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

385-205-019-593

United States
Department of Commerce
Bureau of Census

JUN 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 314928
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Custer (b) City Grouse
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Custer.
(c) City Grouse.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Grouse.

3. RESIDENCE of FATHER (city, state) Idaho.

4. FULL NAME OF CHILD Mary Elizabeth Cherry.

5. Date of Birth (Month, day, year) Feb. 5 - 1906

6. Sex female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME William Hicks Cherry.	16. FULL MAIDEN NAME Phoebe Emma Nichols.
11. Color or Race White 12. Age at time of THIS birth 37 yrs.	17. Color or Race White 18. Age at time of THIS birth 32 yrs.
13. Birthplace Hayesville (City or town), North Carolina (State or foreign country).	19. Birthplace Elk Falls (City or town), Kansas (State or foreign country).
14. Exact Occupation rancher.	20. Exact Occupation house wife.
15. Industry or Business livestock.	21. Industry or Business school teacher.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1 P.M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Jones (First name) (Last name), who is not related to this child as x but as an attendant. (Mother, etc.)

26. (a) JUN 25 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Sarah Jones M.D. (D.O., Midwife, etc.)
and address Mackay, Idaho Date 6/20/41

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 26 1941

State File No. 314966
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls Ida
(c) Street Address or R.F.D.No. Idaho Falls Idaho
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: At Home
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls Bingham
(d) Street Address or R.F.D.No. Idaho Falls
(e) How long has MOTHER lived in Idaho? 46 yrs.
(f) Mother's mailing address Idaho Falls Ida

3. RESIDENCE of FATHER (city, state) Idaho Falls Ida

4. FULL NAME OF CHILD Weldon Emerson Lundberg

5. Date of Birth (Month, day year) December 6th 1906

6. Sex Male

7. Twin or Triplet no / no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nathon Oscar Lundberg
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Stromsburg (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer (Retired) now

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Lydian Anderson
17. Color or Race White
18. Age at time of THIS birth 36 yrs
19. Birthplace Dawson (City or town) Minn (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6
(c) Born alive and now dead 3 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at 1:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Hannah Lundberg (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUN 26 1941 (Date received) (b) Mabel M. Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nathan Lundberg, being first duly sworn, say that I am Related (Related to (or) acquainted with) Weldon Emerson Lundberg (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Kelson (Name of attendant at birth), who attended said birth, is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nathan Lundberg Signature
246 7th St., Idaho Falls, Ida. P. O. Address

Subscribed and sworn to before me on this 25 day of June 19 41

(SEAL) Eileen Stumbo Notary Public, residing at Idaho Falls, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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389-223 029 315

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census JUN 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 314986
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Latah (b) City Princeton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Princeton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address Princeton, Ida.

3. **RESIDENCE of FATHER** (city, state) Princeton, Idaho.

4. **FULL NAME OF CHILD** DORIS ORPHA CHRYSTAL

5. Date of Birth (Month, day, year) Jan. 23, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Thomas Chrystal
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Chippeway Falls, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Bookkeeping Clerk
15. Industry or Business Lumber Camp

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Orpha Ann Canfield
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Princeton, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: ~~(a) At time of birth and including this child~~ 1 (b) Born alive and now living 1 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 8:45 P. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 27 1941 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Orpha Canfield Chrystal, being first duly sworn, say that I am related to (Related to (or) acquainted with) Doris Orpha Chrystal (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Herzog (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Orpha Canfield Chrystal Signature
Bovill, Idaho P. O. Address

Subscribed and sworn to before me on this 20th day of June, 1941

(SEAL) Jack McQuade Notary Public, residing at Moscow, Idaho

JUL 30 1956
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 314989
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: St. Joseph's Hospital
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 1 days. IN THIS county 5 years 11 month 7 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D.No. 5th Ave.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address 5th Ave.

3. RESIDENCE of FATHER (city, state) Lewiston, I

4. FULL NAME OF CHILD Clyde James Vassar

5. Date of Birth (Month, day year) Sept. 22, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Clyde James Vassar	16. FULL MAIDEN NAME Alice Clotilda Ryan
11. Color or Race white — 12. Age at time of THIS birth 31 yrs.	17. Color or Race white — 18. Age at time of THIS birth 30 yrs
13. Birthplace Fredonia (City or town) Kansas (State or foreign country)	19. Birthplace Lewis County, New York (City or town) (State or foreign country)
14. Exact Occupation Funeral Director	20. Exact Occupation housewife
15 Industry or Business	21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead ------ (d) Stillborn ------

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) June 26-1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alice C. Vassar, being first duly sworn, say that I am ~~Mother~~ related to (Related to (or) acquainted with) Clyde James Vassar (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Frank Hinkley (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alice C Vassar Signature

P. O. Address

Subscribed and sworn to before me on this 24 day of June, 1941

(SEAL) Theresa Speno Notary Public residing at Lewiston, Idaho

NOTARY PUBLIC
My commission expires April 21, 1945.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

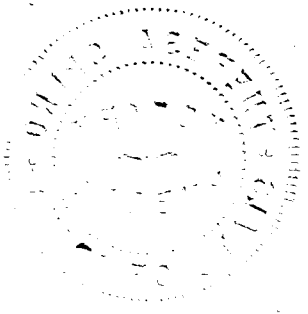
7-1-41

NOV 2 8 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



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United States Department of Commerce
Bureau of Census

JUN 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 315008
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 3 s d St.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 3rd St.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.
   (f) Mother's mailing address Boise, Idaho

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** John Henry Shields

5. Date of Birth (Month, day, year) Nov. 17th 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, (2nd) 3rd (2nd)

8. No. months of Pregnancy 9 —

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Ira Shields
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Common Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Woodworth
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace St. Marys Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes (c) Born alive and now dead — (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 27 1941 (Date received) (b) Mabel T. Gelder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Oregon } ss.
County of Clackamas }

I, Emma Heck, being first duly sworn, say that I am related (Related to (or) acquainted with) John Henry Shields (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Shaw (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma Heck Signature
845-42 St Milwaukie Ore. P. O. Address

Subscribed and sworn to before me on this 26th day of June, 1941

(SEAL) E. W. Gilmartin Notary Public, residing at Milwaukie Ore.
my com expires 6-6-42

7-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

577-203 001135

3/50 70

United States
Department of Commerce
Bureau of Census

JUL 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 315070
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No. 1123 Bannock
(d) Name of Hospital or Maternity Home: At our home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 9 years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No. 1123 Bannock
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address 1123 Bannock

3. RESIDENCE of FATHER (city, state) Boise Id.

4. FULL NAME OF CHILD Helen Jane Eagleson

5. Date of Birth (Month, day year) Jan 3, 1906

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry Kerr Eagleson
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Cadiz (City or town) Ohio (State or foreign country)
14. Exact Occupation Del Business
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Elizabeth Allegretta
17. Color or Race White
18. Age at time of THIS birth 36 yrs
19. Birthplace Preston, Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at 12.01 A.M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 14 1941 (Date received) (b) Mabel Heller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Harry K. Eagleson, being first duly sworn, say that I am father (Related to (or) acquainted with) Helen Jane Eagleson (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Bowers (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Harry Kerr Eagleson Signature
Risley Blk Boise Ida. P. O. Address

Subscribed and sworn to before me on this 14th day of July, 1941

(SEAL) Rosa A Haworth Notary Public, residing at Boise.

7-14-41

DEC 7 1970

JUN 15 1949

APR 8 1954

APR 2 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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315071

United States
Department of Commerce
Bureau of Census

JUL 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315071
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Custer (b) City Leslie
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Ida (b) County Custer
(c) City Leslie
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 11 yrs.
(f) Mother's mailing address Leslie

3. RESIDENCE of FATHER (city, state) Leslie Ida

4. FULL NAME OF CHILD Beulah Edith Knapp

5. Date of Birth (Month, day, year) 4-7-1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Miles Knapp	16. FULL MAIDEN NAME Chloe Margaret Brown
11. Color or Race White 12. Age at time of THIS birth 65 yrs.	17 Color or Race White 18. Age at time of THIS birth 35 yrs.
13. Birthplace Rockford Ill. (City or town) (State or foreign country)	19. Birthplace Dewyville Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 6 A M. on the date and at the place stated above, and that personal particulars were furnished by Chloe Margaret Brown (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) JUL 14 1941 (Date received) (b) Mabel T Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Ida
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Chloe Margaret Brown, being first duly sworn, say that I am The Mother (Related to (or) acquainted with) Beulah Edith Baker (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Baker (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Chloe Margaret Brown Signature
Boise Ida P. O. Address

Subscribed and sworn to before me on this 16th day of April, 1941

(SEAL) L Peterson Notary Public, residing at Boise Ida

My Commission Expires

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-14-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.

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219-113-044-714

315109

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 1 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 25 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 29 yrs.
(f) Mother's mailing address Weiser, Ida

3. RESIDENCE of FATHER (city, state) Weiser Ida

4. FULL NAME OF CHILD Forest Dale Barton

5. Date of Birth (Month, day year) Oct 18th 1906

6. Sex Male

7. Twin or Trip'let

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Madison Barton
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Miller Co (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Margaret Parks
17. Color or Race White
18. Age at time of THIS birth 29 yrs
19. Birthplace Ada Co (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 7 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Margaret Barton (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUL (Date received) (b) Mark V Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

James Madison Barton being first duly sworn, say that I am Related (Related to (or) acquainted with) Forest Dale Barton (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Waterhouse (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

James Madison Barton Signature

1133 N W 19 P. O. Address

Subscribed and sworn to before me on this 30 day of June 19 41

(SEAL) O B Bellows Notary Public, residing at Portland Ore

Com. expires Jan 7 1942

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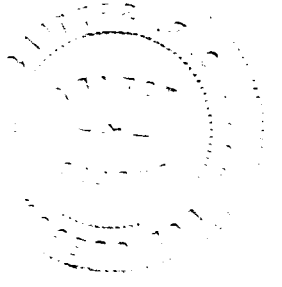
DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



349-113-006-231

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
JUL 2 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 315186
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bonneville (b) City Iona
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Iona, Idaho

3. **RESIDENCE of FATHER** (city, state) same

4. **FULL NAME OF CHILD** George Stuart Curzon

5. Date of Birth (Month, day, year) 1/13/06

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Howard Curzon

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Liverpool (City or town) England (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Grace Stuart

17. Color or Race white

18. Age at time of THIS birth yrs.

19. Birthplace America for all Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) July 9-1941 (Date received) (b) Mabel Y Eccles (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ernest Stuart, being first duly sworn, say that I am Related to (Related to (or) acquainted with) George Stuart Curzon (Name of person on certificate above) as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dennies (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ernest A. Stuart Signature
R. F. D. No 1. P. O. Address

Subscribed and sworn to before me on this 28th day of June, 1941

(SEAL) O. M. Evans Notary Public, residing at Pocatello, Idaho

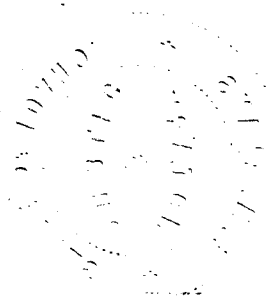
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



695-025-014-688

DELAYED REGISTRATION CERTIFICATE.

315190

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 70
Reg. Dist. No. 3-330

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County CANYON (b) City PAYETTE
   (c) Street Address or R.F.D. No. R.F.D.NO. 1.
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home 0 days.
   In **THIS** county --- years -7- months -- days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State IDAHO (b) County CANYON
   (c) City PAYETTE
   (d) Street Address or R.F.D. No. R.F.D.NO. 1
   (e) How long has **MOTHER** lived in Idaho? 7 mos yrs.
   (f) Mother's mailing address (For registration notice):
   R.F.D.No. 1 (Street or R. F. D.) Payette, Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** GRETCHEN JOHANNA FITCH

5. Date of Birth (Month, day, year) Apr. 25, 1906

6. Sex Female

7. Twin or Triplet -----

If so—born 1st, 2nd, 3rd -----

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** SCOTT M. FITCH

11. Color or Race WHITE

12. Age at time of THIS birth 31 yrs.

13. Birthplace NEBRASKA (City or Town) (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY L. FRYMAN

17. Color or Race WHITE

18. Age at time of THIS birth 28 yrs.

19. Birthplace NEBRASKA (City or Town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum NEO SILVOL 10%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5.00 P. M. on the date and at the place stated above, and that personal particulars were furnished by MARY L. FRYMAN (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

26. (a) 7/8/1941. (Date received) (b) J. O. Woodward (Registrar's signature)

c. Attendant's **OWN signature** J. O. Woodward M.D. (D.O., Midwife, etc.)

and address PAYETTE, IDAHO Date Apr. 26, 1906

27. Given name added on ..... by ..... (Registrar's Signature)

7-10-41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

69-3-24-235 RECEIVED 847

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

JUL 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315228
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 6 Mo years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lewiston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.
   (f) Mother's mailing address 4423 NE 27th St. Portland Oreg

3. **RESIDENCE of FATHER** (city, state) Dead.

4. **FULL NAME OF CHILD** Kenneth Delore Williams

5. Date of Birth (Month, day, year) Feb. 24, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** George H. Williams
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Some place in Norway. (City or town) (State or foreign country)
14. Exact Occupation Mechanic, Builder.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie May Hogan.
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Douglas county Oregon. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED

26. (a) JUL 8 1941 (Date received) (b) Mabel Y. Keefer (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie May Williams, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Kenneth Delore Williams (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Samuel E. Bibby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Minnie May Williams Signature

4423 N.E. 27th Street, Portland, Oregon P. O. Address

Subscribed and sworn to before me on this 3rd day of June 1941

(SEAL) C.W. Grant NOTARY PUBLIC FOR OREGON Notary Public, residing at Portland Oregon

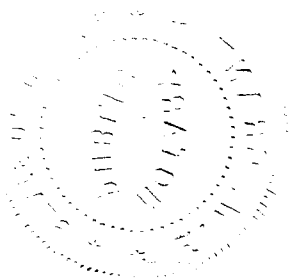
MY COMMISSION EXPIRES DEC. 28, 1941

7-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



962-124-003-613

RECEIVED JUL 8 1941

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315235
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Thatcher
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Thatcher
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 33 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Lavern W. Robbins
5. Date of Birth (Month, day year) Oct. 24, 1906
6. Sex M
7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Reg.
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Willard H. Robbins
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Treasureton, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Falkman
17. Color or Race White
18. Age at time of THIS birth 33 yrs
19. Birthplace Soda Springs, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the RECEIVED stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 8 1941 (Date received) (b) Mabel F. Elefer (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature (Emma Toone) ~~M.D.~~ ~~(D.O.,~~ Midwife, ~~etc.)~~
and address ..... Date

State of Idaho
County of Lassen } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Gertrude Falkman Roberts, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lavern W. Robbins (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Emma Toone (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Gertrude Falkman Robbins Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of July 1941
(SEAL) Henry W. Tucker Notary Public, residing at Burley, Idaho

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

795-183-04-945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

RECEIVED JUL 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315239
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 1 years 3 month 29 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D.No. ~
   (e) How long has **MOTHER** lived in Idaho? 1 yr 1 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Carol Norton Green

5. Date of Birth (Month, day year) April 23 - 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Daniel Parmer Green
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Elmira (City or town) New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Marie Rue
17. Color or Race White
18. Age at time of THIS birth 36 yrs
19. Birthplace Jefferson (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 P.M. on the date and at the place stated above, and that personal particulars were furnished by Lillie Marie Green (First name) (Last name) who is related RECEIVED as mother (Mother, etc.)

26. (a) JUL 8 1941 (date received) (b) Mabel V. Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Lillie Marie Green M.D. (D.O., Midwife, etc.)
and address Wilder, Idaho Date July 7, 1941

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lillie Marie Green, being first duly sworn, say that I am mother (Related to (or) acquainted with) of Carol Norton Green (Name of person on certificate above) as the mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the midwife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lillie Marie Green Signature

Wilder, Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of July, 19 41

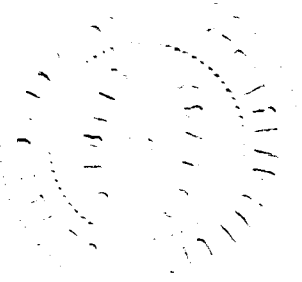
(SEAL) Thomas Daugherty Notary Public, residing at Wilder, Idaho

7-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



415-172-021-753

RECEIVED JUL 8 1941

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315251
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D.No. R.F.D.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D.No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address Preston Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Russell Hansen

5. Date of Birth (Month, day year) Feb 22 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Peter John Hansen
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Copenhagen (City or town) Denmark (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rena Petersen
17. Color or Race White
18. Age at time of THIS birth 39 yrs
19. Birthplace Nyby (City or town) Denmark (State or foreign country)
20. Exact Occupation
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9
(c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to child as ..... (Mother, etc.)

RECEIVED

26. (a) JUL 8 1941 (Date received) (b) Maud M Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of California
County of Los Angeles } ss.

I, Rena Hansen, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Russell Hansen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Allen Cutler (Name of attendant at birth), who attended said birth is Now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rena Hansen Signature

1709 West 38th Place, Los Angeles, Cal. P. O. Address

Subscribed and sworn to before me on this 7th day of July, 1941

(SEAL)

Leo A. Feldberg Notary Public, residing at 1709 Lucile Ave Los Angeles, Calif.

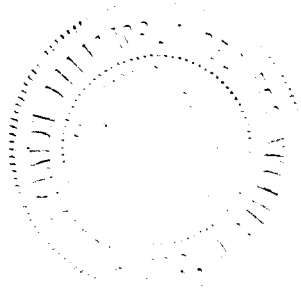
My Commission Expires Dec. 27, 1943

7-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



796 -206-007-414

RECEIVED JUL 8 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315253
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Soldier
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county 29 years 11 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Soldier
(d) Street Address or R.F.D. No. Farm
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address Soldier, Idaho

3. **RESIDENCE OF FATHER** (city, state) Soldier, Idaho

4. **FULL NAME OF CHILD** Barbara Louise Gifford

5. Date of Birth (Month, day, year) Aug. 6 - 1906.

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred H. Gifford

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Fairfield (City or town) Maine (State or foreign country)

14. Exact Occupation Rancher and Stockman

15. Industry or Business Farming and Raising Cattle

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Daisy Bell Daugherty

17. Color or Race White

18. Age at time of THIS birth 25 years

19. Birthplace Keokuk (City or town) Iowa (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillbirth) at M. on the date and at the place stated above and that personal particulars were furnished by Helen M. Housman (First name) (Last name), who is related to this child as maternal aunt (Mother, etc.).

RECEIVED JUL 8 1941

26. (a) JUL 8 1941 (JUL received) (b) Mabel H. Feller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** A A Hyde M.D. or (D.O., Midwife, etc.)
and address San Diego Calif Date May 12 41

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with)
(Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Name

P. O. Address

Subscribed and sworn to before me on this day of

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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753-207-014-386

RECEIVED JUL 8 1941

315288

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (now Gem) (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 6 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon (now Gem)
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Since 1877 yrs.
(f) Mother's mailing address Emmett, Idaho

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Ruth Mathilda Peterson

5. Date of Birth (Month, day, year) July 7 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Anthony P. Peterson
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Darlington (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Thompson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Quartzburg (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 7-8-41 (Date received) (b) J. K. Reynolds (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Katherine Peterson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ruth Mathilda Peterson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Greene (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Katherine Peterson Signature

Emmett, Idaho, Box 695 P. O. Address

Subscribed and sworn to before me on this 8 day of July 1941

(SEAL) ..... Notary Public residing at Emmett, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-14-41

APR 16 1964

JUN 8 1964

OCT 1 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-101-003595

RECD JUN 30 1941

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315302
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D.No. 858 So. 4th
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 17 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D.No. 858 So 4th
(e) How long has MOTHER lived in Idaho? 17 yrs.
(f) Mother's mailing address Same

3. RESIDENCE of FATHER (city, state) Pocatello Idaho

4. FULL NAME OF CHILD Clarence Abel Larsen

5. Date of Birth (Month, day year) 11-1-6 1906

6. Sex M

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Peter Larsen
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Oslo Norway (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Building

MOTHER OF CHILD

16. FULL MAIDEN NAME Mariane Nielsen
17. Color or Race White
18. Age at time of THIS birth 42 yrs
19. Birthplace Copenhagen, Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1 AM M. on the date and at the place stated above, and that personal particulars were furnished by Ingar Butts (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) JUN 30 1941 (Date received) (b) Mabel T. Eeler (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Ingar Butts M.D. (D.O., Midwife, etc.)
and address Gen Dec. Pocatello Idaho

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Ingar Butts, being first duly sworn say that I am a Sister (Related to (or) acquainted with) of Clarence Abel Larsen (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws and that the facts contained therein are true to the best of my knowledge. I further state that Ingar Butts (Name of attendant at birth), who attended said birth is alive (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ingar Butts Signature
Gen Delivery Pocatello, Idaho P. O. Address

Subscribed and sworn to before me on this 27th day of June 1941
(SEAL) Clyde Bowen Notary Public for Idaho residing at Pocatello Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-14-41

JAN 17 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

466-22-014-219

United States
Department of Commerce
Bureau of Census

RECEIVED
JUL 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 15332
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D.No. 823-14th Ave. So.
(d) Name of Hospital or Maternity Home: -
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 3 years 7 month 12 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D.No. 823-14th Av. So
(e) How long has MOTHER lived in Idaho? 3½ yrs.
(f) Mother's mailing address 823-14th Av. So.

3. RESIDENCE of FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Mary Christina Moore

5. Date of Birth (Month, day year) June 24, 1906

6. Sex female

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Seldon Moore
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Lee County, Illinois (City or town) (State or foreign country)
14. Exact Occupation Postal employee
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen Barry
17. Color or Race white
18. Age at time of THIS birth 24 yrs
19. Birthplace Limerick County, Ireland (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol. A. Nit
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead - (d) Stillborn -

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by John Seldon Moore (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's OWN signature A H Murray M.D. (D.O., Midwife, etc.)
and address Nampa Ida Date July 11-1941

26. (a) July 12, 1941 (Date received) (b) Mary E Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

268-123-035-613

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 315361
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: St. Joseph's Hospital
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lewiston
   (d) Street Address or R.F.D. No. 7th Ave.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.
   (f) Mother's mailing address Lewiston, Ida.

3. **RESIDENCE of FATHER** (city, state) Lewiston Idaho

4. **FULL NAME OF CHILD** Thomas Alford Kohl

5. Date of Birth (Month, day, year) 11-23-1906

6. Sex male

7. Twin or Triplet ------

If so—born 1st, 2nd, 3rd -----

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Alford Kohl
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Woodford, Ill. (City or town) (State or foreign country)
14. Exact Occupation Telephone Employee
15. Industry or Business Lineman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Essie Watson
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Columbia County, Wash. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business keeping house

22. Name prophylactic used ~~to prevent Ophthalmia Neonatorum~~ -------

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 10 1941 (Date received) (b) Mairl Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Essie Watson Kohl, being first duly sworn, say that I am related (Related to (or) acquainted with) Thomas Alford Kohl (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. S. A. Roe (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Essie Watson Kohl Signature

1324 14th Ave., Lewiston, Idaho P. O. Address

Subscribed and sworn to before me on this 27th day of June, 1941

(SEAL) Leo McCarty Notary Public, residing at Lewiston, Idaho.

7-17-41

AUG 20 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the purposes~~ and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-228-025-719

RECEIVED

JUL 10 19

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315363
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County IDAHO (b) City Denver
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: At Home
In Hosp. or Mat. Home ..... days.
IN THIS county 3 years 6 month 13 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City Denver
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address DENVER, IDAHO.

3. RESIDENCE of FATHER (city, state) DENVER, IDAHO

4. FULL NAME OF CHILD ELEANOR MAE Long
5. Date of Birth (Month, day year) 6-28-1906
6. Sex FEMALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Robert Long.	16. FULL MAIDEN NAME EMMA GARNETT.
11. Color or Race WHITE 12. Age at time of THIS birth 26 yrs.	17. Color or Race WHITE 18. Age at time of THIS birth 25 yrs
13. Birthplace IOWA City, IOWA. (City or town) (State or foreign country)	19. Birthplace IOWA City, IOWA. (City or town) (State or foreign country)
14. Exact Occupation FARMING	20. Exact Occupation HOUSEWIFE
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: 1 (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 10-1941 (Date received) (b) Mabel T. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Long, being first duly sworn, say that I am related to (Related to (or) acquainted with) Eleanor Mae Long (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no physician attended (Name of attendant at birth) said birth ——— (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma Long Signature
726 6th Avenue, Lewiston, Ida. P. O. Address

Subscribed and sworn to before me on this 9th day of July, 1941.

(SEAL) Philip Weisgerber Notary Public, residing at

CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

154-124-029-249

315368

United States
Department of Commerce
Bureau of Census

JUL 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City
(c) Street Address or R.F.D.No. 0
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Moscow
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address R 5

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Arthur O. Anderson

5. Date of Birth (Month, day year) May 24 - 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Sivert S. Anderson

11. Color or Race white

12. Age at time of THIS birth 31 yrs.

13. Birthplace Bass Co (City or town) Swiss (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Smith

17. Color or Race white

18. Age at time of THIS birth 25 yrs

19. Birthplace Sak Mills (City or town) Iowa (State or foreign country)

20. Exact Occupation Farmers

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 10 1941 (Date received) (b) Mabel F. Eeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sivert S. Anderson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Arthur O. Anderson (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. S. G. Smith (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sivert S. Anderson Signature
Moscow Idaho P. O. Address

Subscribed and sworn to before me on this 9 day of July, 1941

(SEAL) Murray Estes Notary Public, residing at Moscow

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

613 105014 391

315402

RECEIVED
JUL 12 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. 402 10 Ave S St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Merlin Eldred Waltman

3. Sex Male | If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓ | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Jan 5, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Chester E Waltman	18. Full maiden name Addie E Crawford
10. Residence (usual place of abode) Nampa Ida (If non-resident, give place and State)	19. Residence (usual place of abode) Nampa Ida. (If non-resident, give place and State)
11. Color or race white 12. Age at last birthday 21 (years)	20. Color or race ..... 21. Age at last birthday 21 (years)
13. Birthplace (city or place) Arkansas (State or country)	22. Birthplace (city or place) Kansas (State or country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ✓	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Domestic
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Sol ag nit.

28. Number of children of this mother (At time of this birth and including this child) 1 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ✓ months or weeks | 30. Cause of stillbirth ✓ Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J H Murray, M. D.
or ....., Midwife
Address Nampa Idaho

Give name added from a supplemental report ..... (Date of)

Filed July 12, 1941 Mabel F Eeder
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

7-17-41

JUN 25 1954

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United States
Department of Commerce
Bureau of the Census

JUL 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bear Lake (b) City Paris,
(c) Street Address or R.F.D. No. E. 1st So. St.,
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Paris
(d) Street Address or R.F.D. No. E. 1st So. St.,
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Dead,

3. **RESIDENCE of FATHER** (city, state): same,

4. **FULL NAME OF CHILD** Ross Haddock Nye,

5. Date of Birth (Month, day, year) Sept. 18, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph E. Nye
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Providence, Utah (City or town) (State or foreign country)
14. Exact Occupation common laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret A. Haddock
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Bloomington, Idaho (City or town) (State or foreign country)
20. Exact Occupation housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 11 1941 (Date received) (b) Mabel T. Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Joseph E. Nye, being first duly sworn, say that I am related (Related to (or) acquainted with) (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Greenhalgh (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Joseph E Nye Signature

E. 1st So. St. Paris, Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of March, 19 41

(SEAL) ..... Notary Public, residing at Paris, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

JUL 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar or record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

665-223-036-553

315474

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

JUL 16 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 206
Reg. Dist. No. 540

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF BIRTH:
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Etta Bernice Owens

5. Date of Birth (Month, day, year) Mar 23, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Wm Owens

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Salt Lake City Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Etta Nelson

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Grantsville Utah
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 6:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Etta Owens (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 7-10-41 (Date received) (b) G. W. Starks (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Nancy E. Beckstead (D.O., Midwife, etc.)
and address ..... Date .....

7-18-41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

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United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315481
Local Reg. No.
Reg. Dist. No.

RECEIVED JUN 23 1941

1. PLACE OF BIRTH
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. R3
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. at home
IN THIS county 6 years month 7 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. R.3
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address .....

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Claude Edwin Ross
5. Date of Birth (Month, day, year) Oct. 7-1906
6. Sex Boy
7. Twin or Triplet single
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Edward Ross
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Nevada (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cornelia Harriet Sallee
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Stockton (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at Nampa M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Cornelia Smith (First name) (Last name), who is related to this child as Mother (Mother, etc.)

RECEIVED

26. (a) JUN 23 1941 (Date received) (b) Mabel Holden (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature G H Murray M.D. (D.O., midwife, etc.)
and address Nampa Ida Date July 6 1941

State of [redacted] Oregon)
County of [redacted] Klamath) ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cornelia Harriet Smith, being first duly sworn, say that I am related (Related to (or) acquainted with) Claude Edwin Ross (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. H. Murray (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Cornelia Harriet Ross Smith Signature
Fort Klamath, Oregon P. O. Address

Subscribed and sworn to before me on this 20th day of June, 19 41

(SEAL)

Notary Public, residing at Chiloquin, Ore

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES SEP. 9, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7/1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

485-706-044 363

#315510

United States Department of Commerce
Bureau of Census

JUL 28 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315510
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D.No. 4
(d) Name of Hospital or Maternity Home: (private home)
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 7 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D.No. 4
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address Weiser Idaho

3. RESIDENCE of FATHER (city, state) Weiser Ida.

4. FULL NAME OF CHILD James Ancel Myers.

5. Date of Birth (Month, day year) June 6-1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME James Emory Myers.
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Medford Oregon (City or town) (State or foreign country)
14. Exact Occupation farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Idaho Lizzy Colson
17. Color or Race White
18. Age at time of THIS birth 21 yrs
19. Birthplace Camas Prairie Idaho. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 28 1941 (Date received) (b) Mabel I. Felter (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of ~~Ida~~ Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mrs. Ida Waldo, being first duly sworn, say that I am related to (Related to (or) acquainted with)
James Ancel Myers as mother, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Walter Louis, who attended (Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Mrs Ida Waldo Signature

1920 No 9 St P. O. Address

Subscribed and sworn to before me on this 28 day of July, 1941

(SEAL) Notary Public, residing at Boise, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 22 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 42 yrs.
(f) Mother's mailing address Midvale Idaho

3. RESIDENCE of FATHER (city, state) Midvale Idaho

4. FULL NAME OF CHILD Homer Wiggins

5. Date of Birth 10-25-1906 (Month, day year)

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? X

FATHER OF CHILD

10. FULL NAME Edward N Wiggins
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Holt Co (City or town) Missouria (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara D Brittain
17. Color or Race White
18. Age at time of THIS birth 25 yrs
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Farmers wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living X
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Midvale (born alive, stillborn) at Midvale M. on the date and at the place stated above, and that personal particulars were furnished by Clara D Wiggins (First name) (Last name), who is related to this child as Mother (Mother, etc.)

JUL 22 1941

26. (a) ..... (Date received) (b) Mabel F Elefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Dead M.D. (D.O., Midwife, etc.) and address Date

State of ~~Washington~~ Idaho } ss.
County of Washington

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edward N. Wiggins, being first duly sworn, say that I am related (Related to (or) acquainted with) Homer Wiggins (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Warner (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Edward N Wiggins Signature
Midvale Idaho P. O. Address

Subscribed and sworn to before me on this 18th day of July, 1941

(SEAL) J H Goodnight Notary Public, residing at Midvale Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States Department of Commerce
Bureau of Census JUL 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH.
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Josephine Hospital
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county years month days

2. **USUAL RESIDENCE** of **MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address

3. **RESIDENCE** of **FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** James Alexander Keller

5. Date of Birth (Month, day year) Dec. 5, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward John Keller
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Marine, (City or town) Illinois (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olena May Keyes
17. Color or Race White
18. Age at time of THIS birth 32 yrs
19. Birthplace Montague, (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One. (b) Born alive and now living One. (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, ~~stillborn~~) at ? M. on the date and at the place stated above, and that personal particulars were furnished by Olena May Keyes (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) July 21-1941 (Date received) (b) Mabel H Keller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature Joseph R. Saunders M.D. (D.O. Midwife etc.)
and address Boise, Date July 7/41

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

SEP 1 8 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 12 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 315666
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County ADA (b) City MEREDIAN
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: at Home
   In Hosp. or Mat. Home ____ days.
   IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State IDAHO (b) County ADA
   (c) City MEREDIAN
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 37 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** KENNETH JOHN ROBERTS

5. Date of Birth (Month, day, year) MAY 6, 1906

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN WILLIAM ROBERTS
11. Color or Race WHITE
12. Age at time of THIS birth — yrs.
13. Birthplace Bedford (City or town) Ia. U.S.A. (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** BERTHA MAY BEERY
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace College Springs (City or town) Iowa (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 15 (b) Born alive and now living
    (c) Born alive and now dead — (d) Stillborn — child

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother etc.)

26. (a) ~~[illegible]~~ (Date received) (b) Mabel H Edelen (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs E Sorensen, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Kenneth John Roberts (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Payne (Name of attendant at birth), who attended said birth Dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs E Sorensen Signature

Boise P. O. Address

Subscribed and sworn to before me on this 11th day of July, 1941

(SEAL) A. F. Van Vorhis Notary Public, residing at Boise Ida.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

748-208032-957

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census JUL 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315668
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lincoln (b) City Rupert
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Rupert
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Angeline Clara Guyer
5. Date of Birth (Month, day year) Dec. 8, 1906
6. Sex F.
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles David Guyer
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Williamsburg, Pa. (City or town) (State or foreign country)
14. Exact Occupation Grocery clerk
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hulda Replogle
17. Color or Race white
18. Age at time of THIS birth 30 yrs
19. Birthplace Woodbury, Pa. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) July 19-1941 (Date received) (b) Mabel V. Eccles (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles David Guyer, being first duly sworn, say that I am related (Related to (or) acquainted with)
Angeline Clara Guyer (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Arthur Rawley (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles David Guyer Signature
Rupert, Idaho P. O. Address

Subscribed and sworn to before me on this 17th day of July, 1941

(SEAL) Notary Public, residing at Rupert, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

1931230046-385

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 316671
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Asylum Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 21 years 6 month 4 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. Asylum Ave.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Blackfoot, Ida.

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Kenneth Archbold

5. Date of Birth (Month, day, year) 11-23-1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Dayton V. Archbold
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Fort Wayne, Indiana (City or town) (State or foreign country)
14. Exact Occupation Bank Cashier
15. Industry or Business First National Bank

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Cherry
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Blackfoot, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

~~22. Name prophylactic used to prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 21-1941 (Date received) (b) Maine H Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with)
..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO)
: ss.
County of Bingham)

F. W. Mitchell, being first duly sworn, deposes and says that at all of the times herein mentioned he was and now is, duly licensed to practice medicine and surgery within the State of Idaho, and that as such he keeps and maintains offices in the City of Blackfoot, County of Bingham, State of Idaho.

That on or about the 23rd day of November, 1906, at Blackfoot in the County of Bingham, State of Idaho, he was the physician in attendance upon Florence Archbold, and that on said date last mentioned, she gave birth to a male child who was thereafter christened Kenneth Archbold.

That Dayton V. Archbold was the father of said child and that the said Dayton V. Archbold and Florence Archbold were living together as husband and wife at Blackfoot, Idaho, at the time of the birth of said Kenneth Archbold and for a number of years thereafter.

F. W. Mitchell M.D.

Subscribed and sworn to before me this 19 day of June, 1940.

Notary Public for the State of Idaho.
Residing at Blackfoot, Idaho.

[illegible]

County of Bingham [illegible]

[illegible] at all of the times herein mentioned he was and now is, duly licensed to practice medicine and surgery [illegible] in the [illegible] Blackfoot, County of Bingham, [illegible].

[illegible] in [illegible] attendance upon Florence Archbold, and that on said date last mentioned, she gave [illegible] Archbold.

[illegible] V. Archbold [illegible] the said Sayton V. Archbold [illegible] as husband [illegible] of said Kenneth Archbold [illegible].

[illegible]

Subscribed and sworn to before me this [illegible] day of June, 1940.

[illegible]

Notary Public for the State of Idaho.
Residing at Blackfoot, Idaho.

245 113006 315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 316772
Local Reg. No.
Reg. Dist. No.

JUL 23 1941

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: was called Jones School
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county yes years 1 month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot Idaho
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address R.F.D.2 Blackfoot
3. **RESIDENCE of FATHER** (city, state): Same

4. **FULL NAME OF CHILD** Norman Gilbert Kurtz
5. Date of Birth (Month, day, year) March 13 1941
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oliver Bestine Kurtz
11. Color or Race WHITE
12. Age at time of THIS birth 26 yrs.
13. Birthplace Centralia (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Farmer at that time
15. Industry or Business Janitor at High school Building now

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Imarie Tyldsley
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 23 1941 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Bingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Jack Anderson, being first duly sworn, say that I am Acquainted with (Related to (or) acquainted with) Herman Gilbert Kurtz (Name of person on certificate above) as friend (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Marion Crawford (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Jack Anderson Signature
R#2, Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of July 1941

(SEAL) Paul R. Merriman Notary Public, residing at Blackfoot, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318 206 006 269

United States
Department of Commerce
Bureau of the Census

JUL 23 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316775
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
In **THIS** county — years — months — days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1902 yrs.
(f) Mother's mailing address (For registration notice): now deceased
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Idaho

4. **FULL NAME OF CHILD** Zola May Taylor

5. Date of Birth (Month, day, year) ~~July 18 76~~ April 6, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wm. W. Taylor

11. Color or Race W

12. Age at time of THIS birth 30 yrs.

13. Birthplace Salem (City or Town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ~~Zodak~~ May Sorer

17. Color or Race W

18. Age at time of THIS birth 28 yrs.

19. Birthplace Salem (City or Town) Utah (State or foreign country)

20. Exact Occupation ~~Ho~~ diseased

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10 % Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Wayne Gunnett (First name) (Last name) who is related to this child as Sister (Mother, etc.)

26. (a) JUL 23 1941 (Date received) (b) Maud T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** F. W. Mitchell M.D. (D.O., Midwife, etc.)
and address Blackfoot, Idaho Date July 16/1941

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

268-116-028-681

United States
Department of Commerce
Bureau of Census

JUL 23 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316799
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur 'D Alene
(c) Street Address or R.F.D.No. None
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 18 years 6 month 20 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Coeur 'D Alene
(d) Street Address or R.F.D.No. none
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address Coeur D Alene, Idaho

3. RESIDENCE of FATHER (city, state) Coeur 'D Alene, Idaho

4. FULL NAME OF CHILD Archiebald Francis Boyd

5. Date of Birth (Month, day year) November 16, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Archiebald Boyd	16. FULL MAIDEN NAME Alice Delle Rose O'Hara
11. Color or Race White — 12. Age at time of THIS birth 30 yrs.	17. Color or Race White — 18. Age at time of THIS birth 18 yrs
13. Birthplace Eau Claire, Wisconsin (City or town) (State or foreign country)	19. Birthplace Coeur 'D Alene, Idaho (City or town) (State or foreign country)
14. Exact Occupation Barber	20. Exact Occupation Housewife
15. Industry or Business —	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 6:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 23 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alice Boyd, being first duly sworn, say that I am related to (related to (or) acquainted with) Archiebald Francis Boyd (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. C. Dwyer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alice Boyd
Signature

W1018 Augusta Ave, Spokane, Wash.
P. O. Address

Subscribed and sworn to before me on this 14 day of July, 1941

(SEAL) J. B. Gordon Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

645-106-022-454

316803

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
JUL 22 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 27 yrs.
(f) Mother's mailing address 3210 So. S-East

3. RESIDENCE of FATHER (city, state) Utah

4. FULL NAME OF CHILD Oscar Elmer Winger

5. Date of Birth (Month, day year) 6 Feb. 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Oscar Winger
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Payson (City or town) Utah (State or foreign country)
14. Exact Occupation Buyer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ann Medved
17. Color or Race White
18. Age at time of THIS birth 25 yrs
19. Birthplace East Mill Creek, Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 22 1941 (Date received) (b) Maud F. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, × Sarah Ann Winger being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Oscar Elmer Winger as Mother, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Nelson (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sarah Ann Winger Signature
3210 So. S-East P. O. Address

Subscribed and sworn to before me on this 21st day of July 19 41

(SEAL) Notary Public, residing at Salt Lake

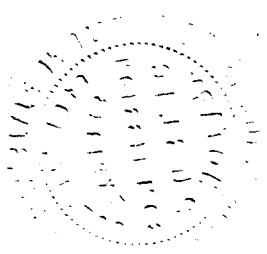
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

11/28/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. No more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Franklin Oneida
City of Whitney
No. 1 St.

JUL 22 1941

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

316804

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Oral Neeley Beckstead

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 7 | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Mar. 12, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Amasa Beckstead	18. Full maiden name Myriam Neeley
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race White 12. Age at last birthday ..... (years)	20. Color or race White 21. Age at last birthday ..... (years)
13. Birthplace (city or place) (State or Country) South Gordon Utah	22. Birthplace (city or place) (State or Country) Franklin Idaho.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work May, 1931	17. Total time (years) spent in this work 55 years.
25. Date (month and year) last engaged in this work Aug., 1938	26. Total time (years) spent in this work 45 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....
Registrar.

(Signed) Lloyd N Beckstead Brother, M. D.
or ....., Midwife.
Address Preston, Idaho
Filed July 16, 1941 Mabel N Eccles
Registrar.

253-112-036-555

JUL 22 1941

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Franklin } ss.

Lloyd N. Beckstead being first duly sworn says that he is the Elder Brother of Oral Neeley Beckstead
(Relationship of child)*

born March 12 1906 at Preston, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Oral Neeley Beckstead hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Allan R. Cutler Sr., M. D., was the Midwife medical attendant at the birth of said Oral Neeley Beckstead and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Lloyd N. Beckstead

P. O. Address Preston Idaho

Subscribed and sworn to before me this 16 day of July, 19 41

Ed Crockett
Notary Public.

Residing at Preston, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

14184

693-205 1014-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUL 22 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316807
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County. Canyon (b) City. Payette
(c) ~~Street Address~~ or R.F.D No. 1
(d) Name of Hospital or Maternity Home: Home of grandparents of child
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. Idaho (b) County. ~~Canyon~~ Adams
(c) City. Council
(d) ~~Street Address~~ or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state). Council

4. **FULL NAME OF CHILD**.....Ruth Leila Wilcox.....

5. Date of Birth (Month, day, year). Oct 5, 1906

6. Sex. Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME**. Arthur L. Wilcox
11. Color or Race. White
12. Age at time of THIS birth. 29 yrs.
13. Birthplace. Pretty Prairie (City or town) Kansas (State of foreign country)
14. Exact Occupation. Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME**. Maude D Harvey
17. Color or Race. White
18. Age at time of THIS birth. 27 years
19. Birthplace. Hastings (City or town), Michigan (State or foreign country)
20. Exact Occupation. Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child. 2 (b) Born alive and now living. 2
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was. Born alive (born alive, stillborn) at 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

26. (a) JUL 23 1941 (Date received) (b) Maud H Eder (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**. Mrs Mary ~~MD~~. or E Wilson (D.O., Midwife, etc.)
and address Payette Idaho Date Oct 5 1906

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/24/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

916-110-033.268 #316950 316950

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 5 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316950
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D.No. 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D.No. 3
(e) How long has MOTHER lived in Idaho? 58 yrs.
(f) Mother's mailing address Same as above

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Thomas Arthur Rawson

5. Date of Birth (Month, day year) Aug 10-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry Rawson
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Swanwick England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Boyl
17. Color or Race White
18. Age at time of THIS birth 35 yrs
19. Birthplace Sugar House Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 5 1941 (Date received) (b) Mabel Freeburn (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth Rawson, being first duly sworn, say that I am Mother (Related to (or) acquainted with)
Thomas Arthur Rawson as Mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Walz, who attended
(Name of attendant at birth)
said birth Now Deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Elizabeth Rawson Signature
Rexburg Idaho Rt 3. P. O. Address

Subscribed and sworn to before me on this 2nd day of August 1941

(SEAL) Daniel Rulle Notary Public, residing at Rexburg

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

436-118-042-342

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUL 29 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316973
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In My Home
(e) Mother's stay BEFORE delivery: at home.
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Twin Falls. Idaho.

3. RESIDENCE of FATHER (city, state): Twin Falls Idaho

4. FULL NAME OF CHILD John Harold McFall.

5. Date of Birth (Month, day, year) July 18. 1906.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Alvin Bruce McFall.
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Bremer Co (City or town) Iowa (State or foreign country)
14. Exact Occupation Drove City Dray Truck.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Sophia Lupins
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Dyersville. (City or town) Iowa. (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None. (d) Stillborn none.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 29 1941 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Nellie McFall, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Harold McFall (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Nellie McFall. Signature
Priest River, Idaho P. O. Address

Subscribed and sworn to before me on this 28 day of July 1941

(SEAL) Richert Notary Public, residing at Priest River, Ida

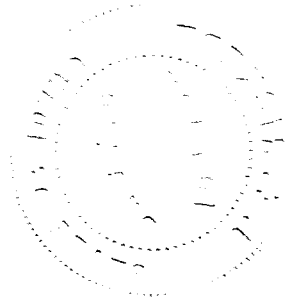
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 5 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



843-219-009-417

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 16 1941

State File No. 316982
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Sand Point
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Sandpoint
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Dorothy Isabel Hutchins
5. Date of Birth (Month, day year) Oct. 19, 1906
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Hutchins
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Minnesota (City or town) (State or foreign country)
14. Exact Occupation Photographer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ingrid Marie Magnusson
17. Color or Race White
18. Age at time of THIS birth 40 yrs
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 8 P. M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 28 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature O. F. Page M.D. (D.O., Midwife, etc.) and address Sandpoint Ida Date July 25-41

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ingrid Marie Hutchins being first duly sworn, say that I am related (Related to (or) acquainted with) Dorothy Isabel Falk (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr O. F. Page (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ingrid Maria Hutchins Signature
Deer Park Wash P. O. Address

Subscribed and sworn to before me on this 14th day of July, 1941

(SEAL) G H Rice Notary Public, residing at Deer Park

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-1-41

JUN 2 3 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

553-130-029 ...ED
168
JUL 29 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316984
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. South Lincoln
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 939 East 6th
(e) How long has MOTHER lived in Idaho? 58 yrs.
(f) Mother's mailing address Moscow, Idaho

3. RESIDENCE of FATHER (city, state): Moscow, Idaho

4. FULL NAME OF CHILD Rudolph Victor Nelson

5. Date of Birth (Month, day, year) 5.30-'06

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Adrian F. A. Nelson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Deputy Court Clerk
15. Industry or Business District Court

MOTHER OF CHILD

16. FULL MAIDEN NAME Tilda M Johnson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at A.M. on the date and at the place stated above, and that personal particulars were furnished by Tilda M Johnson Nelson (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) July 29-1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Tilda M Nelson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Rudolph Victor Nelson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Gritman (Name of attendant at birth), who attended said birth is Now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Tilda M Nelson Signature
Moscow, Idaho P. O. Address

Subscribed and sworn to before me on this 26th day of July, 1941
(SEAL) Adrian Nelson Notary Public, residing at Moscow, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462-214-036-168

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 28 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316985
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Oneida (b) City Rockland
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: In own home.
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 40 yrs.
(f) Mother's mailing address Rockland, Idaho

3. RESIDENCE of FATHER (city, state) Rockland, Ida

4. FULL NAME OF CHILD Elmina Lorene Moss

5. Date of Birth (Month, day year) Oct. 14, 1906

6. Sex female

7. Twin or Triplet no. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME John Henry Moss
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Bountiful, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Johnson
17. Color or Race White
18. Age at time of THIS birth 29 yrs
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 9 (c) Born alive and now dead one (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 28 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Power } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, H. C. Allen, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Elmina Lorene Moss (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Emily Lish (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

H. C. Allen Signature

Am. Falls Idaho P. O. Address

Subscribed and sworn to before me on this 25th day of July, 1941

(SEAL) E. C. Winter Notary Public, residing at Am. Falls Power County, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

219-207-035-386

United States
Department of Commerce
Bureau of Census

JUL 28 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316998
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH now Lewis & Clark County
(a) County NezPerce (b) City Nezperce town
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
IN THIS county 1 years 1 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County NezPerce
(c) City about 1 mile from Nezperce
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Nezperce town

3. RESIDENCE of FATHER (city, state) Nezperce, Idaho

4. FULL NAME OF CHILD Bessie Belle Barrows

5. Date of Birth (Month, day, year) June 7, 1906

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 5th

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Willard Eugene Barrows	16. FULL MAIDEN NAME Rozella Viola Thomas
11. Color or Race White 12. Age at time of THIS birth 32 yrs.	17 Color or Race White 18. Age at time of THIS birth 35 yrs.
13. Birthplace Rantoul, Illinois (City or town) (State or foreign country)	19. Birthplace near Nebraska City, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business Farmer	21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Probably boric acid solution

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Willard Eugene Barrows (First name) (Last name) who is related to this child as father (Mother, etc.)

26. (a) July 28-1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Deborah E. Stes ~~M.D.~~ ~~(D.O.~~, Midwife, ~~etc.)~~
and address Date

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 24 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the~~ Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

257-216-006-4-32

United States
Department of Commerce
Bureau of Census

JUL 28 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317000
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D.No. 1
(d) Name of Hospital or Maternity Home: At Home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 3 years 6 month 15 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D.No. 1
(e) How long has MOTHER lived in Idaho? 3½ yrs.
(f) Mother's mailing address Shelley Idaho

3. RESIDENCE of FATHER (city, state) Shelley Ida

4. FULL NAME OF CHILD Lorena Blanche Beguin
5. Date of Birth (Month, day year) Aug. 16-1906
6. Sex Female
7. Twin or Triplet +
If so—born 1st, 2nd, 3rd X
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John William Beguin
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Ottawa Ill (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanche Minnie McKee
17. Color or Race White
18. Age at time of THIS birth 31 yrs
19. Birthplace Brooklyn Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 28 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Blanche Minnie Beguin, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Lorena Blanche Beguin (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Brundgage (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Blanche Minnie Beguin Signature
3444 S.E. Grant ST Portland Oreg P. O. Address

Subscribed and sworn to before me on this 26th day of July, 1941
(SEAL) R. A. Banks Notary Public, residing at Portland Oreg Rural Route #10

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 7 1968

8-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

266-103-028-234

RECEIVED JUL 29 1941

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317017
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 40 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD John Stanley Boothe.

5. Date of Birth (Month, day year) Nov 3 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Wesley Boothe.
11. Color or Race white American
12. Age at time of THIS birth 36 yrs.
13. Birthplace Monroe County Iowa. (City or town) (State or foreign country)
14. Exact Occupation Livery Business
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Scofield.
17. Color or Race white American
18. Age at time of THIS birth 27 yrs
19. Birthplace Kansas. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Mother (Mother, etc.)

RECEIVED JUL 29 1941

26. (a) ..... (Date received) (b) Mabel F. Elsher (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Dr Dwyer now dead M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Gertrude Boothe, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) of John Stanley Boothe (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Dwyer. (Name of attendant at birth), who attended said birth is now Deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Gertrude Boothe. Signature

P. Box 411 Coeur d'Alene Idaho. P. O. Address

Subscribed and sworn to before me on this 28 day of July, 1941

(SEAL) William Bruce Forland Notary Public, residing at Coeur d'Alene

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 24 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

231-221-035-796 RECEIVED

317021

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 29 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D.No. 12th & G Str.
(d) Name of Hospital or Maternity Home: "At Home"
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 21 years 6 month 25 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D.No. 12th & G Str.
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address 12th & G Str.

3. RESIDENCE of FATHER (city, state) Lewiston,

4. FULL NAME OF CHILD Agnes Mae Stafford

5. Date of Birth (Month, day year) July-21-1906

6. Sex Female

7. ~~Twin~~ or ~~Triplet~~ If so—born 1st, ~~2nd~~, ~~3rd~~

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Roy Stafford
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Waco, Texas (City or town) (State or foreign country)
14. Exact Occupation House Painter
15. Industry or Business " "

MOTHER OF CHILD

16. FULL MAIDEN NAME Eunice Viola Grostine
17. Color or Race White
18. Age at time of THIS birth 21 yrs
19. Birthplace Lewiston, Idaho (City or town) (State or foreign country)
20. Exact Occupation House-Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED JUL 29 1941

26. (a) ..... (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature "Deceased" M.D. (D.O., Midwife, etc.) and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eunice V. Stafford, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Agnes Mae Stafford (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Cunningham (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Eunice V Stafford Signature

2028-N. 75th Seattle Wash. P. O. Address

Subscribed and sworn to before me on this 28 day of July 1941

(SEAL) Lloyd E. Kerns Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

251-124-028-213

REC

United States Department of Commerce Bureau of Census

JUL 30 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317031
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootneau (b) City Harrison
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: at home
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootneau
(c) City Harrison,
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Harriso, Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Howard Hamilton Beazley,

5. Date of Birth (Month, day year) July, 24th. 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Burges Beazley

11. Color or Race white

12. Age at time of THIS birth 29 yrs.

13. Birthplace Brunswick, Mo. (City or town) (State or foreign country)

14. Exact Occupation laborer

15. Industry or Business industry

MOTHER OF CHILD

16. FULL MAIDEN NAME Stella May Baldwin

17. Color or Race white

18. Age at time of THIS birth 23 yrs

19. Birthplace Carthage, Mo. (City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes
(c) Born alive and now dead alive (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 30 1941 (Date received) (b) Mabel H Gelder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington, County of Skagit } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Stella Beazley Sherry, being first duly sworn, say that I am related (Related to (or) acquainted with)
to Howard Hamilton Beazley, as mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Busby, who attended
(Name of attendant at birth)
said birth now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Stella Beazley Sherry Signature

Mt. Vernon, Wash. R-1 c/o Howard Gorton P.O. Address

Subscribed and sworn to before me on this 28th day of July, 1941

(SEAL)

Notary Public, residing at Anacortes.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

691-203-009-249

317094

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JUL 30 1941

1. **PLACE OF BIRTH**
   (a) County Bonner (b) City Clarksfork
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home: At home.
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 7 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Clarksfork
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.
   Now (f) Mother's mailing address Blackfoot, Idaho

3. **RESIDENCE of FATHER** (city, state) same Rt. 1

4. **FULL NAME OF CHILD** Edith Fraker.

5. Date of Birth (Month, day year) Sept. 23, 1906

6. Sex Female

7. Twin or Triplet ... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Oscar W. Fraker

11. Color or Race White

12. Age at time of THIS birth 42 yrs.

13. Birthplace Garnett, Kansas (City or town) (State or foreign country)

14. Exact Occupation at present--farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Myrtle Smith

17. Color or Race White

18. Age at time of THIS birth 32 yrs

19. Birthplace Webb City, Missouri (City or town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5 (c) Born alive and now dead 2 (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 30 1941 (Date received) (b) Mabel M. Edelen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Doctor is dead. M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eric Sundquist, being first duly sworn, say that I am Acquainted with (Related to (or) acquainted with) Edith Fraker (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Knapp (Name of attendant at birth), who attended said birth Is now deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Eric Sundquist Signature

Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me on this 29th day of July, 1941

(SEAL) Irene Hopkins Notary Public, residing at Blackfoot, Idaho

My commission expires July 1, 1945.

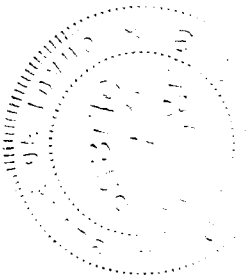
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 8 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



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317118

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 2 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg, Idaho
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Kellogg

3. RESIDENCE of FATHER (city, state) Kellogg

4. FULL NAME OF CHILD Thelma Josepha DeLane

5. Date of Birth (Month, day year) July 18, 1906

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Edward DeLane
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Johnstown, Penn. (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Helena Jacobine Pauls
17. Color or Race White
18. Age at time of THIS birth 27 yrs
19. Birthplace Okemos, Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child ..... (Mother, etc.)

AUG 6 1941

26. (a) ..... (Date received) (b) Maud M. Ewen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Helena J. DeLane, being first duly sworn, say that I am related to (Related to (or) acquainted with) Thelma Josepha DeLane (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mary McEwen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Helena J DeLane Signature

Wardner, Idaho P. O. Address

Subscribed and sworn to before me on this 30th day of ~~June~~ July, 19 41

(SEAL) Thomas R. Jones Notary Public, residing at Wardner, Idaho.

JUL 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

753-129-628-712

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

AUG 2 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317129
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur-d Alene
(c) Street Address or R.F.D.No. Ft. Sherman Br 6
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home no days. IN THIS county no years 11 month no days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur-d Alene
(d) Street Address or R.F.D.No. Ft. Sherman
(e) How long has MOTHER lived in Idaho? 11 mo. yrs.
(f) Mother's mailing address Coeur-d Alene Coeur-d

3. RESIDENCE of FATHER (city, state) Alene, Ida

4. FULL NAME OF CHILD Emory Axel Peterson

5. Date of Birth (Month, day year) 6/29/06

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Legit Imate

FATHER OF CHILD

10. FULL NAME Axel Peterson
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Saw Mill

MOTHER OF CHILD

16. FULL MAIDEN NAME Vernia Gaskill
17. Color or Race White
18. Age at time of THIS birth 20 yrs
19. Birthplace Bozeman, Montana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) AUG 2 1941 (Date received) (b) Maud H Keefer (Registrar's signature)

27. Given name added ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of California
County of Tulare } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Vernia Peterson, being first duly sworn, say that I am related (Related to (or) acquainted with)
Emory Axel Peterson (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Hattie Gaskill (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Vernia Peterson Signature

Rt. 2, Box 920X, Reedley, Cal. P.O. Address

Subscribed and sworn to before me on this 24th day of July, 19 41

(SEAL) M. Abbasi Notary Public, residing at Dinuba, Calif

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

534-508-007-866

317191

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 5 1941 CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 13 years 4 month 8 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 48 yrs.
(f) Mother's mailing address Carey Idaho

3. RESIDENCE of FATHER (city, state) Carey Idaho

4. FULL NAME OF CHILD Horace Veone Eldredge

5. Date of Birth (Month, day year) 10-8-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Forest Hyrum Eldredge, Sr.
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Coalville (City or town) Summit Co. Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruth Howard
17. Color or Race White
18. Age at time of THIS birth 37 yrs
19. Birthplace Holmesdale (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4 (c) Born alive and now dead 4 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 5 1941 (Date received) (b) Maud Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Forest H Eldredge Sr. (Name of person on certificate above), being first duly sworn, say that I am Related To (Related to (or) acquainted with) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Miss Susan Harris (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Forest H. Eldredge, Sr. Signature

Carey, Idaho P. O. Address

Subscribed and sworn to before me on this 31 day of July 1941

(SEAL) M. K. Dawson Notary Public, residing at Carey Ida

AUG 3 1956
MAY 1 8 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

763-122-002-159

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of ADAMS

City of COUNCIL, IDAHO

No. ..... St.

(If born in hospital or institution give name.)

JUL 28 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

317199

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD CHARLES GOLDFOOT

3. Sex MALE

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? YES

8. Date of birth SEPT. 22-1906 ~~193~~ (Month, Day, Year)

FATHER

9. Full name NATHAN GOLDFOOT

10. Residence (usual place of abode) (If non-resident, give place and State) COUNCIL, IDAHO

11. Color or race WHITE | 12. Age at last birthday 37 (years)

13. Birthplace (city or place) (State or Country) RUSSIA

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FURNITURE MOVER

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work 7 YEARS

MOTHER

18. Full maiden name HATTIE JERMULOWSKI HATTIE GOLDFOOT

19. Residence (usual place of abode) (If non-resident, give place and State) COUNCIL, IDAHO

20. Color or race WHITE | 21. Age at last birthday 22 (years)

22. Birthplace (city or place) (State or Country) LITHUANIA

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEKEEPER

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work 2 YEARS

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Frank E. Brown, M. D.

or ....., Midwife

Address Then Council Idaho, Now, Salem, Oregon.

Give name added from a supplemental report .....
(Date of)

Filed JUL 28 1941, 193.. Maud L. Eeder
Registrar.

Registrar.

619-123-010-299

317201

United States
Department of Commerce
Bureau of Census

AUG 5 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D.No. Rural
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Jack Dramond Farnsworth
5. Date of Birth (Month, day year) Oct. 23, 1906
6. Sex male
7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Joseph Farnsworth	16. FULL MAIDEN NAME Agnes Bird
11. Color of Race white 12. Age at time of THIS birth 37 yrs.	17. Color or Race white 18. Age at time of THIS birth 31 yrs
13. Birthplace (City or town) Utah (State or foreign country)	19. Birthplace (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 5 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Agnes Farnsworth, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Jack Dramond Farnsworth (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Agnes Farnsworth Signature
Long Beach, California P. O. Address

Subscribed and sworn to before me on this 1st day of August, 1941
(SEAL) Ferne Criswell Notary Public, residing at Long Beach, Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

319-112-022-212

317205

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JUL 24 1941

1. **PLACE OF BIRTH**
   (a) County Fremont (b) City Driggs
   (c) Street Address or R.F.D.No. General Delivery
   (d) Name of Hospital or Maternity Home: Own home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years 0 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Driggs
   (d) Street Address or R.F.D.No. Gen Delivery
   (e) How long has **MOTHER** lived in Idaho? 58 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Driggs Ida

4. **FULL NAME OF CHILD** Joseph Leonard Larson

5. Date of Birth (Month, day year) 7-12-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ephraim Larson
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Providence Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma E Baker
17. Color or Race White
18. Age at time of THIS birth 27 yrs
19. Birthplace Richmond Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10 A M. on the date and at the place stated above, and that personal particulars were furnished by Emma Larson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUL 24 1941 (Date received) (b) Mabel M Esther (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of California
County of Alameda } ss.

AFFIDAVIT To be completed when the attendant at birth NOT LIVING or CANNOT BE LOCATED.

I, Emma Larson, being first duly sworn, say that I am ~~the mother of~~ related (Related to (or) acquainted with) Joseph Leonard Larson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Stripp (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma Baker Larson Signature

160 East 14th St Oakland Calif. P. O. Address

Subscribed and sworn to before me on this 4th day of August 1941

(SEAL) P. E. Winther, Notary Public, residing at Oakland, Calif.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

693-229-008-291 # 317292

317292

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Boise (b) City Vanwick
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 1 years 6 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Boise Co.
(c) City Vanwick
(d) Street Address or R.F.D. No. Gen Del
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Van Wick, Ida

3. **RESIDENCE OF FATHER** (city, state) Van Wick Ida

4. **FULL NAME OF CHILD** Clara Bell Withers

5. Date of Birth (Month, day, year) July 29 - 1906

6. Sex. Girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Washington Withers
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Crocker (City or town) Mo. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Bell Bradshaw
17. Color or Race white
18. Age at time of THIS birth 29 years
19. Birthplace Hartvill (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 15-1941 (Date received) (b) Marvel T. Elefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George Withers, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clara Bell Withers (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. B. H. McDougall (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

George Withers Name
Middleton, Idaho P. O. Address

Subscribed and sworn to before me on this 15 day of August, 1941

(SEAL) Myrna L. Brewer Notary Public, residing at Boise Idaho

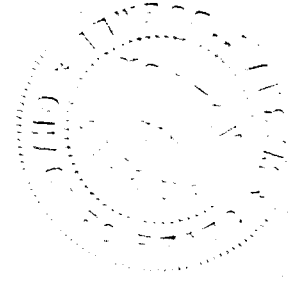
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 22 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



331-124-028-219

317361

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 8 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d Alene
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: own home
In Hosp. or Mat. Home ..... days.
IN THIS county 0 years one month 0 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d Alene
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 1/12 yrs.
(f) Mother's mailing address Coeur d Alene

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Lawrenee James Clark

5. Date of Birth (Month, day year) 3/24/1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elmer E.Clark
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Spencer, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Loulse Lenore Bailey
17. Color or Race white
18. Age at time of THIS birth 26 yrs
19. Birthplace Cleveland (City or town) Washington (State or foreign country)
20. Exact Occupation teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 8 1941 (Date received) (b) Mabel M. Eckley (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Douglas } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lenore B.Clark, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lawrence James Clark (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Shattuck (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lenore B. Clark, Signature
Reedsport, Ore. P. O. Address

Subscribed and sworn to before me on this 5 day of August, 1941.

(SEAL) M. F. Wright Notary Public, residing at Reedsport Ore.

My commission expires April 21, 1942

MAR 2 6 1968

14

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

469-105-007-946

317363

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

AUG 7 1941

1. PLACE OF BIRTH
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
other remained at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 7 months 7 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 7 Mo. x.
(f) Mother's mailing address Hailey, Idaho

3. RESIDENCE of FATHER (city, state) Oregon

4. FULL NAME OF CHILD Harley Andrew Morris

5. Date of Birth (Month, day year) October 5, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? no

FATHER OF CHILD

10. FULL NAME Jeremiah Judson Jackson
11. Color or Race white
12. Age at time of THIS birth unknown
13. Birthplace unknown (City or town) Missouri (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Edna Brookens
17. Color or Race white
18. Age at time of THIS birth 32 yrs
19. Birthplace Bloomington, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Hotel Cook
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related ..... (Mother, etc.) to this child.

AUG 7 1941

26. (a) ..... (Date received) (b) Mabel H Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Myrtle Edna Morris, being first duly sworn, say that I am related to (Related to (or) acquainted with) Harley Andrew Morris (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Rafft (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Myrtle Edna Morris Signature
801 NE. 74th Ave. Portland, Oregon P.O. Address

Subscribed and sworn to before me on this 6 day of August, 1941

(SEAL)

Edith J. Pringer Notary Public, residing at Portland

My Commission Expires May 1, 1945.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 14 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

462-121-025-692

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 6 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317379
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Grange Ville
(c) Street Address or R.F.D. No. country
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Gen Del.
3. **RESIDENCE of FATHER** (city, state) Grangeville.

4. **FULL NAME OF CHILD** Aubrey Le Roy Mobley
5. Date of Birth (Month, day, year) Oct. 21 1906
6. Sex male
7. Twin or Triplet one
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy full
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Sam Mobley
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace ST. LOUIS MISSOURI. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pheobe Wisdom
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Huntsville Missouri. (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) AUG 6 1941 (Date received) (b) Mabel H Eder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of California.
County of LOS ANGELES } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, JOHN SAM MOBLEY, being first duly sworn, say that I am father (Related to (or) acquainted with) as father (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. Raney. (Name of attendant at birth), who attended said birth not known (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x John Sam Mobley Signature
10520 Wadsworth P. O. Address

Subscribed and sworn to before me on this 5th day of August, 19 41.

(SEAL) Mae Eder Notary Public, residing at 10107 Central Ave Los Angeles

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-229-007-141

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

AUG 7 1941

State File No. 317403
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Bellevue
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 8 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Bellevue Idaho

3. **RESIDENCE OF FATHER** (city, state) Bellevue Idaho

4. **FULL NAME OF CHILD** Lexie Mary Cameron

5. Date of Birth (Month, day, year) 29 Sept 1906

6. Sex Female

7. Twin or Triplet /

If so—born 1st, 2nd, 3rd /

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Cameron
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Melrose (City or town) Montana (State or foreign country)
14. Exact Occupation
15. Industry or Business Hotel and Livery stable Owner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabelle Adamson
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Heber (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY ~~That I attended the birth of~~ this child, ~~who~~ was born alive (born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

26. (a) AUG 7 1941 (Date received) (b) Mabel V Feeley (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Blaine }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura J. Adamson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lexie Mary Cameron (Name of person as certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Stitt (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Laura J. Adamson Name
Carey, Idaho P. O. Address

Subscribed and sworn to before me on this 19 day of November 1940

(SEAL) W. F. Adamson Notary Public, residing at Carey - Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

742-13-003-619

317439

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 8 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello.
(c) Street Address or R.F.D.No. N. Johnson
(d) Name of Hospital or Maternity Home: None

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days. None
IN THIS county 15 years none month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D.No. N. Johnson
(e) How long has MOTHER lived in Idaho? 35 yrs.
(f) Mother's mailing address Deaceased

3. RESIDENCE of FATHER (city, state) Deaceased

4. FULL NAME OF CHILD Eugene Wright Gustaveson

5. Date of Birth (Month, day year) Nov 23,1906

6. Sex Male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd First

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ernest August Gustaveson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Mellerud (City or town) Sweden (State or foreign country)
14. Exact Occupation Railroad Shop Foreman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Evelyn Ward
17. Color or Race White
18. Age at time of THIS birth 23 yrs
19. Birthplace Beaver City (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 12.05A M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 8 1941 (Date received) (b) Mabel M Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lela Ward Swain, being first duly sworn, say that I am related to (Related to (or) acquainted with) Eugene Wright Gustaveson (Name of person on certificate above) as aunt - sister of his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Drs. Wright & Adams (Name of attendant at birth), who attended said birth are now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lela Ward Swain Signature

P.O.Box 1524, Pocatello, Idaho. P. O. Address

Subscribed and sworn to before me on this 7th day of August, 19 41

(SEAL) Roy L Black Notary Public, residing at Pocatello

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

2-29-116-040-219

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 317455
Local Reg. No.
Reg. Dist. No. 140

AUG 11 1941

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. Canyon Ave.
(d) Name of Hospital or Maternity Home: Providence Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Montana (b) County Mineral
(c) City Saltese
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice): Same
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Francis Alfred Spiekerman

5. Date of Birth (Month, day, year) Aug. 16, 1906

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Spiekerman

11. Color or Race W

12. Age at time of THIS birth 40 yrs.

13. Birthplace Germany
(City or Town) (State or foreign country)

14. Exact Occupation Mining man

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Johanna Baier

17. Color or Race W

18. Age at time of THIS birth 31 yrs.

19. Birthplace Germany
(City or Town) (State or foreign country)

20. Exact Occupation Hwf.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date
(born alive, ~~stillborn~~)
and at the place stated above, and that personal particulars were furnished by Johanna Spiekerman, who is
(First name) (Last name)
related to this child as ..... XX .....
(Mother, etc.)

Sister Mary Trinity
Record Librarian.

26. (a) July-21-41 (b) Johna Baer
(Date received) (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D.
(D.O., Midwife, etc.)

and address ..... Date .....

27. Given name added on ..... by .....
(Registrar's Signature)

OCT 15

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

853-112-003-268

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317472
Local Reg. No.
Reg. Dist. No.

AUG 12 1941

1. PLACE OF BIRTH
(a) County Bannock (b) City Oxford
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Oxford
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Oxford, Idaho

4. FULL NAME OF CHILD Arnold Boyce Helmandollar

5. Date of Birth (Month, day year) Nov. 12, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME George Thompson Helmandollar

11. Color or Race WHITE

12. Age at time of THIS birth 31 yrs.

13. Birthplace TAZWELL, Co, Virginia (City or town) (State or foreign country)

14. Exact Occupation FARMER

15 Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Almira Boyce

17. Color or Race WHITE

18. Age at time of THIS birth 27 yrs

19. Birthplace Oxford (City or town) Idaho (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Mabel T Keeler (Registrar's signature)
AUG 12 1941

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho
County of Franklin } ss.

I, George Thompson Helfmandollar being first duly sworn, say that I am related (Related to (or) acquainted with)
Arnold Boyce Helmandollar as Father, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ELIZEBETH, KENDELL, who attended
(Name of attendant at birth)
said birth DEAD and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

George Thompson Helmandollar Signature
Oxford Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of August 1941

(SEAL) Susan Oxford Notary Public, residing at Clifton Idaho

AUG 17 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

318-122-029-919

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317484
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah AUG 11 1941 (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Taylor Residence
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? five yrs.
(f) Mother's mailing address Kendrick, Idaho

3. RESIDENCE of FATHER (city, state) Kendrick, Idaho

4. FULL NAME OF CHILD Alvah Taylor

5. Date of Birth (Month, day, year) August 22nd 1906

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	Mason Alva Taylor	16. FULL MAIDEN NAME	Ida May Rains
11. Color or Race	White	17. Color or Race	White
12. Age at time of THIS birth	25 yrs.	18. Age at time of THIS birth	29 yrs.
13. Birthplace (City or town)	Kendrick, Idaho (State or foreign country)	19. Birthplace (City or town)	Macks Creek, Missouri (State or foreign country)
14. Exact Occupation	Farmer	20. Exact Occupation	Housewife
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 11 1941 (Date received) (b) Mabel A. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Washington
County of Yakima } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ida Taylor, being first duly sworn, say that I am related to (Related to (or) acquainted with) Alvah Taylor (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Rothwell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ida Taylor Signature
Route #1, Wapato, Wash. P. O. Address

Subscribed and sworn to before me on this 8th day of August, 1941

(SEAL) H. Youngs Notary Public, residing at Toppenish

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-11-0036-553

317485

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 11 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Oneida (b) City Munkcreek P.O.
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days,
IN **THIS** county 15 years 10 month 19 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Munkcreek P.O.
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Munkcreek, Idaho

3. RESIDENCE of FATHER (if Munkcreek, Idaho

4. FULL NAME OF CHILD Cecil James Hite

5. Date of Birth (Month, day and year) March 19-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Stark Hite
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Pesola Mills, Virginia (City or town) (State or foreign country)
14. Exact Occupation Teaching School
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Sophia Nelson
17. Color or Race White
18. Age at time of THIS birth 20 yrs
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 11 1941 (Date received) (b) Maud H Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James S Hite, being first duly sworn, say that I am related to (Related to (or) acquainted with) Cecil James Hite (Name of person on certificate above) as his Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr A Keller (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

James S. Hite Signature

Weiser, Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of August 1941

(SEAL) Maud Nelson Notary Public, residing at Weiser, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

231-118 001 692

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 9 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317544
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or ~~R.F.D.No.~~ 112 N. 14th St.
(d) Name of Hospital or Maternity Home: was at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home none days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or ~~R.F.D.No.~~ 112 N. 14th St.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Boise

3. RESIDENCE of FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Forest La Vern Blackstock

5. Date of Birth (Month, day year) Dec. 18. 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lee Blackstock
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Ft Collins Colorado (City or town) (State or foreign country)
14. Exact Occupation Lineman
15. Industry or Business with Bell Telephone Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Wiseman
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Fairfield, Herkimer Co N.Y. (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO3 - 1% c.c.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Aug 9-1941 (Date received) (b) Mabel H Greeley (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature John Bond M.D. (D.O., Midwife, etc.)
and address Boise Ida Date Aug. 14-41

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 5 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

636-112007 753

318706 318706

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 21 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Alfred Thomas Flood

5. Date of Birth (Month, day year) July 12, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alfred W. Flood

11. Color or Race W

12. Age at time of THIS birth 25 yrs.

13. Birthplace Canada (City or town) (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian G. Peterson

17. Color or Race W

18. Age at time of THIS birth 19 yrs.

19. Birthplace Ovid, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Flood (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) AUG 21 1941 (Date received) (b) Mabel V. Geeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Ada }

I, Lillian Grace Flood, being first duly sworn, say that I am related (Related to (or) acquainted with) Alfred Thomas Flood (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1931 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O. J. Allen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Lillian Grace Flood Signature
216 th 2nd Same st. Boise P. O. Address

Subscribed and sworn to before me on this 21 day of Aug 19 41
(SEAL) S. L. Gill Notary Public, residing at Boise, Ida.

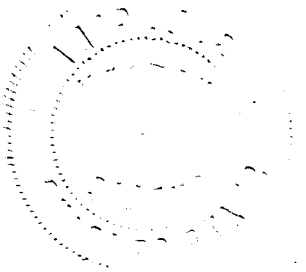
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-31-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



213-222-010-249 #318715 **318715**

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D.No. Route # 1
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls, Ida.
(d) Street Address or R.F.D.No. Route # 1
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address Idaho Falls Route I

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Virgie Ruth Bateman

5. Date of Birth (Month, day year) April 22, 1906

6. Sex F. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Chas. C. Bateman
11. Color or Race W. 12. Age at time of THIS birth 26 yrs.
13. Birthplace Alpine (City or town) Utah (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business U. I. Sugar Factory

MOTHER OF CHILD

16. FULL MAIDEN NAME Amy Burnham
17. Color or Race W. 18. Age at time of THIS birth 20 yrs
19. Birthplace Fort Douglas (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by Amy (First name) Bateman (Last name) who is related to this child as mother (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Amy Bateman, being first duly sworn, say that I am mother (Related to (or) acquainted with) of Virgie Ruth Bateman (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Tom Budge (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Amy Bateman Signature

..... P. O. Address

Subscribed and sworn to before me on this 11 day of Aug, 1941

(SEAL) [signature] Notary Public, residing at Idaho Falls, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-21-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

295 729 001 843 #318746 318746

United States
Department of Commerce
Bureau of Census

AUG 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address Star, Idaho

3. RESIDENCE of FATHER (city, state) Star, Idaho

4. FULL NAME OF CHILD Carl H. Kincaid

5. Date of Birth (Month, day year) Mar. 29, 1906 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lewis E. Kincaid
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Joplin, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie May Huckba
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Lakeview, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 26 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Daisy L. McGrath, being first duly sworn, say that I am related to (Related to (or) acquainted with) Carl H. Kincaid (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that O. W. Hall (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Daisy L. McGrath Signature
Box 133; Eagle, Idaho P. O. Address

Subscribed and sworn to before me on this 26th day of August, 1941
(SEAL) S. E. Blaine Notary Public, residing at Boise, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1.3 223 035 359 RECEIVED

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 18 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318757
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Lewis~~ Nezperce (b) City Nezperce
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
at home near Nezperce
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Lewis~~ Nezperce
(c) City Nezperce
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) 5 yrs

4. FULL NAME OF CHILD Margeret K Jacobs

5. Date of Birth (Month, day year) 11/23/1906

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nicholas H Jacobs
11. Color or Race white
12. Age at time of THIS birth 49 yrs.
13. Birthplace Sterns County, State of Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Katy Leither Jacobs
17. Color or Race white
18. Age at time of THIS birth 42 yrs
19. Birthplace Nezperce, Lewis Co. Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 18-1941 (Date received) (b) Mabel T Elefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nicholas H Jacobs, being first duly sworn, say that I am father of (Related to (or) acquainted with) Margret K Jacobs (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Powell (Name of attendant at birth), who attended said birth is now dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nicholas H. Jacobs Signature

Nezperce, Idaho P. O. Address

Subscribed and sworn to before me on this 14th day of August, 1941

(SEAL) Percy W Mitchell Notary Public, residing at Nezperce Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1-22-11

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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318791

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Nez Perce (b) City Lenore
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home: Birth was at home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 5 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lenore
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.
   (f) Mother's mailing address Lenore, Idaho

3. **RESIDENCE** of FATHER (city, state) Lenore, Ida

4. **FULL NAME OF CHILD** Arthur Wayne Smith

5. Date of Birth (Month, day year) Feb. 3, 1906

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Orville Smith
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Marengo Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Johnston Smith
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Marshaltown, Ia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at Home M. on the date and at the place stated above, and that personal particulars were furnished by Bessie Smith (First name) (Last name), who is related to child as Mother (Mother, etc.)

25. Attendant's **OWN signature** Mrs E A Johnston M.D. (D.O., Midwife, etc.)
    and address [illegible] Wn Date June 24, 41

26. (a) AUG 8 1941 (Date received) (b) Mabel H Ecker (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ....., who attended (Name of attendant at birth) said birth ..... and that this birth **has not been previously recorded.** (Is now deceased (or) cannot be located)

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

8-22-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 318845
Local Reg. No.
Reg. Dist. No.

AUG 22 1941

1. PLACE OF BIRTH
(a) County Fremont (b) City Egin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Mark Athol Orgill

5. Date of Birth (Month, day year) 4/29/1906

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nephi Mark Orgill
11. Color or Race white **12.** Age at time of THIS birth 20 yrs.
13. Birthplace Draper Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cynthia Lydia Smith
17. Color or Race white **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Egin Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 22 1941 (Date received) (b) Mabel H Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Cynthia L. Smith Orgill, being first duly sworn, say that I am related (Related to (or) acquainted with) Mark Athol Orgill (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Middleton (Name of attendant at birth), who attended said birth is now dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Cynthia L Orgill Signature
P. O. Address

Subscribed and sworn to before me on this 20 day of August 1941

(SEAL) Kathryn Coffin Deputy Clerk of District Court at ST. ANTHONY, IDA.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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#318894

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **318894**
Local Reg. No.
Reg. Dist. No.

AUG 13 1941

1. **PLACE OF BIRTH**
(a) County Ada Co. (b) City Boise
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: at my Private home
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No. Star R.F.D.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Boise

3. **RESIDENCE of FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Clayston Orrin Smith

5. Date of Birth (Month, day year) Sept 12 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Chas. Orrin Smith

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Janesville (City or town) Ohio. (State or foreign country)

14. Exact Occupation Black Smith

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie Miller

17. Color or Race White

18. Age at time of THIS birth 17 yrs

19. Birthplace Lincoln (City or town) Neb. (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living five
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive ~~stillborn~~) at 5 A M. on the date and at the place stated above, and that personal particulars were furnished by Mattie Smith (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) AUG 13 1941 (Date received) (b) Maud H Euler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Mary A. Calloway M.D. (D.O., Midwife, etc.)
and address Boise Idaho Date Aug. 24-1941

State of Washington
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mattie Smith, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Clayston Orrin Smith (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Calloway (Name of attendant at birth), who attended said birth Reaches at Boise (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mattie Smith Signature

Napavine Wn P. O. Address

Subscribed and sworn to before me on this 11th day of Aug 1941

(SEAL)

L E Vaughan Notary Public, residing at Chehalis

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318899
Local Reg. No.
Reg. Dist. No.

SEP 8 1941

1. PLACE OF BIRTH
(a) County ELMORE (b) City Mtn Home
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 9 years 9 month X days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County ELMORE
(c) City Mountain Home
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 29 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD DAVID FRANKLIN BLACK

5. Date of Birth (Month, day year) 9/24 1906

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John S. Black
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Stock man
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Gertrud Loveridge
17. Color or Race White
18. Age at time of THIS birth 34 yrs
19. Birthplace Mountain City (City or town) Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was 1 o (born alive, stillborn) at [illegible] M. on the date and at the place stated above, and that personal particulars were furnished by Alice G. Black (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) SEP 8 1941 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's OWN signature Alice G. Black M.D. (D.O., Midwife, etc.) and address 1579½ W 11th St. Date 8/26/41

27. Given name added on ..... by ..... (Registrar's signature)

State of California, County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alice G. Black, being first duly sworn, say that I am mother (Related to (or) acquainted with) David Franklin Black, (Name of person on certificate above) as mother, (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 189, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this 25th day of August, 1941

(SEAL) Jane I. Sullivan Notary Public, residing at Los Angeles, Cali

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

331-104 025-795

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318968
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH AUG 21 1941
(a) County Idaho (b) City White Bird
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Dr. W. F. Foskett's Home
(e) Mother's stay BEFORE delivery: 3 weeks
In ~~Hosp.~~ or ~~Mat. Home~~ days. 3 weeks.
IN THIS county 14 years 10 month 26 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho.
(c) City Goff
(d) Street Address or R.F.D.No. —
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Goff Idaho

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Alton Prentice Clay

5. Date of Birth (Month, day year) Feb. 4. 1906

6. Sex Male

7. ~~Twin~~ or Triplet

~~If so~~ born 1st, ~~2nd,~~ 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Egra Lemrick Clay
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Near Walla Walla. Wash. (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Working Boeing Field

MOTHER OF CHILD

16. FULL MAIDEN NAME Inez Viola Prentice
17. Color or Race White
18. Age at time of THIS birth 26 yrs
19. Birthplace North field, Minn. (City or town) (State or foreign country)
20. Exact Occupation Was Schoolteacher (Housewife)
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Antiseptic
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 21 1941 (Date received) (b) Maud F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Inez V. Clay, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Alton Prentice Clay (Name of person on certificate above) — Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that W. F. Foskett, M.D. (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Inez V. Clay Signature
2421 - W. Myrtle - Seattle Wash. P. O. Address

Subscribed and sworn to before me on this 16 day of Aug 1941

(SEAL) Carl F. Bryers Notary Public, residing at Seattle, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-29-41

JUN 19 1970

AUG 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

366-214001962

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United States
Department of Commerce
Bureau of Census

AUG 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home — days. IN THIS county 6 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No. So. Boise
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address Boise Idaho

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Rita Belle Cooper

5. Date of Birth (Month, day year) April 14, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Lyman Jones Cooper	16. FULL MAIDEN NAME Delia Emly Roberts
11. Color or Race White 12. Age at time of THIS birth 37 yrs.	17. Color or Race White 18. Age at time of THIS birth 32 yrs
13. Birthplace Marsh Lake Idaho (City or town) (State or foreign country)	19. Birthplace Boise Idaho. (City or town) (State or foreign country)
14. Exact Occupation Laborer	20. Exact Occupation Housewife
15 Industry or Business Deceased	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Antiseptic
23. Number of children of this mother: (a) At time of birth and including this child 9th (b) Born alive and now living 6 (c) Born alive and now dead 6 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 21 1941 (Date received) (b) Mary F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Wash.
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Delia Emly Cooper, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Rita Belle Cooper (Name of person on certificate above) as Daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife (Name of attendant at birth), who attended said birth Cannot be Located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

[illegible] Signature

Bellevue, Wash. P. O. Address

Subscribed and sworn to before me on this 18 day of Aug. 1941

(SEAL) Carl F. Bayers Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-27-41

JUN 19 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

318 715 029 799

United States
Department of Commerce
Bureau of Census

AUG 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318977
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. rural
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: own home
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years 2 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. rural
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Palouse Wash

3. RESIDENCE of FATHER (city, state) Moscow Ida

4. FULL NAME OF CHILD Newell Otis Taylor

5. Date of Birth (Month, day year) June 15 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Gordon Taylor
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Warrensburg (City or town) Mo (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida B Griffin
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Warrensburg (City or town) Mo (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11 A M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Ida (First name) Taylor (Last name), who is related to this child as Mrs Ida B Taylor (Mother, etc.) mother

26. (a) AUG 21 1941 (Date received) (b) Maurice H Eeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Gooding }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs Ida B Taylor, being first duly sworn, say that I am mother (Related to (or) acquainted with) Newell Otis Taylor (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that doctor (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Ida B Taylor — Signature
..... P. O. Address

Subscribed and sworn to before me on this 22 day of Aug, 1941
(SEAL) [signature] Notary Public, residing at Gooding Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314 117 019 367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 318987
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Custer (b) City Challis
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home: Mothers Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years 10 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 mos yrs.
(f) Mother's mailing address Challis, Idaho

3. **RESIDENCE OF FATHER** (city, state Challis, Idaho

4. **FULL NAME OF CHILD** Edgar C. Laughlin

5. Date of Birth (Month, day, year) June 17 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Vernon W. Laughlin
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Tekhama (City or town), Nebraska (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida E. Cogswell
17. Color or Race white
18. Age at time of THIS birth 35 years
19. Birthplace Centerville (City or town), New Brunswick, Can. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3 (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 22 1941 (Date received) (b) Mary F. Eifer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Deceased M.D. or ..... (D.O., Midwife, etc.) and address Date

State of Colorado
County of El Paso } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ida E. Laughlin, being first duly sworn, say that I am related to (Related to (or) acquainted with) Edgar C. Laughlin (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (don't remember physicians name) (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ida E. Laughlin Name

12 Alsace Way, Colorado Springs, Colo. P. O. Address

Subscribed and sworn to before me on this 15th day of January, 1941

(SEAL) H. Catherine Williams Notary Public, residing at Colorado Springs, Colo.

My Commission expires July 26, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-21-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-217036-154

United States Department of Commerce Bureau of Census

AUG 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319023

Local Reg. No. 37

Reg. Dist. No. 540

1. PLACE OF BIRTH
(a) County ~~Franklin~~ Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Franklin~~ Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Johanna Rebecca Jensen

5. Date of Birth (Month, day year) July 17, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Amos B.C. Jensen
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace (City or town) Denmark (State or foreign country)
14. Exact Occupation Brick Maker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary C. Andreason
17. Color or Race White
18. Age at time of THIS birth ..... yrs.
19. Birthplace (City or town) Bear River City (State or foreign country) Ut.
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 8: A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Jensen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Aug 23 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho
County of Franklin } ss.

I, Mary C. Jensen, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Johanna Rebecca Jensen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Emory (Name of attendant at birth), who attended said birth cannot be located. (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary C Jensen Signature

P. O. Address

Subscribed and sworn to before me on this 23 day of August 19 41

(SEAL) [signature] Notary Public, residing at Preston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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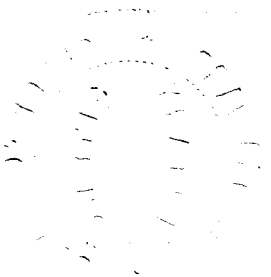
DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



544 127044 914

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 25 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 519048

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Wash (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 25 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Wash
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Cambridge

3. **RESIDENCE of FATHER** (city, state): " " Idaho

4. **FULL NAME OF CHILD** Edmund Pierre Nunnallee

5. Date of Birth (Month, day, year) 9-27-1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arthur H Nunnallee

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Carrollton (City or town) Missouri (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Florence Rambo

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace La-Grande (City or town) Oregon (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 29 1941 (Date received) (b) Mabel H Eder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ada Florence Rambo-Kimball, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Edmund Pierre Nunnallee (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. E. Schmitz (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ada Florence Rambo-Kimball Signature

Box 362 Ontario, Oregon P. O. Address

Subscribed and sworn to before me on this 8th day of August, 1941.

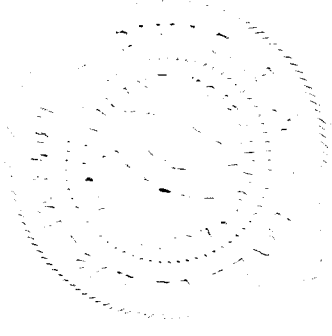
(SEAL) F. E. Davis Notary Public, residing at Spokane, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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319049

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No. 37

Reg. Dist. No. 541

AUG 26 1941

1. PLACE OF BIRTH
(a) County Oneida (b) City Whitney
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Franklin~~ Oneida
(c) City Whitney
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD William Morris Newbold

5. Date of Birth (Month, day year) Feb 16, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate Yes

FATHER OF CHILD

10. FULL NAME John George Newbold

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Wales (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hulda Handy

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Franklin Idaho (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 3: P. M. on the date and at the place stated above, and that personal particulars were furnished by Hulda Newbold (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Aug 23 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Franklin }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Hulda Newbold, being first duly sworn, say that I am related to (Related to (or) acquainted with) Husband Morris Newbold (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Hulda Newbold Signature

P. O. Address

Subscribed and sworn to before me on this 23 day of August 1941

(SEAL) ..... Notary Public, residing at Preston

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265-223004-867

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319069
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Montpelier, Idah

3. **RESIDENCE of FATHER** (city, state) " "

4. **FULL NAME OF CHILD** Iris Swensen
5. Date of Birth (Month, day, year) 7-23-1906
6. Sex F
7. Twin or Triplet -- If so—born 1st, 2nd, 3rd --
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ole Swensen
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Glitre West Borum, Norway (City or town) (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Hogensen
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Montpelier Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 27 1941 (Date received) (b) Mabel T. Elefer (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** [illegible] M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Jane Swensen, being first duly sworn, say that I am related (Related to (or) acquainted with) Iris Swensen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary J Swensen Signature
Montpelier, Idaho P. O. Address

Subscribed and sworn to before me on this 23 day of April, 1941

(SEAL) [illegible] Notary Public, residing at Montpelier Id.
My Com Expires May 8, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1-3-41

JUL 21 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

AUG 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Forest
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Forest
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Forest Idaho

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Lawrence Joseph Ratzow

5. Date of Birth (Month, day year) May 5 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Ernest Ratzow
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Detroit (City or town) Mich (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachel Alice Drazey
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Goff (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 26 1941 (Date received) (b) Mabel Feeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Wash
County of Asotin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Edward Ernest Ratzow being first duly sworn, say that I am related (Related to (or) acquainted with) Lawrence Joseph Ratzow (Name of person in certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 189, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Alice MacCalment (Name of attendant at birth) who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Edward Ernest Ratzow Signature
Clarkston Wash P. O. Address

Subscribed and sworn to before me on this 25 day of Aug 1941
(SEAL) A N Roynstad Notary Public, residing at Clarkston Wa

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 28 1947

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
Born at Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City MIDVALE
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 30 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state) MIDVALE IDAHO.

4. FULL NAME OF CHILD THELMA ORPHA REAVIS
5. Date of Birth (Month, day year) Aug. 23, 1905
6. Sex Female
7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mos.
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME CHARLES TALIAFERRO REAVIS
11. Color or Race WHITE
12. Age at time of THIS birth ..... yrs.
13. Birthplace LITTLE ROCK (City or town) ARKANSAS (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ISABEL EUNICE CROWELL
17. Color or Race WHITE
18. Age at time of THIS birth 42 yrs
19. Birthplace GREEN COUNTY (City or town) WISCONSIN (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 9
(c) Born alive and now dead 3 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mary Crowell Hopper (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

26. (a) AUG 28 1947 (Date received) (b) Mabel F. Elefer (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Riverside } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, MARY CROWELL HOPPER, being first duly sworn, say that I am related to (Related to (or) acquainted with) THELMA ORPHA REAVIS (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ellen Carlisle Reavis (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Crowell Hopper. Signature
12225 Dorothy St. W. Los Angeles Cal. P. O. Address

Subscribed and sworn to before me on this 26th day of August, 1947

(SEAL) Ruth M. Reed Notary Public, residing at Riverside, Calif.

My Commission Expires March 17, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Blaine
City of Soldier
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Harlan Dayton Martin

3. Sex: Male
If plural births: 4. Twin, triplet, or other: Twin; 5. Number, in order of birth: 1
6. Premature ..... Full term: yes
7. Legitimate? yes
8. Date of birth: Jan. 28, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: William Cranse Martin	18. Full maiden name: Maud Ella Dayton
10. Residence (usual place of abode) (If non-resident, give place and State): Soldier Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Soldier Idaho
11. Color or race: White 12. Age at last birthday: 46 (years)	20. Color or race: White 21. Age at last birthday: 46 (years)
13. Birthplace (city or place) (State ~~or Country~~): Michigan	22. Birthplace (city or place) (State ~~or Country~~): Deseret Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Owner and Manager of General Mercantile Store	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: W. C. Martin Mercantile Store	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work: Six	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Yes

28. Number of children of this mother (At time of this birth and including this child)
Four
(a) Born alive and now living 4 (b) Born alive but now dead Nil (c) Stillborn Nil

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 7 a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) A. A. Riggs, M. D.
or ....., Midwife
Address Chula Custer, Colo.
Filed Sept 3 1906 Mabel H. Gardner Registrar.

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VRITE PLAINLY WITH UNFADING INK—THIS IS A PERM[illegible]CORD. N. B.—In case of more than [illegible]ne child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

AUG 29 1941

County of Blaine

City of Soldier

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Helen Martin

3. Sex Female

If plural births: 4. Twin, triplet, or other Twin; 5. Number, in order of birth 2

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Jan. 28, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name William Cranse Martin	18. Full maiden name Maud Ella Dayton
10. Residence (usual place of abode) (If non-resident, give place and State) Soldier, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Soldier Idaho
11. Color or race white | 12. Age at last birthday 46 (years)	20. Color or race white | 21. Age at last birthday 38 (years)
13. Birthplace (city or place) (State ~~or Country~~) Michigan	22. Birthplace (city or place) (State ~~or Country~~) Deseret Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner and Manager of General Mercantile Store	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. W. C. Martin Mercantile Store	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work six	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Yes

28. Number of children of this mother (At time of this birth and including this child) Five (a) Born alive and now living 5 (b) Born alive but now dead Nil (c) Stillborn Nil

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 7:15 a m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) A. M. Higgs, M. D.

or ....., Midwife

Address Chula Vista, Calif

Filed AUG 29 1941, 193.. Mabel F. Eeder Registrar.

NOV 9 1964

855-22 044-369

319144

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

AUG 6 1941

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years 3 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 1 y 3 mos
(f) Mother's mailing address Weiser, Idaho.

3. RESIDENCE of FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Charlotte Lucretia Henderson

5. Date of Birth (Month, day year) Nov. 22, 1916

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Alexander Henderson
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Cadiz (City or town) Ohio (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucretia Torrance
17. Color or Race white
18. Age at time of THIS birth 25 yrs
19. Birthplace Rankin (City or town) Illinois (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 6 1941 (Date received) (b) Mabel H. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lucretia T. Henderson, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Charlotte Lucretia Henderson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Lucretia T. Henderson Signature

P. O. Address

Subscribed and sworn to before me on this 6th day of August 19 41

(SEAL) Florence LaSaure Notary Public, residing at Boise, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Shirley

512-207 006-355

RECEIVED

AUG 18 1941

319151

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Bingham (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) ~~Name of Hospital or Maternity~~ Home:
   (e) Mother's stay **BEFORE** delivery: ~~In Hosp. or Mat.~~ Home ____ days.
   IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Sarah Jane Eastman

5. Date of Birth (Month, day, year) Feb 7, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy yes?

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Franed Eastman
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation truck gardner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Jane Teeples
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Malden Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~ ____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11 P.M. on the date and at the place stated above, and that personal particulars were furnished by Lydia Eastman (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

26. (a) Aug. 14th 41 (Date received) (b) Mabel H Eccles (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of California
County of Riverside } ss.

I, Lydia Eastman, being first duly sworn, say that I am related (Related to (or) acquainted with) Sarah Jane Eastman (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wilson (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lydia Eastman Signature

Hemet, Calif. P. O. Address

Subscribed and sworn to before me on this 14th day of August, 1941

(SEAL) George Forbes ~~Notary Public, residing at~~ Justice of the Peace

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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419-129028-795

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 8 1941

State File No. 319193
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 38 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 40 yrs.
(f) Mother's mailing address Medimont Ida

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD William Leonard Maitland

5. Date of Birth (Month, day year) Oct 29 1906

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fredrick Hanabel Maitland
11. Color or Race White
12. Age at time of THIS birth 55 yrs.
13. Birthplace Kilmaaanick Ont Canada (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Eleanor Grey Grey
17. Color or Race White
18. Age at time of THIS birth 42 yrs
19. Birthplace Dressen Ont Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living
(c) Born alive and now dead / (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 8 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, C. H. Maitland, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Leonard Maitland (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Hogland midwife (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

C. H. Maitland Signature
Medimont P. O. Address

Subscribed and sworn to before me on this 4th day of August, 1941

(SEAL) Sue M. Allen Notary Public, residing at Coeur d'Alene, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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(1937 Session Laws, Chapter 139, Section 4)

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869 101 004 239

319198

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 2 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D.No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home no days. IN THIS county 10 years 3 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D.No. none
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Montpelier

3. RESIDENCE of FATHER (city, state) Montpelier, Idaho

4. FULL NAME OF CHILD WILLIAM CALVIN HORSLEY

5. Date of Birth (Month, day year) Sept. 1, 1906

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Horsley
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Temple Normington (City or town) England (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jane Straw
17. Color or Race white
18. Age at time of THIS birth 40 yrs
19. Birthplace Langley Mill (City or town) England (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) SEP 2 1941 (Date received) (b) Mabel H Keller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William Horlsey, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Calvin Horsley (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that a Mrs. Bridges, midwife (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X William Horsley Signature

Box 394, Montpelier, Idaho P. O. Address

Subscribed and sworn to before me on this 26th day of August 19 41

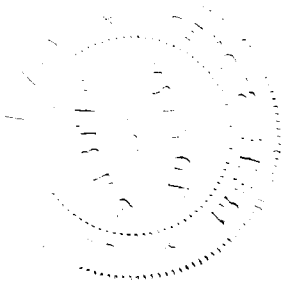
(SEAL) Irene Stoner Notary Public, residing at Montpelier, Idaho

My Com. Exp. 9-14-42

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



319-118014-219

319278

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 8 1941

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Dwelling
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address Emmett, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Harold Lafayette Larson

5. Date of Birth (Month, day year) Mar 18, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thurston George Larson

11. Color or Race white

12. Age at time of THIS birth 46 yrs.

13. Birthplace So. Cottonwood, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Daisy Deen Barger

17. Color or Race white

18. Age at time of THIS birth 32 yrs.

19. Birthplace Oxford, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 5 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) SEP 8 1941 (Date received) (b) Mary H Esplin (Mother, etc) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Madison }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Daisy Deen Barger Larson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Harold Lafayette Larson (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ellen Barger (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Daisy Deen Barger Larson Signature

Rexburg, Idaho P. O. Address

Subscribed and sworn to before me on this 5th day of September, 1941

(SEAL)

Notary Public, residing at Rexburg, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363 113041-386

SEP 10 1941

319293

319293

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Teton (b) City Victor
(c) Street Address or R.F.D. No. Victor
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 5 days.
IN **THIS** county Teton years 9 months days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Boise Idaho Rt 4

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Vern William Collier

5. Date of Birth (Month, day year) Aug 13, 1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Thomas Frank Collier

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Helena (City or town) Ireland (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lola Ethel Thompson

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace East Kent (City or town) England (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

SEP 10 1941 Mabel Felter

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Teton }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ethel Collier, being first duly sworn, say that I am related to (Related to (or) acquainted with) Vern William Collier (Name of person on certificate above) mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Susan Jones (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Lola Ethel Collier Signature

1920 West Jefferson St P. O. Address

Subscribed and sworn to before me on this 10 day of September, 1941. Boise

(SEAL) Dorothy M. Gray Notary Public, residing at Boise, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

994119 001 433

SEP 10 1941 # 1268 Mount Vernon San Bernardino

#319 294

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

319294

1. PLACE OF BIRTH

County of Ada

City of Boise

No. R.F.D. 5 So Boise St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Raymond Zimmer

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Feb 19, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name August Zimmer	18. Full maiden name Jennett McCord
10. Residence (usual place of abode) (If non-resident, give place and State) So Boise	19. Residence (usual place of abode) (If non-resident, give place and State) So Boise
11. Color or race W | 12. Age at last birthday 43 (years)	20. Color or race W | 21. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or Country) Germany	22. Birthplace (city or place) (State or Country) Texas
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver nitrate

28. Number of children of this mother (At time of this birth and including this child) 8 (a) Born alive and now living 8 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) John Boick, M. D.

or ....., Midwife

Address Boise Ida

Filed SEP 10 1941 193 Mavel F Eeder
Registrar

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

9-11-#

OCT 15 1968

395-108-001-279 SEP 15 1941 #319312

319312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319312
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1800 No 19th St
(d) Name of Hospital of Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home — Days
In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1800 No 19th St
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Boise Ida

4. **FULL NAME OF CHILD** Charles Walter Creek
5. **DATE OF BIRTH** (Month, day, year) Oct. 8-1906
6. Sex M
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy full Term
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert L Creek
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Platte County (City or Town) Mo (State or foreign country)
14. Exact Occupation carpenter
15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Freda Spitzler
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Bern Switzerland (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child I (b) Born alive and now living I
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at P.M. M. on the date and at the place stated above, and that personal particulars were furnished by Freda Creek (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) SEP 15 1941 (Date received) (b) Mabel F Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature John Bock M.D. (D.O., Midwife, etc.)
and address Boise Ida Date 9-13-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

AUG 15 1957

FEB 14 1964

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

795-108-001-432

#319326

319326

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 17 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Ada (b) City Boise
   (c) Street Address ~~or R.F.D. No.~~ 1st + Bannock
   (d) Name of Hospital of Maternity Home: St. Lukes Hospital
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ~~Days~~ two hours
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address ~~or R.F.D. No.~~ High School Bldg.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.
   (f) Mother's mailing address (For registration notice): Santa Barbara, Calif.
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** George McKee Pierce

5. **DATE OF BIRTH** (Month, day, year) Aug. 8th 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 10

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George W. Pierce

11. Color or Race White

12. Age at time of THIS birth 55 yrs.

13. Birthplace near Lafayette - Indiana
(City or Town) (State or foreign country)

14. Exact Occupation High School Janitor

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ila McKee

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Clarion Co. Penn.
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ila McKee Pierce, who is (First name) (Last name)
related to this child as mother (Mother, etc.)

26. (a) SEP 17 1941 (Date received) (b) Mabel T. Feller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** J. M. Taylor M.D. (D.O., Midwife, etc.)
and address ..... Date .....

SEP 17 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None
Cervical Tear explained

(d) Did baby have any:

(1) Congenital Malformation? None

Describe:

(2) Birth Injury? No

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No. X..... Pos..... Neg.....

(e) Signature of Physician:

J. M. Taylor

769-124 014-493

319377

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP - 4

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 3 years 4 month 7 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Caldwell Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Caldwell, Idaho

3. RESIDENCE of FATHER (city, state) Caldwell Idaho

4. FULL NAME OF CHILD Samuel Walter Porter

5. Date of Birth (Month, day year) April 24. 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Arthur W. Porter
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Linn County, Oregon (City or town) (State or foreign country)
14. Exact Occupation druggist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Miller
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Glascow, Scotland (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Mary Porter (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) SEP - 4 1941 (Date received) (b) Mabel T. Eller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature deceased M.D. (D.O., Midwife, etc.) and address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Porter, being first duly sworn, say that I am mother (Related to (or) acquainted with) of Samuel Walter Porter (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hamilton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth ~~has not been previously recorded.~~

Mary Porter Signature
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of September, 1941
(SEAL) Mrs. H. J. Thompson Notary Public, residing at Caldwell, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369102022-699

319389

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 11 1941 Fremont

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Madison (b) City Thornton
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Born on Ranch Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days At. home
IN **THIS** county 18 years 3 month 13 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Madison~~ Fremont
(c) City Thornton
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 53 yrs.
(f) Mother's mailing address Thornton, Ida.

3. RESIDENCE of FATHER (city, state) Thornton, Idaho

4. FULL NAME OF CHILD Ira Newton Corey

5. Date of Birth (Month, day year) Nov. 2, 1906

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd 4

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ira Newton Corey

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Unita, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Politics

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Maria Firth

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Unita, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 11/2/06 A. M. on the date and at the place stated above, and that personal particulars were furnished by Annis Elnora Williams (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

26. (a) SEP 11 1941 (Date received) (b) Maud E. Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature [redacted] M.D. (D.O., Midwife, etc.) and address Los Angeles, Calif. Date 8/30/41

State of California
County of LosAngeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Annis Elnora Williams, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Ira Newton Corey (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Annis Elnora Williams Signature

..... P. O. Address

Subscribed and sworn to before me on this 6th day of September, 1941.

(SEAL) Maud E. Brown Notary Public, residing at Los Angeles

My Commission Expires Feb. 20, 1945

SEP 20 1973
SEP 28 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

SEP 2

766·124 022·753

319424

United States
Department of Commerce
Bureau of Census

SEP 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: Neither--at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 8 years 1 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address St. Anthony, Rt. #3

3. RESIDENCE of FATHER (city, state) Parker, Ida.

4. FULL NAME OF CHILD Otto Thomas Powell

5. Date of Birth (Month, day year) 24 Dec., 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Edward Powell
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Tintic (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Sophia Petersen
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Nyborg (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

SEP 12 1941

26. (a) ..... (Date received) (b) Mavel F. Eeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Sophia Powell, being first duly sworn, say that I am related (Related to (or) acquainted with) Otto Thomas Powell (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hummell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Sophia Powell Signature
St. Anthony, Idaho. P. O. Address

Subscribed and sworn to before me on this 11 day of September, 1941
(SEAL) [signature] Notary Public, residing at St. Anthony, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1970
NOV 15 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record ~~in the Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-204-040-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319439
Local Reg. No.
Reg. Dist. No.

SEP 9 1941

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
In **THIS** county 2 years 2 month 24 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Wardner, Idaho

3. **RESIDENCE of FATHER** (city, state): Wardner Idaho

4. **FULL NAME OF CHILD** MABEL CATHERINE TOWERS

5. Date of Birth (Month, day, year) Feb. 4 - 1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Sandy Gibson TOWERS
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Tower Hill, New Brunswick (City or town) (State or foreign country)
14. Exact Occupation MINING
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sina Elizabeth BURGETT
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Menomonie Wisconsin (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) SEP 9 1941 (Date received) (b) Mabel H Geiger (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Oregon
County of Lane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sina Elizabeth Towers, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Mabel Catherine Towers (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. France (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sina Elizabeth Towers Signature
242 High Street, Eugene, Oregon P.O. Address

Subscribed and sworn to before me on this 14th day of June, 1941

(SEAL) Wm. W. Johnson Notary Public, residing at Eugene, Oregon

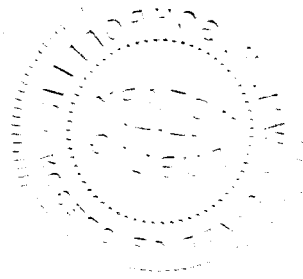
My Commission expires Sep. 21, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



689 124010-415

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 9 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319462
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Bonneville (b) City Milo
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: At Residence
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 18 years 5 month 24 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Farm near Milo
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.
   (f) Mother's mailing address Milo, Idaho

3. **RESIDENCE of FATHER** (city, state) Milo, Idaho

4. **FULL NAME OF CHILD** James Keith White

5. Date of Birth (Month, day year) June 24, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Albert White
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Bountiful, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosella Davies
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Nephi, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do Not Know
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead None (d) Stillborn None
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) SEP 9 1941 (Date received) (b) Mary H Eder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Rosella White, being first duly sworn, say that I am Related to (Related to (or) acquainted with) James Keith White (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Sally Lee (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Rosella White Signature
Box 213, Washougal, Wash. P. O. Address

Subscribed and sworn to before me on this 3 day of September, 19 41.
(SEAL) Maude A. Walker Notary Public, residing at Washougal

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

549-214-040-463

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 12 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319503
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Shoshone (b) City Wardner
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years 8 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wardner
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ~~8 yrs.~~ yrs.
   (f) Mother's mailing address Wardner, Idaho

3. **RESIDENCE of FATHER** (city, state) Wardner, Ida

4. **FULL NAME OF CHILD** Doris Marguerite Emily

5. Date of Birth (Month, day, year) Dec. 14, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Roy Elbert Emily
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Oregon (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Kezia Keenan
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) Mabel Heuser (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jessie Kezia Emily, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Doris Marguerite Emily (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Mauduitte (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jessie K. Emily Signature

Corbett, Ore. P. O. Address

Subscribed and sworn to before me on this 8th day of August 1941

(SEAL) L. A. Ormerod Notary Public, residing at Corbett - Oregon

MY COMMISSION EXPIRES DEC. 12, 1942

SEP 12 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318 224 025-315

319529

United States
Department of Commerce
Bureau of Census

SEP 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Whitebird
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City White Bird
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Whitebird Ida

3. RESIDENCE of FATHER (city, state) Whitebird

4. FULL NAME OF CHILD Lena May Taylor

5. Date of Birth (Month, day year) Oct 24 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Thompson Taylor
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Portland (City or town) Oregon (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Earnestine Canaan
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Freeport (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 11.25 PM (M. on the date and at the place stated above, and that personal particulars were furnished by Lillie E Taylor (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) ..... (Date received) (b) Nate F Eeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs Lillie E Taylor, being first duly sworn, say that I am Related (Related to (or) acquainted with) Lena May Taylor (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr W A Foskett (Name of attendant at birth) who attended said birth - deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Lillie E Taylor Signature
White Bird, Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of September 1941
(SEAL) Mamie C Shuck Notary Public, residing at White Bird Ida

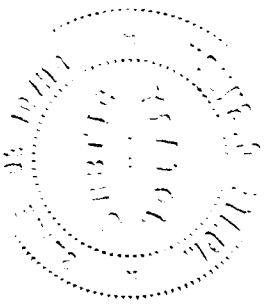
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



515-118-029-281

United States
Department of Commerce
Bureau of Census

SEP 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319541
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D.No. 2
(d) Name of Hospital or Maternity Home: at HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
IN THIS county 4 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D.No. 2
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address MOSCOW, IDA, R. 2

3. RESIDENCE of FATHER (city, state) MOSCOW, IDA.

4. FULL NAME OF CHILD HARLEY JOSEPH VAN DE VANTER
5. Date of Birth (Month, day year) MARCH 18, 1906
6. Sex MALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ALFRED VAN DE VANTER
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace GRUTHRIE CENTER, IOWA (City or town) (State or foreign country)
14. Exact Occupation SAWYER
15. Industry or Business SAW MILL

MOTHER OF CHILD

16. FULL MAIDEN NAME FLORA BELL SHAW
17. Color or Race White
18. Age at time of THIS birth 21 yrs
19. Birthplace ATLANTIC IOWA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum — none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 12 1941 (Date received) (b) Maud F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Flora Van De Vanter, being first duly sworn, say that I am mother (Related to (or) acquainted with) Alfred Van De Vanter (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Carithers (Deceased) (Name of attendant at birth) who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Flora Van de Vanter Signature

P. O. Address

Subscribed and sworn to before me on this 10th day of September, 1941

(SEAL) A. W. Dolphin Notary Public, residing at May 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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SEP 18 1941

249-226 029-155

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319548

Local Reg. No.

Reg. Dist. No.

SEP 13 1941

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county 1 years – month – days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. –
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address –

3. RESIDENCE of FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Ruth Jenness Smith

5. Date of Birth (Month, day year) June 26, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Leslie Lewis Smith

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Hastings, Minnesota (City or town) (State or foreign country)

14. Exact Occupation Railroad employee

15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Stella Maria Jenness

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Windom Minnesota (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) SEP 13 1941 (Date received) (b) Maurice H. Edelen (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.) and address Date

State of Washington } ss.
County of Lewis }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Leslie Lewis Smith, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ruth Jenness Smith (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Gritman (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Leslie Lewis Smith Signature

P. O. Address

Subscribed and sworn to before me on this 5th day of September, 1941

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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SEP 8 1941

319 226 044 695

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319570
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Salubria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: 0
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 5 years month days

SEP 13 1941

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho, (b) County Washington
(c) City Salubria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Salubria, Ida.

3. RESIDENCE of FATHER (city, state) Salubria, Ida.

4. FULL NAME OF CHILD BONNIE DOT CARRICK

5. Date of Birth (Month, day year) July 26, 1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME WILLIAM HENRY CARRICK

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Fall River, Kansas (City or town) (State or foreign country)

14. Exact Occupation miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME EVA WINDER

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Springville, Utah (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) SEP 13 1941 (Date received) (b) Mary H. Eddy (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Washington, }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, EVA CARRICK, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Bonnie Dot Carrick as Mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Chas. Schmitz, who attended said birth is now deceased, and that this birth **has not been previously recorded.**
(Name of attendant at birth) (Is now deceased (or) cannot be located)

Mrs. Eva Carrick Signature
Cambridge, Idaho P. O. Address

Subscribed and sworn to before me on this 20th day of August, 1941.

(SEAL)

Margaret Vogel Notary Public, residing at Cambridge, Ida.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 16 1941

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 26 1941

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1500 No 19th
   (d) Name of Hospital or Maternity Home: Mrs Ed Weavers — Nursing home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1611 No 19 E St
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice): ..... (Street or R. F. D.) ..... (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Boise

4. **FULL NAME OF CHILD** William Dickie Hurley

5. Date of Birth (Month, day, year) Dec. 29-1906

6. Sex M

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Full Term

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Hanagan Hurley
11. Color or Race W
12. Age at time of THIS birth 39 yrs.
13. Birthplace Canada (City or Town) (State or foreign country)
14. Exact Occupation Construction Foreman
15. Industry or Business Idaho Power Co

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elmira Dickie
17. Color or Race W
18. Age at time of THIS birth 34 yrs.
19. Birthplace Burnside Michigan (City or Town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO3. 1% Sol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead ..... (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 6 P M. on the date and at the place stated above, and that personal particulars were furnished by Mary Hurley (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) SEP 26 1941 (Date received) (b) Mary Keeler (Registrar's signature)

25. Attendant's **OWN signature** John Brock M.D. (D.O., Midwife, etc.)
and address Boise Ida Date Aug 25 41

27. Given name added on ..... by ..... (Registrar's Signature)

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

297-204014-849

19616

319616

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Emmett

4. FULL NAME OF CHILD Helen Margaret Bigham

5. Date of Birth (Month, day year) Nov. 4, 1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Bigham

11. Color or Race white

12. Age at time of THIS birth 26 yrs.

13. Birthplace Emmett (City or town) Idaho (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Gertrude Hurst

17. Color or Race white

18. Age at time of THIS birth 17 yrs.

19. Birthplace Rushhill (City or town) Missouri (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 27 1941 (Date received) (b) Mary T Euler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Ada }

I, Frank Bigham, being first duly sworn, say that I am related to (Related to (or) acquainted with) Helen Gertrude Bigham (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that do not remember Name (Name of attendant at birth) who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frank Bigham Signature
Boy 11 Eagle Water Co. P. O. Address

Subscribed and sworn to before me on this 27th day of September 1941

(SEAL) Myrna L. Freeman Notary Public, residing at Boise

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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213-105-028-633

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 320925

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Kootenai (b) City Rathdrum

(c) Street Address or R.F.D. No. R.F.D.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai

(c) City Rathdrum

(d) Street Address or R.F.D. No. R.F.D.

(e) How long has **MOTHER** lived in Idaho? 9 yrs.

(f) Mother's mailing address Rathdrum

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Burton Frank Satchwell

5. Date of Birth (Month, day year) Nov. 5, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 8th

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Ernest R. Satchwell

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Bridge Creek (City or town) Wisconsin (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Otellia B. Otto

17. Color or Race White

18. Age at time of THIS birth 40 yrs.

19. Birthplace Berlin (City or town) Germany (State or foreign country)

20. Exact Occupation None

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8 (c) Born alive and now dead None (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) Sept 25-194 (Date received) (b) Mary Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)

and address ..... Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Hattie B Irwin, being first duly sworn, say that I am RELATED (Related to (or) acquainted with) To BURTON E SATCHWELL (Name of person on certificate above) SISTER. (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that SARAH SATCHWELL (Name of attendant at birth), who attended said birth DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Hattie B. Irwin Signature

Rathdrum Idaho P. O. Address

Subscribed and sworn to before me on this 13 day of September, 1944

(SEAL) ..... Notary Public, residing at .....

NOTARY PUBLIC FOR THE STATE OF IDAHO
RESIDING AT RATHDRUM, IDAHO.
MY COMMISSION EXPIRES OCT. 10, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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319-122-028-791

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 320926
Local Reg. No.
Reg. Dist. No.

SEP 22 1941

1. PLACE OF BIRTH
(a) County Kootenai (b) City Springston
(c) Street Address or R.F.D.No. None
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home — days. IN THIS county 6 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Springston
(d) Street Address or R.F.D.No. None
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Springston, Idaho

3. RESIDENCE of FATHER (city, state) Springston Ida

4. FULL NAME OF CHILD Rodrique Lionel LaRocque

5. Date of Birth (Month, day year) March 22, 1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph LaRocque
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace LaChute (City or town) P.Q. Canada (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business Cedar Poles

MOTHER OF CHILD

16. FULL MAIDEN NAME Vercheres Helene Gravelle
17. Color or Race White
18. Age at time of THIS birth 30 yrs
19. Birthplace Montreal (City or town) P.Q. Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead — (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 11:45 P.M. on the date and at the place stated above, and that personal particulars were furnished by Rene (First name) LaRocque (Last name), who is related to this child as Brother (Mother, etc.)

26. (a) SEP 22 1941 (Date received) (b) Mabel H Keefer (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rene LaRocque, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Rodrique Lionel LaRocque (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Busby (Name of attendant at birth), who attended said birth is now Deceased (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Rene LaRocque Signature

P. O. Address

Subscribed and sworn to before me on this 19th day of September, 19 41

(SEAL)

Erna Brown Notary Public, residing at Seattle Wn.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1942

MAY 21

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

SEP

346-226-08-968

320931

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 22 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Boise (b) City Ola
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home none days. IN **THIS** county 4 years 6 month 6 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Ola
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Ola Idaho

3. **RESIDENCE of FATHER** (city, state) Ola Idaho

4. **FULL NAME OF CHILD** Merl Eldred Tufford

5. Date of Birth (Month, day year) Feb 26 1936

6. Sex White

7. Twin or Triplet none

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Bartlett F Tufford
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Niagara Co (City or town) New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Lenn Royston
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Madison Co (City or town) Kansas (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 22 1941 (Date received) (b) Mabel Leeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Oklahoma } ss.
County of Agowa }

I, Bartlett F Tufford, being first duly sworn, say that I am related to Merl Eldred Tufford (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Fuqua (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

(Related to (or) acquainted with)

Bartlett F Tufford — Signature
Route 3 Hobart Oklahoma — P. O. Address

Subscribed and sworn to before me on this 18th day of September 1941

(SEAL) Helen Fatchin — Notary Public, residing at Hobart Okla.

My Commission Expires May 5, 1945.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-228-036-813

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED SEP 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 320948
Local Reg. No. 73
Reg. Dist. No. 541

1. PLACE OF BIRTH
(a) County Oneida (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Franklin, Idaho

3. RESIDENCE of FATHER (city, state) Franklin, Ida.

4. FULL NAME OF CHILD La Rue Hatch Parkinson

5. Date of Birth (Month, day year) April 28, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel William Parkinson

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Franklin (City or town) Idaho (State or foreign country)

14. Exact Occupation Sheep Raising

15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Ina Elizabeth Hatch

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Franklin (City or town) Idaho (State or foreign country)

20. Exact Occupation Housekeeper

21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 2:4 A M. on the date and at the place stated above, and that personal particulars were furnished by Ina Hatch Parkinson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Sept 17 1941 (Date received) (b) G. W. Slater (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature G. W. Slater M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

FEB 18 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 19 1967

355-11-022-434

320954

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Lemhi~~ Clark (b) City Spencer
(c) Street Address or R.F.D.No. Springer Idaho
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 8 years ~~month~~ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Spencer
(d) Street Address or R.F.D.No. none
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Spencer Idaho

3. RESIDENCE of FATHER (city, state) Spencer Idaho

4. FULL NAME OF CHILD Walter Lowverne Lee

5. Date of Birth (Month, day year) 7-14-1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Alfred Gilroy Lee
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Soda (City or town) Utah (State or foreign country)
14. Exact Occupation Lumber Jack
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence McDermott
17. Color or Race White
18. Age at time of THIS birth 18 yrs
19. Birthplace Spokane [redacted]ington (City or town) (State or foreign country)
20. Exact Occupation Student
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 23 1941 (Date received) (b) Mabel H. Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of ~~Idaho~~ Idaho
County of Clark } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lis Aloe, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with)
Walter Lowverne Lee as Friend, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Tom Wilson, who attended (Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Lis Aloe Signature

Dubois P. O. Address

Subscribed and sworn to before me on this 16 day of August, 1941

(SEAL) B. H. Thomas, Clerk of District Court, Clark County, Idaho
~~Notary Public, residing at~~
By Louise Allos, Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 6 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for ~~the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

SEP 22 1961

859-113-035-655

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 22 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 320961

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Bing Power (b) City Gifford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county 10 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bing Power
(c) City Gifford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Gifford

3. RESIDENCE of FATHER (city, state) Gifford

4. FULL NAME OF CHILD Ted Lee Hermes

5. Date of Birth (Month, day year) June 5 - 1906

6. Sex m **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Chas B Hermes

11. Color or Race W **12.** Age at time of THIS birth 55 yrs.

13. Birthplace Elkhorn (City or town) Wis (State or foreign country)

14. Exact Occupation Butcher

15. Industry or Business Meat Market

MOTHER OF CHILD

16. FULL MAIDEN NAME Margareth J Wilson

17. Color or Race W **18.** Age at time of THIS birth 40 yrs.

19. Birthplace Sioux City (City or town) Iowa (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was child (born alive, stillborn) at 4 P M. on the date and at the place stated above, and that personal particulars were furnished by Chas B Hermes (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) SEP 22 1941 (Date received) (b) Mabel H Geeder (Registrar's signature)

RECEIVED

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature E. E. Watts M.D. (D.O., Midwife etc.)
and address Gifford Ida Date 9-19-1941

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

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Dup of 1906 - D73-012

415-116-020-968

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 320992
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Elmore (b) City Mt'n Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.
(f) Mother's mailing address Boise Idaho

3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Vernon Manly Davis

5. Date of Birth (Month, day, year) May 16-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Months

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Herbert Manly Davis
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Cleveland Ohio (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosalie Rohrer
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Mountain Home Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child First (b) Born alive and now living 2
(c) Born alive and now dead ~~None~~ (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sept 27-1941 (Date received) (b) Mabel H Feeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosalie Locke, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Vernon Manly Davis (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr B. W. Mather (Name of attendant at birth), who attended said birth Is Now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rosalie Locke Signature

1119 E Jefferson, Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 27 nd day of September, 19 41

(SEAL) James R Hall Notary Public, residing at Boise, Idaho

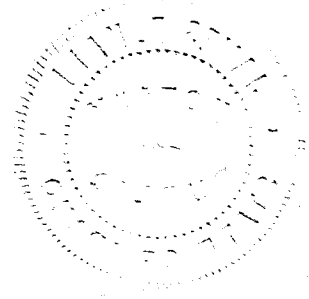
My Commission Expires March 5-1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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321025

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 23 1941

1. **PLACE OF BIRTH**
   (a) County Canyon (b) City Payette
   (c) ~~Street Address or~~ R.F.D. No. one
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon.
   (c) City Payette
   (d) ~~Street Address~~ or R.F.D. No. one
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.
   (f) Mother's mailing address Payette Idaho.

3. **RESIDENCE of FATHER** (city, state) Payette Idaho.

4. **FULL NAME OF CHILD** Frederick James Pomeroy

5. Date of Birth (Month, day year) Oct. 3, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Erastus Pomeroy
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Boulder Colo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Abby Woodmancy Ewing
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Cincinnati Ohio. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 P. M. on the date and at the place stated above and that personal particulars were furnished by Albert E. Pomeroy (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) SEP 23 1941 (Date received) (b) Maud H Eesley (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Albert E. Pomeroy, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frederick James Pomeroy (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ames (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Albert E. Pomeroy Signature

1625 W 38th St. Long Beach Calif. P. O. Address

Subscribed and sworn to before me on this 20 day of September, 1941

(SEAL) J. A. Swift Notary Public, residing at .....

My Commission Expires March 29, 1944 Notary Public, Residing at Long Beach, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6 1971

MAY 8 1975

SEP 2 6 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

635-03-035-651

321092

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 2 [illegible]

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

RECEIVED

1. **PLACE OF BIRTH**
   (a) County Wayne (b) City Gifford
   (c) Street Address or R.F.D. No.....
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Wayne
   (c) City Gifford
   (d) Street Address or R.F.D. No.....
   (e) How long has **MOTHER** lived in Idaho?.....yrs.
   (f) Mother's mailing address.....

3. **RESIDENCE of FATHER** (city, state) Gifford, Ida.

4. **FULL NAME OF CHILD** William Edgar Olney

5. Date of Birth (Month, day year) Nov. 3, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Benjamin E. Olney
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Weatherby
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Clarkston (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) SEP 2 [illegible] (Date received) (b) Mabel T. Geer (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature E. E. Watts M.D. (D.O., Midwife, etc.)
and address Gifford Ida Date 9-14-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-21-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

193 111-022-363

321110

United States
Department of Commerce
Bureau of Census

SEP 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Freemont (b) City Small
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Small
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Small Idaho

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD William Russell Archibald

5. Date of Birth (Month, day year) 11th 11th 1936

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Russell Archibald
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Plymouth (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Polly Ann Collier
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Helena (City or town) Montana (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) SEP 29 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name ended on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature midwife M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Freemont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Polly Ann Patelzick, being first duly sworn, say that I am related (Related to (or) acquainted with) to William Russell Archibald (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Lettrice Robinson (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Polly Ann Patelzick Signature
Newman Calif P. O. Address

Subscribed and sworn to before me on this 24th day of September, 1941
(SEAL) D. C. Bell Justice of Peace Notary Public, residing at Newman, Calif
Newman Township Stanislaus Co.

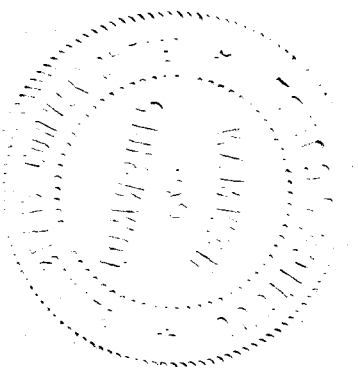
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1-31-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



665-215-016-689

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 29 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321111
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City BURLEY
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County Cassia
(c) City BURLEY
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address BURLEY IDAHO

3. RESIDENCE of FATHER (city, state) BURLEY IDAHO

4. FULL NAME OF CHILD Marjorie Lorraine Owens

5. Date of Birth (Month, day year) Apr. 15-1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert E. Lee Owens
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Corinne (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice White
17. Color or Race White **18.** Age at time of THIS birth 30 yrs
19. Birthplace Pleasanton (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) SEP 29 1941 (Date received) (b) Mabel I Keifer (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of CALIFORNIA
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ADA B. KLEIN, being first duly sworn, say that I am ~~sister~~ related to (Related to (or) acquainted with) Marjorie Lorraine Owens ~~Blanks~~ (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown (Name of attendant at birth), who attended said birth unknown (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ada B. Klein Signature

1446 East Florence Avenue P. O. Address

Subscribed and sworn to before me on this 16th day of September, 19 41

(SEAL) C. N. Vaughn Notary Public, residing at Los Angeles Calif

My commission expires August 30, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

9-31-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

764 108 036-265

321124

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No. 561 So. State St
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 9 years 1 month 8 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No. 561 So. State St
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Preston Idaho

3. RESIDENCE of FATHER (city, state) Preston Idaho

4. FULL NAME OF CHILD Harold Tense Poulsen

5. Date of Birth (Month, day year) 8 July 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Christian Edward T. Poulsen

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Copenhavn (City or town) Denmark (State or foreign country)

14. Exact Occupation Blacksmith

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alenda Amy Swensen

17. Color or Race White

18. Age at time of THIS birth 18 yrs.

19. Birthplace Lago (City or town) Idaho (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Alenda Poulsen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) SEP 29 1941 (Date received) (b) Mabel M. Euler (Registrar's signature)

25. Attendant's **OWN** signature Mrs Minnie Struve (D.O., Midwife, etc.) and address Preston Idaho Date 25 Sept 1941

27. Given name added on ..... by ..... (Registrar's signature)

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-30-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-230006-793

321129

United States Department of Commerce Bureau of Census Bingham

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Bingham~~ (b) City Howe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or ~~Mat.~~ Home days.
IN **THIS** county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Bingham~~
(c) City Howe Bingham
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 49 yrs.
(f) Mother's mailing address Lorenzo

3. RESIDENCE of FATHER (city, state) Idaho.

4. FULL NAME OF CHILD Veda Cynthia Whitaker (~~Whitaker~~)

5. Date of Birth (Month, day year) Sept. 30 1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William L. Whitaker
11. Color or Race white **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Willard, (City or town) Utah. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Sylvia Viola Gilson
17. Color or Race white **18.** Age at time of THIS birth 17 yrs.
19. Birthplace Cache Valley (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living x (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as

26. (a) SEP 29 1941 (Date received) (b) Mabel H Calder (Mother etc.) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Sylvia Viola Whitaker, being first duly sworn, say that I am related to (Related to (or) acquainted with) Veda Cynthia Whitaker (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Cynthia Gilson (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sylvia Viola Whitaker Signature
Lorenzo P. O. Address

Subscribed and sworn to before me on this 25th day of September, 1941
(SEAL) Eugene M Larsen Notary Public, residing at Menan, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

9-30-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-216-028-169

321173

United States Department of Commerce Bureau of Census

SEP 23 1941 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No. Farm
(d) Name of Hospital or Maternity Home: Farm
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No. Farm
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Harrison, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Eva Katherine Thompson

5. Date of Birth (Month, day year) Jan. 16, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Isaac Aaron Thompson

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Bolcow, Missouri (City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maren Marie Jorgensen

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Copenhagen, Denmark (City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Isaac Thompson (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) SEP 23 1941 (Date received) (b) Maud M. Golden (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Isaac Thompson, being first duly sworn, say that I am Related (Related to (or) acquainted with) Eva Katherine Thompson (Name of person on certificate above) as daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Busby (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Isaac Thompson Signature

Box 134 P. O. Address

Subscribed and sworn to before me on this 19th day of September 1941.

(SEAL) Gilbert M. Golden Notary Public, residing at Coeur d'Alene, Ida.

My commission expires June 2, 1945.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

256-116-014-993

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 15 1941

State File No. 321189
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City NAMPA
(c) Street Address or R.F.D. No. unknown
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: yes
In Hosp. or Mat. Home ..... days.
IN **THIS** county yes years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County
(c) City NAMPA
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Nampa Idaho

4. FULL NAME OF CHILD JOHN - DALLAS - SNOW

5. Date of Birth (Month, day year) JUNE 16-1906

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** John Franklin Snow
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Cisco (City or town) Ark. (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Bulah Rittenhouse
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Pittsburg (City or town) Penn (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 30 1941 (Date received) (b) SEP 15 1941 Mabel T. Elefer (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date 41

27. Given name added on ..... by ..... (Registrar's signature)
X Nathen Heard

State of Arkansas
County of Carroll } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Nathen Heard, being first duly sworn, say that I am Foster Uncle (Related to (or) acquainted with) John Dallas Snow (Name of person on certificate above) as Foster brother-To-FATHER (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (unknown to me) (Name of attendant at birth), who attended said birth is unknown to me (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nathan Heard Signature
Green Forest, Arkansas. P. O. Address

Subscribed and sworn to before me on this 2 day of September, 1941.
(SEAL) J. D. Hailey Notary Public, residing at Berryville, Ark.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 12 1963
AUG 20 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766 218 014 731

321 234 321234

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED OCT 11 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Nampa
(c) Street Address of R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: Home
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1. years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Nampa Idaho

3. RESIDENCE of FATHER (city, state) Nampa Ida.

4. FULL NAME OF CHILD Dorotha Louise Goodwin

5. Date of Birth (Month, day year) Nov. 18-1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME John A. Goodwin

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Texas (City or town) (State or foreign country)

14. Exact Occupation Mechanic

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lottie Edna Glasel

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Emmett (City or town) Idaho. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) OCT 11 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lottie Goodwin, being first duly sworn, say that I am related to (Related to (or) acquainted with) Dorotha Louise Goodwin (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor and nurse (Name of attendant at birth), who attended said birth is not known (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Lottie Goodwin Signature

546 Ravina Seattle, Washington P. O. Address

Subscribed and sworn to before me on this 9th day of October 1941.

(SEAL) Margaret LaLone Notary Public, residing at Emmett

My Commission expires Oct. 13, 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

869-202037-369 #321255

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 14 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321255
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Owyhee (b) City Dewey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years 4 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Dewey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Dewey

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Margaret Lois. Horton

5. Date of Birth (Month, day year) Aug. 2nd 1906

6. Sex Female

7. Twin or Triplet If so—born 1st, ~~2nd 3rd~~

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph H. Horton
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Smithfield, Utah (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cecil Maude Cornish
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Blackhawk Colorado (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 14-1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Joseph H. Horton, being first duly sworn, say that I am related to (Related to (or) acquainted with) Margaret Lois Horton (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Hamilton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Joseph H. Horton Signature
Meridian Idaho P. O. Address

Subscribed and sworn to before me on this 6 day of October, 1941
(SEAL) O M Kaing Notary Public, residing at Meridian

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

232-170 022 354

321256

321256

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Fremont (b) City Hibbard Ward

(c) Street Address or R.F.D. No. Rural

(d) Name of Hospital or Maternity Home: At Home

(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont

(c) City Hibbard Ward

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? ..... yrs.

(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Don Theo Hibbard

5. Date of Birth (Month, day year) June 20, '06

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Abraham Hibbard

11. Color or Race White

12. Age at time of THIS birth 49 yrs.

13. Birthplace Farmington, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Lemmon

17. Color or Race White

18. Age at time of THIS birth 41 yrs.

19. Birthplace Smithfield, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 14 (Date received) (b) Maud H Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)

and address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Willis Hibbard, being first duly sworn, say that I am related to (Related to (or) acquainted with) Don Theo Hibbard (Name of person on certificate above) as older brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hyde (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

WILLIS HIBBARD Signature

602 So 4th, Boise P.O. Address

Subscribed and sworn to before me on this 14 day of Oct, 1941.

(SEAL) Myrna L Brewer Notary Public, residing at Boise

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 13 1941

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SEP 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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551-215014 253

321257

321257

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED OCT 14 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Notus
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
IN **THIS** county 7 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Notus
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Notus Idaho.

3. RESIDENCE of FATHER (city, state) Same.

4. FULL NAME OF CHILD Lila Enid Evans

5. Date of Birth (Month, day year) Dec. 15 - 1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME James Evans

11. Color or Race White **12.** Age at time of THIS birth 26 yrs.

13. Birthplace Alabama County (City or town) Oregon (State or foreign country)

14. Exact Occupation Blacksmith

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lila May Bethel

17. Color or Race White **18.** Age at time of THIS birth 22 yrs.

19. Birthplace Gurnwood (City or town) Nebraska (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 14 1941 (Date received) (b) Mabel Tebbes (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Lila May Evans, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Lila Enid Evans (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Dubbard (Name of attendant at birth), who attended said birth is Now Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Lila May Evans Signature
301 Freeport St Caldwell, Idaho P. O. Address

Subscribed and sworn to before me on this 14th day of October 1941.

(SEAL) Myrna L Brewer Notary Public, residing at Burley

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Oct 1 - 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce
Bureau of Census Blaine SEP 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321274
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Camas (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Camas
(c) City Soldier Blaine
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 36 yrs.
(f) Mother's mailing address Gooding Idaho

3. RESIDENCE of FATHER (city, state) Gooding

4. FULL NAME OF CHILD Ronald Earl Mounce
5. Date of Birth (Month, day, year) Mar 4 - 1906
6. Sex Male
7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME FRED MOUNCE
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Lewiston (City or town) Idaho (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Ashlock
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Center Point (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Green Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 10 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature A A Higgs M.D. (D.O., Midwife, etc.) and address Sun Sign Calif Date 9-10-41

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) Ronald Earl Mounce (Name of person on certificate above), as Cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that A A Higgs (Name of attendant at birth), who attended said birth ~~[illegible]~~ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

D O Reynolds Signature
Fairfield Idaho P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce
Bureau of Census

SEP 30 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321339
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Weiser

3. RESIDENCE of FATHER (city, state) Weiser

4. FULL NAME OF CHILD Howard Thomas Harris

5. Date of Birth (Month, day year) April 1. 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Martin Harris

11. Color or Race White

12. Age at time of THIS birth 45 yrs.

13. Birthplace Missouri (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Mary Nusbaum

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Omaha (City or town) Nebraska (State or foreign country)

20. Exact Occupation Farmers Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by B. S. Steves (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) SEP 30 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

RECEIVED

25. Attendant's **OWN** signature Was deceased M.D. (D.O., Midwife, etc.)
and address Date

State of OREGON } ss.
County of Baker }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, MYRTLE HARRIS TURNER, being first duly sworn, say that I am the mother of (Related to (or) acquainted with)
Howard Thomas Harris (Name of person on certificate above) SON (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that B. S. Steves (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Myrtle Harris Turner Signature
Medical Springs, Oregon P. O. Address

Subscribed and sworn to before me this 29th day of September 1941
(SEAL) Notary Public, residing at Baker, Oregon
My Commission Expires: Aug. 1, 944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 20 1952

712-113-022-759

United States
Department of Commerce
Bureau of Census

OCT 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321391
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Darby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Darby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Driggs Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Frederic Geisseler Pascoe

5. Date of Birth (Month, day year) 5/13/1906

6. Sex [illegible]

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Richard Pascoe
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christine Geisseler
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Geneva Switzerland (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 6 1941 (Date received) (b) Mabel F. Eeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Christine G Pascoe, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frederic Geisseler Pascoe (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Larson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Christine G Pascoe Signature
R.F.D. #4 Nampa Ida P. O. Address

Subscribed and sworn to before me on this 1st day of October 1941
(SEAL) H. G. Hagelin Notary Public, residing at Nampa Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

555-118-014-713

321430

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

RECEIVED OCT 7 1941

1. PLACE OF BIRTH
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Nampa

3. RESIDENCE of FATHER (city, state) Nampa

4. FULL NAME OF CHILD Joe Fleming Neet

5. Date of Birth (Month, day year) Sept 18 1906

6. Sex Male

7. Twin or Triplet ---

If so—born 1st, 2nd, 3rd ----

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Washington Orlando Neet

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Humphreys (City or town) Missouri (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business ---

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Elfrida Patterson

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Fairfield (City or town) Ill. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business -----

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 7-1941 (Date received) (b) Maud Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Washington Orlando Neet, being first duly sworn, say that I am the father (Related to (or) acquainted with) (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kohler (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Washington Orlando Neet Signature
R F D No 3, Spokane, Wash P. O. Address

Subscribed and sworn to before me on this 2 day of Oct 19 41

(SEAL) A N Wakeman Notary Public, residing at Spokane

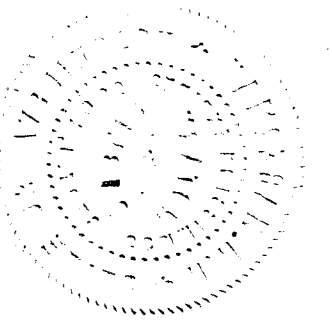
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



291 106 014 819

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED OCT 4 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321461
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Caldwell

3. RESIDENCE of FATHER (city, state) Caldwell-Id

4. FULL NAME OF CHILD Melvin Wesley Bray

5. Date of Birth (Month, day year) Oct. 6, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Chas. Henry Bray

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Unknown (City or town) Iowa (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Elizabeth Harris

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Abilene (City or town) Kansas (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 4 1941 (Date received) (b) Maud Heller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

RECEIVED

State of Colorado } ss.
County of Jefferson }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Celana E. Bray Littell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Melvin Wesley Bray (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Shue (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

My Commission expires February 19, 1944

Celana E. Bray Littell Signature

Manila, Colo. P. O. Address

Subscribed and sworn to before me on this 3rd day of October 1941

(SEAL) Albert E. Richards Notary Public, residing at Golden Colo.

OCT 9 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-206-030812

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321468

Local Reg. No.

Reg. Dist. No.

RECEIVED OCT 6 1941

1. PLACE OF BIRTH
(a) County Lemhi (b) City Carmen
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Carmen
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Carmen, Idaho

3. RESIDENCE of FATHER (city, state) Carmen, Ida.

4. FULL NAME OF CHILD Jessie Mable Roberts

5. Date of Birth (Month, day year) Feb. 6 1906

6. Sex Female

7. Twin ~~or Triplet~~ If so—born 1st (2nd) 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Newell Roberts

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Vermont (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Hostler

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Central City, Colorado (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead / (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 10.00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Roberts (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 6 1941 (Date received) (b) Mary H. Eisler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

25. Attendant's **OWN** signature Emma L. Nieman M.D. (D.O., Midwife, etc.) and address Carmen, Idaho Date Sept. 25 1941

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

OCT 9 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

399 124035 693

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 7 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File 321501
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Gifford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Gifford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Wesley Luther Triplett
5. Date of Birth (Month, day year) Nov 24, 1906
6. Sex Male
7. Twin or ~~Triplet~~ Twin If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Jefferson Davis Triplett
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Ella Florence Williams
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 7 1941 (Date received) (b) Maud F Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs Ella Triplett, being first duly sworn, say that I am related to (Related to (or) acquainted with) Wesley Luther Triplett (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 189, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. J. Harrington (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ella Triplett Signature
613 Snake River Ave Lewiston Ida. P. O. Address

Subscribed and sworn to before me on this 2 day of Dec. 1941
(SEAL) John L. Phillips Notary Public, residing at Lewiston Ida.

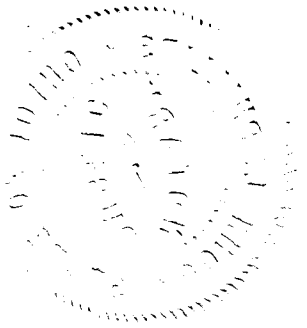
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 13 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



399 124-035 693

321502

United States
Department of Commerce
Bureau of Census

OCT 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Gifford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) ~~County~~ City Gifford
(c) ~~City~~ County — Nez Perce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Leslie William Triplett

5. Date of Birth (Month, day year) Nov. 24, 1906

6. Sex Male

7. Twin or ~~Triplet~~ Twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jefferson Davis Triplett
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Florence Williams
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 7 1941 (Date received) (b) Mabel F. Eeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Ella Triplett, being first duly sworn, say that I am related to (Related to (or) acquainted with) Leslie William Triplett (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. J. Harrington (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ella Triplett
Signature
613 Snake River Ave. Lewiston Idaho
Address

Subscribed and sworn to before me on this 22 day of Oct. 1941
(SEAL) John L. Phillips Notary Public, residing at Lewiston, Ida.

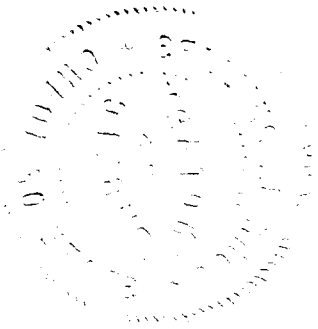
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



493-206044-249

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 7 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321520
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. Country
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: at home
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. Country
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Weiser, Idaho

3. RESIDENCE of FATHER (city, state) Weiser, Ida.

4. FULL NAME OF CHILD Dorothy Inez Dickerson

5. Date of Birth (Month, day year) July 6, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Calvert Solomon Dickerson

11. Color or Race white

12. Age at time of THIS birth 29 yrs.

13. Birthplace Woodside, California (City or town) (State or foreign country)

14. Exact Occupation Farmer & Stockman

15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Leora Smith

17. Color or Race white

18. Age at time of THIS birth 29 yrs.

19. Birthplace Rockbridge, Wisconsin (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Flora Black (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

26. (a) OCT 7 1941 (Date received) (b) Maud M. Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Joseph R. Numbers M.D. (D.O., Midwife, etc.)
and address Boise Ida Date Sep. 30-41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1941

MAR 1 1948
SEP 3 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386 115035 863

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 9 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321568

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Nezperce, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In her own home.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home — days. IN **THIS** county — years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Nezperce, Ida

3. RESIDENCE of FATHER (city, state) Nezperce, Ida

4. FULL NAME OF CHILD Vernon Claud Thomas

5. Date of Birth (Month, day year) Oct 15 1906

6. Sex male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnancy Nine **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Levi Isreal Thomas

11. Color or Race White **12.** Age at time of THIS birth 33 yrs.

13. Birthplace Near Garrison, Iowa (City or town) (State or foreign country)

14. Exact Occupation Salesman

15. Industry or Business Farmer-Hwds+Imp. Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Maggie Ella Holch

17. Color or Race White **18.** Age at time of THIS birth 30 yrs.

19. Birthplace Mc Kinney, Texas (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum I do not know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as

26. (a) Oct 9-1941 (Date received) (b) Mabel H Calder (Mother, etc.) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature and address (D.O., Midwife, etc.) Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Nez Perce }

I, Ella H. Thomas being first duly sworn, say that I am related to (Related to (or) acquainted with) Vernon Claud Thomas (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. S. Sheldon (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ella H. Thomas Signature

704 Lapwai Rd. Lewiston, Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of October 1941

(SEAL) Pearl McLennan Notary Public, residing at Lewiston, Ida.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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817-225035-762

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321603
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. F st
(d) Name of Hospital or Maternity Home: at Parents home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 20 days.
IN **THIS** county 10 years 8 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. F.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address F st Lewiston Ida

3. RESIDENCE of FATHER (city, state) Lewiston Idaho

4. FULL NAME OF CHILD Ruby Annie Yager

5. Date of Birth (Month, day year) March 25. 1906

6. Sex fea mail

7. Twin or Triplet If so—born ~~1st, 2nd~~, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter Edward Yager
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Sciota (City or town) Ill (State or foreign country)
14. Exact Occupation owned a feed yard on
15. Industry or Business main & F st.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Goble
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Lehi (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 13-1941 (Date received) (b) Maud T Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Walla Walla }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lillian Yager, being first duly sworn, say that I am Related (Related to (or) acquainted with) Ruby Annie Yager (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr J B Morris (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lillian Yager Signature
Box 317 R1 Garden City Heights P. O. Address Walla Walla

Subscribed and sworn to before me on this 11th day of October, 1941
(SEAL) H A Woodward Notary Public, residing at Walla Walla

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce OCT 15 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321613
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH
(a) County Clark (b) City Kilgore
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In ~~Hosp.~~ or ~~Mat.~~ Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Kilgore
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Kilgore, Idaho

3. RESIDENCE of FATHER (city, state) Kilgore, Idaho

4. FULL NAME OF CHILD Agnes Kroker
5. Date of Birth (Month, day year) 9-28-1906.
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Kroker
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Near Berlin Germany. (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Spong
17. Color or Race White
18. Age at time of THIS birth 20 yrs
19. Birthplace Western Sweden (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Caring for My Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, ~~stillborn~~) at 3:00 a M. on the date and at the place stated above, and that personal particulars were furnished by Anna Kroker (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 15 1941 (Date received) (b) Maud F. Elder (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Martha L. Spong R.N. M.D. (D.O., Midwife, etc.)
and address Olive View, Calif. Date 10-11-41

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1941

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321623

Local Reg. No.

Reg. Dist. No.

RECEIVED OCT

1. **PLACE OF BIRTH**
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Frank Thompson Glenn

5. Date of Birth (Month, day year) Mar. 6-1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Porter Glenn
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie May Berridge
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Paw Paw Mich. (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 5
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 16 1941 (Date received) (b) Paul H Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Effie May Berridge Glenn, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frank Thompson Glenn (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Maggie Vincent (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Effie May Berridge Glenn Signature

R#7, Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of October, 1941

(SEAL) Margaret Clark Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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321665

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 13 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lataun (b) City Moscow
(c) Street Address or R.F.D. No. Polk St
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN **THIS** county 1 years 7 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lataun
(c) City Moscow
(d) Street Address or R.F.D. No. Polk St
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Moscow, Idaho

3. RESIDENCE of FATHER (city, state) Moscow, Ido

4. FULL NAME OF CHILD Kenneth Leonard Campbell

5. Date of Birth (Month, day year) Mar. 30, 1906

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Richard Ezra Campbell

11. Color or Race white

12. Age at time of THIS birth 32 yrs.

13. Birthplace Springfield (City or town) Illinois (State or foreign country)

14. Exact Occupation farm hand

15. Industry or Business ------

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Peniman Duckett

17. Color or Race white

18. Age at time of THIS birth 17 yrs.

19. Birthplace Hominy Creek, North Carol (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business ----

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 13 1941 (Date received) (b) Maird H Eader (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Pierce }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Julia Peniman James, being first duly sworn, say that I am related to (Related to (or) acquainted with) Kenneth Leonard Campbell (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Worthington (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Julia Peniman James Signature

RFD#1, Buckley, Wasnington P. O. Address

Subscribed and sworn to before me this 10th day of October, 19 41

(SEAL) L. O. Caley Notary Public, residing at Buckley, Wash

OCT 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

OCT 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Madison~~ Fremont (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Dwelling
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years 22 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No 5th W. 4th N.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Rexburg, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Lorin Arza Hinckley

5. Date of Birth (Month, day year) 7 Aug 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Silas Hinckley

11. Color or Race white

12. Age at time of THIS birth 38 yrs.

13. Birthplace Oakleville, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lilly Elnora Bell

17. Color or Race white

18. Age at time of THIS birth 36 yrs.

19. Birthplace Newton, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Lilly Bell Hinckley (First name) (Last name), who is related to this child as his mother (Mother, etc.)

26. (a) OCT 14 1941 (Date received) (b) Carl Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Madison }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lilly Bell Hinckley, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lorin Arza Hinckley (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that May Nelson (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lilly Bell Hinckley Signature

Rexburg, Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of October, 19 41

(SEAL) ..... Notary Public, residing at Rexburg, Idaho.

OCT 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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321687

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 14 1941 RECEIVED

1. PLACE OF BIRTH
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 2 years 6 month 9 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 2½ yrs.
(f) Mother's mailing address Shoshone, Idaho

3. RESIDENCE of FATHER (city, state) Shoshone, Ida

4. FULL NAME OF CHILD Hazel Elizabeth Newman

5. Date of Birth (Month, day year) Dec. 14, 1906

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew Jackson Newman
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Monticello (City or town) Missouri (State or foreign country)
14. Exact Occupation Owner & manager
15. Industry or Business Ranching & sheep-raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Lela Ellen Moore
17. Color or Race White
18. Age at time of THIS birth 32 yrs
19. Birthplace Dallas (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 14 1941 (Date received) (b) Mabel F. Geeler (Registrar's signature)

27. Given name RECEIVED on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Nevada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Lela E. Newman Johnson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Hazel Elizabeth Newman (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. H. Baugh (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Mrs. Lela E. Newman Johnson Signature

P. O. Address

Subscribed and sworn to before me on this 9th day of October, 1941

(SEAL) McHenry Argall Notary Public, residing at Grass Valley Cal.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

892-117-028 118

321763

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Bonner~~ Kootenai (b) City Sandpoint
(c) Street Address or R.F.D. No. in the City
(d) Name of Hospital or Maternity Home: at my home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Bonner~~ Kootenai
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Sandpoint Idaho

3. RESIDENCE of FATHER (city, state) Sandpoint Idaho

4. FULL NAME OF CHILD Lester Arlie Hibbard.

5. Date of Birth (Month, day year) 5/17/1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Pete Hibbard

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace U.S.A. (City or town) Wisconsin (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Wilhelmina Jahn

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace U.S.A. (City or town) Wisconsin (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 6 Jul 16-1906 (Date received) (b) Maud Hedden (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Pierce }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I Wilhelmina Hibbard King, being first duly sworn, say that I am the Mother of (Related to (or) acquainted with) Lester A Hibbard (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Halsted, midwife, (Name of attendant at birth) who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Wilhelmina Hibbard King Signature

P. O. Address

Subscribed and sworn to before me on this 11th day of October 1941

(SEAL) Notary Public, residing at Tacoma

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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321766

United States
Department of Commerce
Bureau of Census

OCT 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days. Home residence
IN **THIS** county years 10 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Weiser

3. RESIDENCE of FATHER (city, state) Weiser

4. FULL NAME OF CHILD Malcolm Ellis Holtz

5. Date of Birth (Month, day year) Sept 11-1906

6. Sex Male

7. Twin or Triplet First Child If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Ambrose Holtz
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Columbus (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Janie Elizabeth Aitchison
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Laprairie Center (City or town) Illinois (State or foreign country)
20. Exact Occupation Home with her Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum I can not say
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes
(c) Born alive and now dead ----(d) Stillborn ****

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 15 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Walter Ambrose Holtz, being first duly sworn, say that I am Father (Related to (or) acquainted with) Malcolm Ellis Holtz (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Marsh (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Walter Ambrose Holtz Signature
1425 Appleton Street, Long Beach, California P. O. Address

Subscribed and sworn to before me on this 10 day of Oct., 1941
(SEAL) Elwilam Hay Jr. Notary Public, residing at Long Beach Calif

My Commission Expires Dec. 9, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

OCT 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321774
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address Moscow

3. RESIDENCE of FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD Mildred Elleanora Knudson
5. Date of Birth (Month, day year) Oct. 18th 1906
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate?

FATHER OF CHILD

10. FULL NAME William Edward Knudson
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Litchfield (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Sophia Bowman
17. Color or Race white
18. Age at time of THIS birth 18 yrs
19. Birthplace Moscow (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 14 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of OREGON
County of MULTNOMAH } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, LYDIA SOPHIA KNUDSON, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) MILDRED ELLEANOR KNUDSON (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

✓ Lydia Sophia Knudson Signature
5555 N. BOSTON AVE PORTLAND OREGON P. O. Address

Subscribed and sworn to before me on this 23 day of SEPTEMBER, 1941
(SEAL) Alvin Donald Stanley Notary Public, residing at PORTLAND OREGON

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 17 1941

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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321776

United States Department of Commerce Bureau of Census — (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Clearwater
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years 1906 month Aug days 11

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Clearwater
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Kamiah Ida

3. RESIDENCE of FATHER (city, state) Centralia Wash

4. FULL NAME OF CHILD Margaret Francis Cox

5. Date of Birth (Month, day year) ~~Feb 26 1876~~ Aug 11 1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Silas Alva Cox
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Grundy (City or town) Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Estelle Strange
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Milo (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 14 1941 (Date received) (b) ..... (Mother, etc.) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Cora Estelle Johnson, being first duly sworn, say that I am Mother Related (Related to (or) acquainted with) Margaret Francis Cox (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mattie McPherson (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Cora Estella Johnson Signature

..... P. O. Address

Subscribed and sworn to before me on this 13 day of October 1941

(SEAL) J. R. Hall Notary Public, residing at Kamiah Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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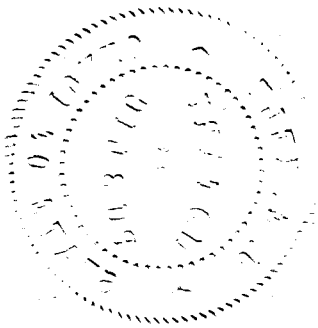

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 14 1941

321777

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur D'Alene
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address Coeur d'Alene, Ida.

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Percy Willison Hopworth

5. Date of Birth (Month, day year) May 7 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Everett Willison Hopworth

11. Color or Race white

12. Age at time of THIS birth 33 yrs.

13. Birthplace Magnus Knox Co Illinois (City or town) (State or foreign country)

14. Exact Occupation laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gellie Priscella Lovall

17. Color or Race white

18. Age at time of THIS birth 24 yrs.

19. Birthplace Galesburg Knox Co Illinois (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, ~~stillborn~~) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 14 1941 (Date received) (b) Mary F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

25. Attendant's OWN signature John O. Wood M.D. (D.O. Midwife, etc.)
and address Oct 10. 1941. Date Ohio

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 17 1941

DEC 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

419-104 OD6-469 #321796 **321796**

United States Department of Commerce Bureau of Census Bingham OCT 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Bonneville~~ (b) City Idaho Falls
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Bonneville~~ Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address Idaho Falls

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Henry Stanley Martin

5. Date of Birth (Month, day year) Oct. 4, 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Simon Martin
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Ensbrook (City or town) Austria (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Morgan
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Blancoomb (City or town) Wales (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 15 1941 (Date received) (b) Mabel I. Eldr (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Martha Martin, being first duly sworn, say that I am related (Related to (or) acquainted with) Henry Stanley Martin (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Willson (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Martha Martin Signature
Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 7th. day of October, 1941

(SEAL) [signature] Notary Public, residing at Idaho Falls, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

191 115 006 331

#321797

321797

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321797

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Taylor
(c) Street Address or R.F.D. No. 6 Idaho Falls
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 20 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Taylor
(d) Street Address or R.F.D. No. 6 Idaho Falls
(e) How long has **MOTHER** lived in Idaho? 55 yrs.
(f) Mother's mailing address 472 11th. Ida. Fa

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Luren Spencer Arave

5. Date of Birth (Month, day year) May 15 1906

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Alma Arave

11. Color or Race Cacausian

12. Age at time of THIS birth 46 yrs.

13. Birthplace Morgan (City or town) Utah (State or foreign country)

14. Exact Occupation Retired

15. Industry or Business Farming and Contracting

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Clark

17. Color or Race Cacausian

18. Age at time of THIS birth 42 yrs.

19. Birthplace Denver (City or town) Colorado (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 13. (b) Born alive and now living 11 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) 12.30 A M. on the date and at the place stated above, and that personal particulars were furnished by Ida Arave (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 15 1941 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho
County of Bonneville } ss.

I, Ida Arave, being first duly sworn, say that I am related to (Related to (or) acquainted with) Luren Spencer Arave (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Jemmatt (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Ida Arave Signature
472 - 11th St, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 14 day of October 1941

(SEAL) [signature] Notary Public, residing at Idaho Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 17 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321837
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D.No. Main & 24th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 1 years 1 month 10 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Ida Ho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D.No. Main & 24th
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address Lewiston, Ida Ho

3. RESIDENCE of FATHER (city, state) Lewiston, Ida.

4. FULL NAME OF CHILD James Edgar Kitzmiller

5. Date of Birth (Month, day year) July 4 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Edgar Kitzmiller
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Chattanooga (City or town) Tennessee (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Brewery

MOTHER OF CHILD

16. FULL MAIDEN NAME Tillie Mary Walker
17. Color or Race White
18. Age at time of THIS birth 23 yrs
19. Birthplace Galena (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 17 1941 (Date received) (b) Mabel H Eller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Tillie Walker Kitzmiller being first duly sworn, say that I am Related To (Related to (or) acquainted with) James Edgar Kitzmiller (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Charles Schaff (Name of attendant at birth), who attended said birth Is Now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Tillie Walker Kitzmiller Signature
Hailey Idaho P. O. Address

Subscribed and sworn to before me on this 17th day of October, 1941

(SEAL) D. W. Walker Notary Public, residing at Hailey

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321878
Local Reg. No.
Reg. Dist. No.

OCT 17 1941

1. **PLACE OF BIRTH**
   (a) County Idaho (b) City Sliter
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home: at family home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 4 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Sliter
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.
   (f) Mother's mailing address Sliter, Idaho

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Ralph Frederick Huffman

5. Date of Birth (Month, day year) June 27 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Huffman
11. Color or Race White Caucasian
12. Age at time of THIS birth 30 yrs.
13. Birthplace Ava, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer & School Teacher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Constance Brown
17. Color or Race White Caucasian
18. Age at time of THIS birth 27 yrs
19. Birthplace Blooming Prairia, Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) Oct 17-1941 (Date received) (b) Mabel H Gelder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Fred Huffman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ralph Frederick Huffman (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr. D. Landon (Name of attendant at birth), who attended said birth is now deceased, (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Fred Huffman Signature

Sliter Idaho P. O. Address

Subscribed and sworn to before me on this 5 day of Oct 1941.

(SEAL) V. B. Anderson Notary Public, residing at Sliter, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 13 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321900
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** Nezperce
(a) County ~~Clearwater~~ (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Clearwater~~ Nezperce
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Lewiston Ida

4. **FULL NAME OF CHILD** William LeRoy Whitinger

5. Date of Birth (Month, day, year) 12/25/1906

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** LeRoy Sylvester Whitinger
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Necla (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lilian Lowell ~~Whitinger~~ Patterson
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Agusta (City or town) Maine (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was L (born alive, ~~stillborn~~) at 4-A. M. on the date and at the place stated above, and that personal particulars were furnished by LeRoy S. Whitinger (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) OCT 13 1941 (Date received) (b) Mary H Eddy (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, LeRoy S. Whitinger, being first duly sworn, say that I am related to (Related to (or) acquainted with) William LeRoy Whitinger (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Bill Buncham (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

LeRoy S. Whitinger Signature

Lewiston, Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of Oct., 1941

(SEAL) Fred D Wooster Notary Public, residing at Lewiston, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

J 51-218-DOT-695

OCT 27 1941

#322927

322927

United States
Department of Commerce
Bureau of the Census

RECEIVED

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 322927
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. W. State Ave.
   (d) Name of Hospital of Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home at home Days
   In **THIS** county 3 years — months — days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Ida (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. W. State Ave
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.
   (f) Mother's mailing address (For registration notice):
   Boise Ida — RFD 5 at present.
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lilian Hazel Shaw

5. **DATE OF BIRTH** (Month, day, year) April 18th 1906

6. Sex F.

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James F. Shaw

11. Color or Race W

12. Age at time of THIS birth 25 yrs.

13. Birthplace Indiana
(City or Town) (State or foreign country)

14. Exact Occupation Well-Driller

15. Industry Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lilian Julia Freeguard

17. Color or Race W

18. Age at time of THIS birth 26 yrs.

19. Birthplace England
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO3 - 1% — sol.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5 a. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. James Shaw (First name) (Last name), who is related to this child as as mother (Mother, etc.)

26. (a) OCT 27 1941 (Date received) (b) Mary F. Eldredge (Registrar's signature)

RECEIVED

27. Given name added on ..... by .....
(Registrar's signature)

25. Attendant's **OWN** signature John Beck M.D.
(D.O., Midwife, etc.)
and address Boise Ida Date 10-25-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

213-21-0025-417

323029

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 4 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Idaho (b) City near Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home — days. IN **THIS** county — years — month — days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City near Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Alma Josephine Bales

5. Date of Birth (Month, day year) July 14, 1906

6. Sex female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Walter Bales

11. Color or Race white

12. Age at time of THIS birth 35 yrs.

13. Birthplace near Arcola (City or town) Missouri (State or foreign country)

14. Exact Occupation Farmer & Cattle man

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Mazey

17. Color or Race white

18. Age at time of THIS birth 28 yrs.

19. Birthplace Xenia (City or town) Kansas (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) OCT 4 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Arizona } ss.
County of Maricopa }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary E. Bales, being first duly sworn, say that I am related to (Related to (or) acquainted with) Alma Josephine Bales (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stockton (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Elizabeth Mazey Bales Signature
R-1 Buckeye, Arizona P. O. Address

Subscribed and sworn to before me on this 1st day of October, 1941.
(SEAL) Ida Schreeve Notary Public, residing at Buckeye, Ariz.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-11-0097-466

323051

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

OCT 24 1941

1. PLACE OF BIRTH
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. RFD 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days.
IN **THIS** county 4 years 2 month 9 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Kendrick, Idaho

3. RESIDENCE of FATHER (city, state) Kendrick Idaho

4. FULL NAME OF CHILD Glenn Owen Babcock

5. Date of Birth (Month, day year) August 11, 1906

6. Sex male

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wilber Owen Babcock

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace North Loup (City or town) Nebraska (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Linnie Rachel Moore

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Hutchinson (City or town) Minnesota (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, [illegible]) at 7:00 A M. on the date and at the place stated above, and that personal particulars were furnished by Wilber (First name) Babcock (Last name) who is related to this child as father (Mother, etc)

26. (a) OCT 24 1941 (Date received) (b) Mary E Eccles (Registrar's signature)

27. Given name RECORDED on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Ida Comstock M.D. (D.O., Midwife, etc.)
and address Kendrick Idaho Date 10/21/41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-231-206-844

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 23 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323070
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. None.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 3 years 3 month 0 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. None.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Blackfoot, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Elizabeth Margaret Kennedy
5. Date of Birth (Month, day year) July 31, 1906
6. Sex Female
7. Twin or Triplet No.
If so—born 1st, 2nd, 3rd Nil.
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Edwin Marshall Kennedy
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace (None) (City or town) Iowa (State or foreign country)
14. Exact Occupation Lumber (Retail)
15. Industry or Business Retail Lumber Yard

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabella Younie
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace West Bend, (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn None.
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12:45 A. M. on the date and at the place stated above, and that personal particulars were furnished by Isabella Y. Kennedy (First name) (Last name), who is related to this child as Mother. (Mother, etc.)
26. (a) OCT 23 1941 (Date received) (b) Mabel F. Eeder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature J. B. Davis M.D. (D.O., Midwife, etc.) and address Blackfoot, Idaho Date July 31, '06

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

397-108-007-695

United States
Department of Commerce
Bureau of Census

OCT 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323125
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BLAINE (b) City SOLDIER
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days. ~~SINCE 1882~~
IN THIS county 24 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BLAINE
(c) City SOLDIER
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 44 yrs.
(f) Mother's mailing address SOLDIER, IDAHO

3. RESIDENCE of FATHER (city, state) SOLDIER, IDA.

4. FULL NAME OF CHILD EUGENE LAIRD LIGHTFOOT
5. Date of Birth (Month, day year) Oct. 8, 1906
6. Sex MALE
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JOHN HENRY LIGHTFOOT
11. Color or Race WHITE
12. Age at time of THIS birth 52 yrs.
13. Birthplace near Owensboro (City or town) KENTUCKY (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME JEANNETTIE LAIRD FINCH
17. Color or Race WHITE
18. Age at time of THIS birth 42 yrs
19. Birthplace SANTA QUIN (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 10 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 27 1941 (Date received) (b) Mabel F. Elefer (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
RECEIVED

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, JEANNETTIE LAIRD LIGHTFOOT being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) EUGENE LAIRD LIGHTFOOT (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. A. A. HIGGS ✓ (Name of attendant at birth), who attended said birth CANNOT BE LOCATED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jeannettie L. Lightfoot Signature
P. O. Address

Subscribed and sworn to before me on this 25 day of September, 1941
(SEAL) Margaret Lee Notary Public, residing at Santa Monica

MY COMMISSION EXPIRES MAY 27, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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395-105-025-756

323127

United States
Department of Commerce
Bureau of Census

OCT 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Woodland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho Co.
(c) City Woodland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Woodland Idaho

4. FULL NAME OF CHILD Ralph Waldo Limbocker

5. Date of Birth (Month, day year) May 3 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy usual

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frederick Charles Limbocker
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Henry Co. (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elva Jane George ~~Limbocker~~
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Marshal (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name); who is related to this child as ..... (Mother, etc.)

26. (a) OCT 27 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

Province ~~State~~ of British Columbia } ss.
County of Kootenay }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Elva Jane Limbocker, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Ralph Waldo Limbocker (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Hannah George (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Elva J. Limbocker Signature

Jaffray, British Columbia P. O. Address

Subscribed and sworn to before me on this 17th day of October, 1941

(SEAL) Lawrence S. Henchmer Notary Public, residing at Fernie, B. C.

Notary Public in and for British Columbia.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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736-130-014-268 #323190

United States
Department of Commerce OCT 29 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323190
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH RECEIVED
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 19 years 11 month 27 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address Middleton, Idaho

3. RESIDENCE of FATHER (city, state) Middleton Ida.

4. FULL NAME OF CHILD William Gerald Plowhead

5. Date of Birth (Month, day, year) Dec. 30, 1906

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME William Tell Plowhead

11. Color or Race white

12. Age at time of THIS birth 34 yrs.

13. Birthplace Middleton (City or town) Idaho (State or foreign country)

14. Exact Occupation Mechanic

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elisabeth Kohlhepp

17. Color or Race white

18. Age at time of THIS birth 19 yrs.

19. Birthplace Middleton, (City or town) Idaho (State or foreign country)

20. Exact Occupation house-wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Elisabeth Plowhead (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) OCT 29 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature) RECEIVED

25. Attendant's OWN signature Bertha Kohlhepp ~~M.D.~~ and address 2415 NE 42nd Ave (~~D.O.~~, Midwife, ~~etc.~~) Portland, Oregon Date Oct. 9, 1941

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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665-209-014-665

328208

323208

United States
Department of Commerce
Bureau of Census

NOV 1 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH RECEIVED
(a) County Canyon (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Star Idaho

3. RESIDENCE of FATHER (city, state) Star Idaho

4. FULL NAME OF CHILD Zeda May Owen

5. Date of Birth (Month, day year) April 9 - 1906

6. Sex

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Leon Douglas Owen
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Blue Springs Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice May Owen.
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Coffeeville Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead → (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 1 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)

27. Given name RECEIVED on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. May Owen, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Zeda May Owen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Maxey (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. May Owen. Signature

Route 5 - Boise Idaho P. O. Address

Subscribed and sworn to before me on this 1st day of November 1941.

(SEAL) Myrna L. Brewer Notary Public, residing at Dare

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 3 1941

JUL 6 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-226-005-299

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323241

Local Reg. No.

Reg. Dist. No.

OCT 27 1941

1. PLACE OF BIRTH
(a) County Benewah (b) City St. Maries
(c) Street Address or R.F.D. No. First St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St. Maries
(d) Street Address or R.F.D. No. First St.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address same

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Juanita May Laird

5. Date of Birth (Month, day year) Dec. 26, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samual Eli Laird

11. Color or Race white

12. Age at time of THIS birth 27 yrs.

13. Birthplace Van Buren (City or town) Missouri (State or foreign country)

14. Exact Occupation Steamboat Captain

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Brinker

17. Color or Race white

18. Age at time of THIS birth 20 yrs.

19. Birthplace Denver (City or town) Colorado (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 27 1941 (Date received) (b) Maud I. Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Samual Eli Laird, being first duly sworn, say that I am related (Related to (or) acquainted with) Juanita May Laird (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Thompson (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Samual Eli Laird Signature

Seeley Lake, Montana P. O. Address

NOTARY PUBLIC for the State of Montana
Residing at Seeley Lake, Montana
My commission expires December 31st, 1941

Subscribed and sworn to before me on this 24th day of October, 1941

(SEAL) Notary Public, residing at Missoula, Mont.

MAY 9 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

957-110-044-764

323263

United States Department of Commerce
Bureau of Census

OCT 28 1941 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH RECEIVED
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month 40 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 days yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Weiser, Ida.

4. FULL NAME OF CHILD Enock Harold Ingebretsen

5. Date of Birth (Month, day year) June 10, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Rinhart Martneus Ingebretsen
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Railroad Section Foreman
15. Industry or Business Union Pacific

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda Sophia Poulsen
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Plain City, Weaver Co., Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living 3rd (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Rinhart Ingebretsen (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) OCT 28 1941 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)
RECEIVED

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Rinhart Ingebretsen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Enock Harold Ingebretsen (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Waterhouse (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rinhart Ingebretsen / Signature
Weiser Idaho P. O. Address

Subscribed and sworn to before me on this 28th day of October 1941

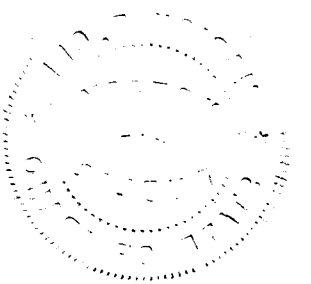
(SEAL) Marion E. Doe Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



165-129-016-192

323276

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 29 1941 RECEIVED

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Almo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county 18 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Almo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Almo Ida

3. RESIDENCE of FATHER (city, state) Almo Ida

4. FULL NAME OF CHILD Hosea Archie Jones

5. Date of Birth (Month, day year) Aug. 29, 1906

6. Sex M

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Stephen Henry Jones
11. Color or Race W
12. Age at time of THIS birth 41 yrs.
13. Birthplace Rush Valley Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Eunice Arbon
17. Color or Race W
18. Age at time of THIS birth 38 yrs.
19. Birthplace Willard Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) OCT 29 1941 (Date received) (b) C. F. Salur (Registrar's signature)

27. Given name added on by (Registrar's signature)

RECEIVED

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.) and address Date

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Hosea A. Jones, being first duly sworn, say that I am related to (Related to (or) acquainted with) Hosea Archie Jones (Name of person on certificate above) as Wife (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Jones Given (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Hosea A. Jones Signature

Almo Idaho P. O. Address

Subscribed and sworn to before me on this 25 day of October, 19 41

(SEAL) J. Henry Thompson Notary Public, residing at Malta Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

-595 -131-810 1941 -814

323277

United States Department of Commerce Bureau of Census

RECEIVED OCT 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Ammon, Ida
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. At home
IN **THIS** county 2 years 1 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State ..... (b) County .....
(c) City .....
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Jean Christian Nielsen

5. Date of Birth (Month, day year) 1-31-1906

6. Sex M **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lancelot Peter Nielsen

11. Color or Race W **12.** Age at time of THIS birth 36 yrs.

13. Birthplace Manti (City or town) Utah (State or foreign country)

14. Exact Occupation Teacher (then)

15. Industry or Business Dentistry (now)

MOTHER OF CHILD

16. FULL MAIDEN NAME Theresa Emaline Hammond

17. Color or Race W **18.** Age at time of THIS birth 27 yrs.

19. Birthplace Providence, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at 11:30 P M. on the date and at the place stated above and that personal particulars were furnished by Lancelot P Nielsen (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) OCT 29 1941 (Date received) RECEIVED (b) Mavis T. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Bonneville }

I Lancelot Peter Nielsen, being first duly sworn, say that I am related (Related to (or) acquainted with) Jean C Nielsen (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Dessering (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lancelot Peter Nielsen Signature
Idaho Falls, Ida. P. O. Address

Subscribed and sworn to before me on this 27 day of October 1941

(SEAL) Mavis T Keefer Notary Public, residing at Idaho Falls Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-110-028-959

323278

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenia (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenia
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Rathdrum, Idaho

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Kenneth Dott Adams

5. Date of Birth (Month, day year) Aug. 10-1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Dott Rufus Adams
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Duluth (City or town), Iowa (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Maud Reinhart
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace South Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ida (First name) Adams (Last name), who is related to this child as mother (~~Mother, etc.~~)

26. (a) OCT 29 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Ida Maud Adams M.D. (~~D.O. Midwife etc.~~)
and address Derby Colo. Date Mother 10/20/41

State of COLORADO
County of JEFFERSON } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, IDA MAUD ADAMS, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) KENNETH DOTT ADAMS (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. FRANK WENZ (Name of attendant at birth), who attended said birth DECEASED (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

My Commission Expires June 22, 1942

x Ida Maud Adams Signature
Derby Colo. P. O. Address

Subscribed and sworn to before me on this 25th day of October, 1941
(SEAL) Archie Myer Notary Public, residing at 1393 Sheridan Denver, Colo.

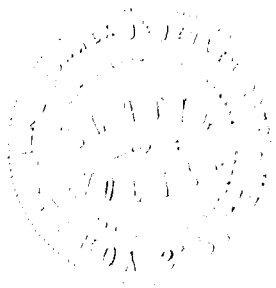
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 18 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



813-123-006-555

United States
Department of Commerce
Bureau of Census

OCT 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323301
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Woodville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 12 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Woodville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Woodville

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Roy Eugene Hale
5. Date of Birth (Month, day year) July 23 1906
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** George Alma Hale
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Monroe (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Florence Everett
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Hooper (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 P.M. on the date and at the place stated above, and that personal particulars were furnished by Florence Hale (First name) (Last name), who is related to this child as Mother (Mother, etc.)
26. (a) OCT 29 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Oregon
County of Baker } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Florence Hale, being first duly sworn, say that I am related to (Related to (or) acquainted with) Roy Eugene Hale (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Minnie Hughes (Name of attendant at birth), who attended said birth is Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Florence Hale Signature
Baker Oregon P. O. Address

Subscribed and sworn to before me on this 28 day of October, 1941
(SEAL) W H Shuyer Notary Public, residing at Baker, Ore.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653-22 Ada-244

323374

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 3 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address General Delivery

3. RESIDENCE of FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Nettie Lenoe Wells

5. Date of Birth (Month, day year) Jan. 24, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Claude Watson Wells

11. Color or Race white

12. Age at time of THIS birth 27 yrs.

13. Birthplace Lincoln (City or town) Nebraska (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Vella Mary Kimpton

17. Color or Race white

18. Age at time of THIS birth 20 yrs.

19. Birthplace Cassia County (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) NOV 3 1941 (Date received) (b) Mary H Fuller (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Vella Mary Deaton, being first duly sworn, say that I am related to (Related to (or) acquainted with) Nettie Lenoe Wells (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Nettie Holman (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Mrs Vella Mary Deaton Signature

Bancroft Idaho P. O. Address

Subscribed and sworn to before me on this 27 day of Oct 1941.

(SEAL) Charles W. Shanklin Notary Public, residing at Bancroft Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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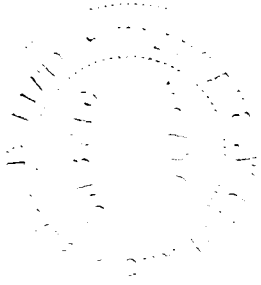

236-106-25-381

323384

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 3 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Denver
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Denver
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Denver, Idaho

3. RESIDENCE of FATHER (city, state) Denver, Idaho

4. FULL NAME OF CHILD Emery Lee Scott

5. Date of Birth (Month, day year) 6th Apr. 1906

6. Sex Male

7. Twin or Triplet S If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mos

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Obadiah Scott
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Heildsburg, Calif. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lottie Lee Chase
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn 1
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) NOV 3 1941 (Date received) (b) Maurl F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

Province
State of British Columbia } ss.
County of Vancouver

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, George Russell Scott, being first duly sworn, say that I am related (Related to (or) acquainted with) to Emery Lee Scott (Name of person on certificate above) as older brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Chase (Name of attendant at birth), who attended said birth is now dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

George Russell Scott Signature
4324 Venables St. Vancouver, B.C. P. O. Address

Subscribed and sworn to before me on this 1st. day of November, 1941
(SEAL) G. L. Lawson Notary Public, residing at Vancouver, B.C.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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654-117 030-413

323400

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 2 1941

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lemhi (b) City Salmon City
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county No years 6 months days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon City
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 6 mos. yrs.
(f) Mother's mailing address Same

3. RESIDENCE of FATHER (city, state) Salmon City, Idaho

4. FULL NAME OF CHILD Sidney Sylvester Hedgpeth

5. Date of Birth (Month, day year) March 17, 1906

6. Sex Male

7. Twin or Triplet No **If so—born 1st, 2nd, 3rd** --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alvin Sylvester Hedgpeth

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Town not known (City or town) Oregon (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business Odd jobs

MOTHER OF CHILD

16. FULL MAIDEN NAME Vida May Mackey

17. Color or Race White

18. Age at time of THIS birth 17 yrs.

19. Birthplace Monument, Grant County, Ore. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 2 1941 (Date received) (b) Mabel H Felger (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Washington } ss.
County of Pierce }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Vida May Wilson, formerly Vida May Hedgpeth being first duly sworn, say that I am related to (Related to (or) acquainted with) Sidney Sylvester Hedgpeth (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Pugh (Name of attendant at birth), who attended said birth cannot be located - probably dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Vida May Wilson Signature

5104 No. Winnifred St., Tacoma, Wn. P. O. Address

Subscribed and sworn to before me on this 28 day of October, 1941

(SEAL) John H Sims Notary Public, residing at Tacoma

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

665 719 025-693

323404

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 3 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County IDAHO (b) City GRANGEVILLE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT - HOME
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 10 days.
IN **THIS** county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City GRANGEVILLE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Box Del

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD JOHN ELMER FONDREN

5. Date of Birth (Month, day year) AUGES-19-1906

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** LOUIS NEWTON FONDREN
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace MISSISSIPPI (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LUELLA WILKINS
17. Color or Race WHITE
18. Age at time of THIS birth yrs.
19. Birthplace BENTONVILLE ARKANSAS (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother etc.)

26. (a) NOV 3 1941 (Date received) (b) Mary E Eder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Alameda }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Sarah Luella Wilkins Fondren, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Elmer Fondren (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stockton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Sarah Luella Wilkins Fondren Signature
P. O. Address

Subscribed and sworn to before me on this 1st day of November, 1941

(SEAL) Bernadine Baker Notary Public, residing at Oakland, Calif.

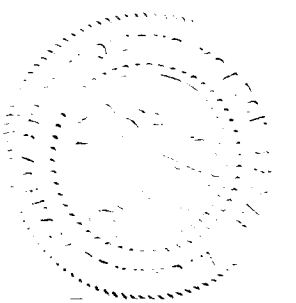
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

11-12-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the ~~nearest of kin or guardian, or some person having direct knowledge~~ in the premises.



219-108-016-366

323411

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 4 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days.
IN **THIS** county 20 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. Water St.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Oakley, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Hamilton Lavern Barrus

5. Date of Birth (Month, day year) May 8, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8½

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Owen Levern Barrus

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Grantsville (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances Maude Cook

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace London (City or town) England (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 5 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) NOV 4 1941 (Date received) (b) Paul T. Elder (Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN** signature ....M.D. (D.O., Midwife, etc.)
and address ....Date

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Owen Levern Barrus, being first duly sworn, say that I am the father (Related to (or) acquainted with) of Hamilton Lavern Barrus (Name of person on certificate above) as ....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Emerson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Owen Levern Barrus ....Signature

Salmon, Idaho ....P. O. Address

Subscribed and sworn to before me on this 28th day of October, 1941.

(SEAL) ....Notary Public, residing at Salmon, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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955 708 036-162

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 5 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323455
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Home of Parents
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 30 years month 3 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 6 5 yrs.
(f) Mother's mailing address Malad Ida. R.F.D. 1,

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Daniel Ephriam Reed

5. Date of Birth (Month, day, year) Aug. 8, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Thomas Reed
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Willard (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane Josephson
17. Color or Race White
18. Age at time of THIS birth 30 yrs
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 8 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Jane Reed (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 5 1941 (Date received) (b) Mabel H. Eller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mary Jane Reed, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Daniel Ephriam Reed (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that W. Lon Reese (Name of attendant at birth), who attended said birth is now deceased (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary J Reed Signature

Malad Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of November, 1941

(SEAL) L. J. Ray Notary Public, residing at Malad Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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845 1/4 022-613

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323464
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Fremont now Jefferson (b) City Lamonville
(c) Street Address or R.F.D. No. — RECEIVED NOV 5 1941
(d) Name of Hospital or Maternity Home: Home of Parents
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. Home Continually
IN **THIS** county 7 years — month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont now Jefferson
(c) City Lamonville
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Dead

3. RESIDENCE of FATHER (city, state) Dead

4. FULL NAME OF CHILD Ralph walker Hunter

5. Date of Birth (Month, day year) aug 14-1906

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy nine **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Daniel Erwin Hunter
11. Color or Race white **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Custom work

MOTHER OF CHILD

16. FULL MAIDEN NAME Celestia Ann walker
17. Color or Race white **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business House Chores

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 5 1941 (Date received) (b) Mabel Helen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

RECEIVED

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, William W. Hunter, being first duly sworn, say that I am related (Related to (or) acquainted with) Ralph walker Hunter (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. R. D. Tucker (Name of attendant at birth), who attended said birth is now Dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Wm W. Hunter Signature
Rigby R D 2 Idaho P. O. Address

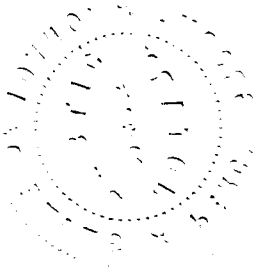
Subscribed and sworn to before me on this 4 day of November, 1941.

(SEAL) Percy Gwinn Notary Public, residing at Rigby Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

344 104 001 819

323487

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. 323487

Local Reg. No.

Reg. Dist. No.

NOV 8 1941 RECEIVED

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 8 years 3 month 14 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1207 N 15th
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address 1207 N 15th St

3. RESIDENCE of FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Frank Coffen Cuddy

5. Date of Birth (Month, day year) April 4 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Lawrence Cuddy

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Cleveland (City or town) O Rio (State or foreign country)

14. Exact Occupation Auditor & Recorder Ada Co.

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susanna Wilhelmina Hartung

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Mahanoy City (City or town) Pennsylvania (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 8 1941 (Date received) (b) Mary M Elder (Registrar's signature)

27. Given registered on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Susanna W. Cuddy, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frank Coffen Cuddy (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. D. Springer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Susanna W Cuddy / Signature

1207 No. 15th St., Boise, Ida. P. O. Address

Subscribed and sworn to before me on this 8th day of November 19 41

(SEAL) Marion E. Doe Notary Public, residing at Boise Idaho

JUN 5 19

MAY 4 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

735 126 001 259

323495

323495

United States
Department of Commerce NOV 12 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH RECEIVED
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD George Nathanial Glenn
5. Date of Birth (Month, day year) Feb. 26-06
6. Sex male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Samuel Porter Glenn
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace (City or town) Kansas (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Effie May Berridge
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace (City or town) Paw Paw (State or foreign country) Mich.
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 12 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature) RECEIVED

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Effie May Berridge Glenn, being first duly sworn, say that I am mother related to (Related to (or) acquainted with) George Nathanial Glenn (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mercier (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Effie May Berridge Glenn Signature
P. O. Address

Subscribed and sworn to before me on this 12 day of Nov. 1941
(SEAL) Margaret Clark Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

663-124 001 469

323516

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 7 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323516
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. #4
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address Boise, Idaho

3. RESIDENCE of FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Richard Arthur Wolfe

5. Date of Birth (Month, day year) 4-24-1906

6. Sex male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oliver M. Wolfe
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Rock Island, Illinois (City or town) (State or foreign country)
14. Exact Occupation fruit farm
15. Industry or Business fruit farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Morrow
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Waldron, Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business same as above

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was bornalive (born alive, stillborn) at noon M. on the date and at the place stated above, and that personal particulars were furnished by Carrie Wolfe (First name) (Last name), who is related to this child as mother (Mother, etc.)
26. (a) NOV 7 1941 (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature John Boeck M.D. (D.O., Midwife, etc.) and address Boise Ida Date 11-13-41

State of Colorado
County of Rio Grande } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Carrie M. Wolfe, being first duly sworn, say that I am related (Related to (or) acquainted with) Richard Arthur Wolfe (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; ~~and~~ that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Boeck (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Carrie M. Wolfe Signature
Monte Vista, Colorado P. O. Address

Subscribed and sworn to before me on this 5th day of November, 1941
(SEAL) Marion T. Hancock Notary Public, residing at Monte Vista, Colo
Rio Grande County, Colorado
My Commission expires Jan. 23, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record ~~in the~~ Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-205008-693

NOV 5 1941

United States
Department of Commerce
Bureau of Census RECEIVED Boise

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323560
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Valley~~ (b) City Norwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Valley~~ Boise
(c) City Norwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Norwood Idaho

4. FULL NAME OF CHILD Ethel Virginia Sherrill
5. Date of Birth (Month, day year) Feb. 5 1906
6. Sex female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Finis Critendon Sherrill
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Corvallis (City or town) Mont (State or foreign country)
14. Exact Occupation Laberor
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Edna Williams
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Benton City (City or town) Mo. (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 5 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Valley } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Edna Sherrill, being first duly sworn, say that I am mother of (Related to (or) acquainted with) Ethel Virginia Sherrill (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Edna Sherrill Signature
Donnelly, Idaho P. O. Address

Subscribed and sworn to before me on this 1st day of November, 1941
(SEAL) [signature] Notary Public, residing at Donnelly Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

11-7-11

553-106 004 912

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 7 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323570
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home None days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Post Office, Montpel

3. RESIDENCE of FATHER (city, state) Montpelier Idaho

4. FULL NAME OF CHILD Byron Edgar Nelson

5. Date of Birth (Month, day year) 8/6/06

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Henry Nelson
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Springville, Utah (City or town) (State or foreign country)
14. Exact Occupation Railroad Fireman
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Ann Charlotte Rasmussen
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Logan, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 7 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Utah
County of Utah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, George Henry Nelson, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Byron Edgar Nelson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Hiliard, Midwife (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

George Henry Nelson Signature
Provo, Utah P. O. Address

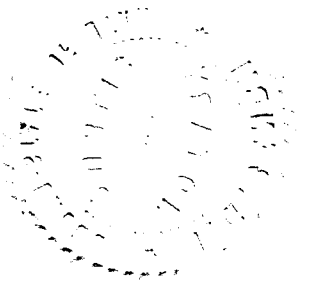
Subscribed and sworn to before me on this 3 day of November, 1941
(SEAL) [signature] Notary Public, residing at Provo, Utah
Com. Expires March 22, 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



215-126028-282

323596

• United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 8 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323596
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Bonners Ferry, Ida

3. RESIDENCE of FATHER (city, state) " " "

4. FULL NAME OF CHILD Fred Hillding Sandstrom

5. Date of Birth (Month, day year) 11/26/1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Carl August Sandstrom

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Finland (City or town) (State or foreign country)

14. Exact Occupation Mill Worker

15. Industry or Business Sawmill

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Bertha Bystedt

17. Color or Race white

18. Age at time of THIS birth 40 yrs.

19. Birthplace Sweden (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9p M. on the date and at the place stated above, and that personal particulars were furnished by Adena Sandstrom (First name) (Last name), who is related to this child as sister (Mother, etc.)

26. (a) NOV 8 1941 (Date received) (b) Mabel H Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of King }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Adena Danielsen, being first duly sworn, say that I am Related (Related to (or) acquainted with) Fred Hillding Sandstrom (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. E.E. Fry (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Adena Danielsen Signature
848 Market St. Seattle Wash. P.O. Address

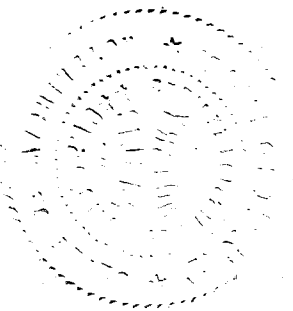
Subscribed and sworn to before me on this 6th day of Jan., 19 41

(SEAL) ..... Notary Public, residing at Seattle

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Idaho

City of Stites Idaho

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

323624

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Chester Alvin Rooney

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth one

6. Premature ..... Full term yes

7. Legitimate? .....

8. Date of birth August 17, 1906 (Month, Day, Year) 1906

FATHER	MOTHER
9. Full name John Charles Rooney	18. Full maiden name Maude Pearl Prettyman
10. Residence (usual place of abode) Farm (If non-resident, give place and State)	19. Residence (usual place of abode) Stites (If non-resident, give place and State) .....
11. Color or race white 12. Age at last birthday [illegible] (years)	20. Color or race white 21. Age at last birthday [illegible] (years)
13. Birthplace (city or place) Farm (State or Country)	22. Birthplace (city or place) [illegible] Topoa (State or Country) State Washington
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work September [illegible] 17. Total time (years) spent in this work 10 years	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) This Boy was the first (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) Maude Rooney, ~~M.D.~~

or mother, Midwife

Address Joseph Oregon

Filed Nov 1 - 1917 193 Mabel F. Elder Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

(If born in hospital or institution give name) Prim. Registration District No. _____ Local Registrar's No. _____

NAME OF CHILD

1. Sex	2. Type, triplet, or other	3. Premature	4. Legitimate
5. Number (in order of birth)	6. Full term	7. Legitimate	8. Date of birth
			(Month, day, year)

FATHER	MOTHER
9. Name	9. Full maiden name
10. Residence (usual place of abode) (If non-resident, give place and State)	10. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race	12. Age at last birthday (Years)
13. Birthplace (city or place) (State or Country)	13. Color or race
	14. Age at last birthday (Years)
	15. Birthplace (city or place) (State or Country)
	16. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	17. Industry or business in which work was done, as own home, law-yer's office, silk mill, etc.
	18. Date (month and year)
	19. Total time (years) spent
	20. Total time (years) spent

In this work _____ 19. In this work _____

Whether prominence was used to prevent Ophthalmia Neonatorum? _____

Number of children of this mother (A) Time of this birth and including this child? _____ (B) Born alive but now dead (C) Stillborn

1. Stillborn	months or weeks	2. Cause of Stillbirth	Failure to be
3. Cause of Stillbirth			Other

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Date Alive or Stillborn) _____ on the date above stated.

Whether there was no attending physician or midwife, then the father, householder, etc., whose name is _____ (Date of) _____

Signed _____

Address _____

Filed _____

Registrar _____

966-119-025-795

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon }
County of Wallowa } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Maude Rooney being first duly sworn says that she is the mother (Relationship of child)* of Chester Alvin Rooney born August 19, 1906 (Date of birth) at Stites, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Chester Alvin Rooney are hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Susie Lyle ~~M.D.~~, was the Midwife medical attendant at the birth of said Chester Alvin Rooney and that the said medical attendant is probably deceased, unable to be found (Now deceased (or) cannot be located)

Name of Affiant Maude Rooney

P. O. Address Joseph, Oregon

Subscribed and sworn to before me this 8th. day of November, 19 41

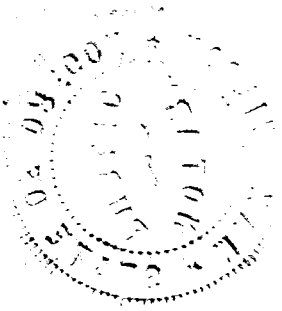
Max Wilson
Notary Public.
NOTARY PUBLIC FOR OREGON

Residing at My Commission Expires Sept. 11, 1943., Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

11-12-41

[redacted]



296-116 028-515

323646

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Boundary~~ Bonner (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Rasmus C. Brooks

5. Date of Birth (Month, day year) 8/16/1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph G. Brooks
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Salem, Iowa (City or town) (State or foreign country)
14. Exact Occupation rancher and sawmill man
15. Industry or Business

MOTHER OF CHILD Vanosdol

16. **FULL MAIDEN NAME** Mary Catherine
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Bethol, Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 10 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Catherine Brooks, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Rasmus C. Brooks (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. E. E. Fry (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Catherine Brooks Signature
Bonners Ferry, Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of November 1941
(SEAL) [signature] Notary Public, residing at Bonners Ferry

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265 702 040-713

United States
Department of Commerce
Bureau of Census

NOV 13 1941 RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323706
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH near Wallace
(a) County Shoshone (b) City
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address Wallace, Idaho

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Andrew Koenik

5. Date of Birth Dec. 2, 1906 (Month, day year)

6. Sex male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	Andrew Koenik	16. FULL MAIDEN NAME	Mary Palvik
11. Color or Race	white	17. Color or Race	white
12. Age at time of THIS birth	36 yrs.	18. Age at time of THIS birth	22 yrs
13. Birthplace (City or town)	Viena (State or foreign country)	19. Birthplace (City or town)	Czechoslavakia (State or foreign country)
14. Exact Occupation	Miner	20. Exact Occupation	Housewife
15. Industry or Business	Mine	21. Industry or Business	Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 13 1941 (Date received) (b) Mabel F. Elefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Montana
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Koenik, being first duly sworn, say that I am related (Related to (or) acquainted with) Andrew Koenik (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Witnesses now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary X Koenik Signature

P. O. Address

Subscribed and sworn to before me on this 7 day of Nov 1941

(SEAL) Notary Public, residing at Belt, Montana

NOTARY PUBLIC, State of Montana
Residing at Belt, Montana
My Commission Expires July 24, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

NOV 13 1941
RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

323708

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise Idaho
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
IN THIS county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ada
(c) City Boise
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 16 yrs.
(f) Mother's mailing address R.F.D. 1 - Boise Idaho

3. RESIDENCE of FATHER (city, state) Boise Idaho.

4. FULL NAME OF CHILD Wayne Bohman Neville

5. Date of Birth (Month, day, year) Sept 4 - 1906

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Henry Wayne Neville	16. FULL MAIDEN NAME Ella May Johnson
11. Color or Race white 12. Age at time of THIS birth 52 yrs.	17. Color or Race white 18. Age at time of THIS birth 33 yrs.
13. Birthplace Platte County (City or town) Missouri (State or foreign country)	19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation teamster - farmer	20. Exact Occupation housewife
15. Industry or Business farming	21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name), who is related to this child as _____ (Mother, etc.)

26. (a) NOV 13 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

RECEIVED

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ella May Johnson Neville, being first duly sworn, say that I am mother of (Related to (or) acquainted with) Wayne Bohman Neville (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Thomas (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ella May Johnson - Neville Signature
7135-38th S.W., Seattle, Wash. P. O. Address

Subscribed and sworn to before me on this 8th day of November, 1941

(SEAL) Evangelyn M Higbee Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 4 1987

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

699 117 035 613

323738

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 13 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323738
Local Reg. No. 47
Reg. Dist. No. 232

1. PLACE OF BIRTH
(a) County Lewis (Nezperce) (b) City Mohler
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis (Nezperce)
(c) City Mohler
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address Mohler, Idaho.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Robert S. Wright

5. Date of Birth (Month, day, year) May 17 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Term

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Adam Wright
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie E. Walker
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Agno3
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) 6:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Robert Ralstin (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's OWN signature Robert E. Duncan M.D. (D.O., Midwife, etc.) and address Craigmont, Ida. Date 11/10/41

26. (a) Nov. 10 1941. (Date received) (b) E. Clovis (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323751
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Custer (b) City Barton
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or ~~Mat. Home~~ ~~days~~ Home
IN **THIS** county 2 years 2 month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Barton
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Same as No

3. RESIDENCE of FATHER (city, state) Barton Idaho

4. FULL NAME OF CHILD Ort. J. Killian

5. Date of Birth (Month, day year) Dec. 11, 1906 Calif.

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Edward Killian
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace (City or town) Fountaingreen (State or foreign country) Sanpete County Utah
14. Exact Occupation Retired Millman
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannette Johnson Killian
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace (City or town) Draper (State or foreign country) Salt Lake Co Utah
20. Exact Occupation Housewife (Deceased)
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (twin, alive, stillborn) at 5:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by George Edward Killian (First name) (Last name) is related to this child as Father (Mother, etc.)

26. (a) NOV 14 1941 (Date received) (b) Ort J Killian (Registrar's signature)

27. Given name added on RECEIVED by (Registrar's signature)

25. Attendant's **OWN** signature George Edward Killian M.D. (D.O., Midwife, etc.) and address Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of California } ss.
County of Los Angeles }

I, George Edward Killian, being first duly sworn, say that I am Father (Related to (or) acquainted with) Ort J Killian (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Charles Baker (Name of attendant at birth), who attended said birth of Ort J Killian (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

George Edward Killian, Signature
Lucerne Calif. P. O. Address

Subscribed and sworn to before me on this 24th day of October, 194[illegible]

(SEAL) Eva M. Ferguson Notary Public, residing at Pasadena
Los Angeles Co. California

NOV 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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323766

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323766
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 7 years 10 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.
(f) Mother's mailing address Harrison, Idaho

3. RESIDENCE of FATHER (city, state) ditto

4. FULL NAME OF CHILD Frank Elwood Russell

5. Date of Birth (Month, day year) 8-23-06

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Guy Frank Russell

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Concord, Vermont (City or town) (State or foreign country)

14. Exact Occupation Sawmill Filer

15. Industry or Business Lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Elvah Diehl

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Sperry, Missouri (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4. (b) Born alive and now living 3
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) NOV 14 1941 (Date received) (b) ..... (Mother, etc.) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, W. B. Russell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frank Elwood Russell (Name of person on certificate above) as uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that John Busby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

W. B. Russell Signature

Springston, Idaho P. O. Address

Subscribed and sworn to before me on this 13th day of November 1941

(SEAL) M. L. Stephens Notary Public, residing at Harrison

OCT 4 1954

NOV 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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323777

United States Department of Commerce Bureau of Census

NOV 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Caldwell, Idaho

3. RESIDENCE of FATHER (city, state) Caldwell, Idaho

4. FULL NAME OF CHILD Clifford Marion Dotson

5. Date of Birth (Month, day year) Nov. 23, 1906

6. Sex male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Henry Dotson

11. Color or Race white

12. Age at time of THIS birth 41 yrs.

13. Birthplace Clark Co. (City or town) Iowa (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Trotter

17. Color or Race white

18. Age at time of THIS birth 31 yrs.

19. Birthplace Harlan (City or town) Iowa (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 13 1941 (Date received) (b) Maud Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Myrtle Dotson, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Clifford Marion Dotson (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. A. W. Darling (Name of attendant at birth) who attended said birth now deceased (Is now deceased for) cannot be located) and that this birth **has not been previously recorded.**

Myrtle Dotson, Signature

219 No. Kimball, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me on this 1st day of November, 19 41

(SEAL) Emma E. Thompson Notary Public, residing at Caldwell, Idaho

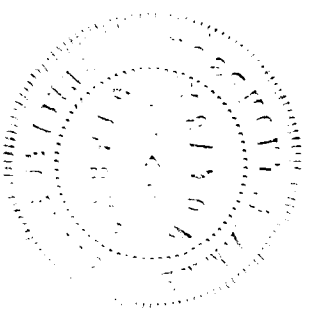
My Com. expires Oct. 5, 1945.

NOV 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4).

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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323793

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323793
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Boise (b) City Idaho City
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Idaho City
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 32 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Emily Massey Turner
5. Date of Birth (Month, day year) April 20th 1906
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Turner Ashby Turner
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace St Bernard La. (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Frankie Ann Cooper
17. Color or Race White
18. Age at time of THIS birth 32 yrs
19. Birthplace Idaho City Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Frankie Close (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Nov 19-1941 (Date received) (b) Mabel F. Eeder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs C. G. Close, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Emily Massey Turner (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Newell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs C. G. Close Signature
R1-Boise Idaho P. O. Address

Subscribed and sworn to before me on this 22 day of Oct., 1941

(SEAL) G. Gardner Notary Public, residing at Boise

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1967

17-61-11

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323800
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 913 State St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ELMORE
(c) City LENOX P.O.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) DECEASED

4. FULL NAME OF CHILD William ANTHONY RUSSELL

5. Date of Birth of Child (Month, day, year) 4-7-1906

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William ANTHONY RUSSELL
11. Color or Race WHITE 12. Age at time of THIS birth 46 yrs.
13. Birthplace PEORIA (City or town) ILLINOIS (State or foreign country)
14. Exact Occupation SENATOR (STATE)
15. Industry or Business STOCK RAISING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EMMA JOSEPHINE McNEW
17. Color or Race WHITE 18. Age at time of THIS birth 39 yrs.
19. Birthplace LOUISVILLE (City or town) KENTUCKY (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 10:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by BESSIE (First name) RUSSELL HOWELL (Last name) who is related to this child as SISTER (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 35 years, and that DR. McCALLA (First name) M.D. (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Russell Howell Signature
P. O. Address

Subscribed and sworn to before me this 21st day of November, 1941
(SEAL) Laurel E Elder Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 21 - 1941 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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323836

323836

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323836
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39yr yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Ida

4. FULL NAME OF CHILD Cletus Lenuel Nichols

5. Date of Birth of Child (Month, day, year) Aug. 27th 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elmer Dewitt Nichols

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Albany (City or town) Oregon (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Adelia Cole

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Burt (City or town) Iowa (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Deceased Address ..... Date .....

State of Idaho
County of Boundary } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for mother deceased years, and that Dr. Miller (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elmer Dewitt Nichols Signature

Deary Idaho P. O. Address

Subscribed and sworn to before me this 26th day of November 1941

(SEAL) J. W. Reed Notary Public, residing at Bonners Ferry

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 27 1941 by Mabel Feller, Registrar.

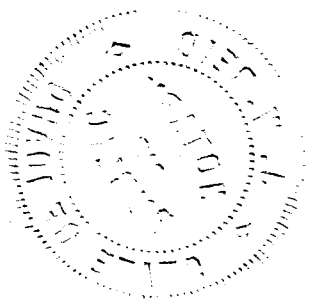
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 31 1952



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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 14 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323878
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D. No. 1104 1104 F Hayes
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD ERNEST EPHRAIM WINN

5. Date of Birth (Month, day year) NOV. 28 1906

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ephraim Crossley Winn
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace (City or town) — Utah (State or foreign country)
14. Exact Occupation ?
15. Industry or Business Rail Road ? - U.P. O.S.L. ?

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Theodosia Earnie Willis
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace (City or town) Des Moines - Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6 (c) Born alive and now dead 2 (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ephraim C. Winn (First name) (Last name), who is related to this child as father (Mother, etc.)
26. (a) NOV 14 1941 (Date received) (b) Mabel I. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature John A. Alquier M.D. (D.O., Midwife, etc.) and address Date

State of Utah
County of Weber } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ephraim C. Winn, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ernest Ephraim Winn (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that John A. Alquier, M.D. (Name of attendant at birth) who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x 1230 Grant av Utah Signature
x Ephraim Crossley Winn P. O. Address

Subscribed and sworn to before me on this 13th day of November, 1941.
(SEAL) Betty Stewart Notary Public, residing at Ogden, Utah.

My Commission Expires Mar. 25, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

865 701 044 259

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323882
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days at own home
IN **THIS** county 8 years 7 month 20 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 43 yrs.
(f) Mother's mailing address Midvale Idaho

3. RESIDENCE of FATHER (city, state) Midvale Ida.

4. FULL NAME OF CHILD William Gerald Yongue

5. Date of Birth (Month, day year) Oct 1st 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Wherter Yongue
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Austin Texas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie May Seid
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace ~~Carlisle~~ Carlisle Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3 (c) Born alive and now dead no (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 15 1941 (Date received) (b) Mary T Eeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, William Wherter Yongue, being first duly sworn, say that I am related (Related to (or) acquainted with) William Gerald Yongue (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Charles Smith (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William Wherter Yongue Signature
Midvale Idaho P. O. Address

Subscribed and sworn to before me on this 25th day of October 1941
(SEAL) J. H. Goodnight Notary Public, residing at Midvale Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-214-014-953

323913

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 7 1941 RECEIVED

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (now Payette)
   (a) County Canyon (b) City New Plymouth
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 2 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City New Plymouth
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.
   (f) Mother's mailing address New Plymouth

3. **RESIDENCE of FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** Anita Ruth Bower

5. Date of Birth (Month, day year) Oct. 19, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Freeman Cleveland Bower
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Granby, Missouri (City or town) (State or foreign country)
14. Exact Occupation Business man
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Veda Rose Relyea
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Jackson, Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related to this child as ..... (Mother, etc)

26. (a) NOV 7 1941 (Date received) (b) Mabel Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Payette }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Veda Rose Bower Dobson, being first duly sworn, say that I am mother of (Related to (or) acquainted with) Anita Ruth Bower (Name of person on certificate above) as daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Amanda L. Relyea (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Veda Rose Bower Dobson Signature
New Plymouth, Idaho P. O. Address

Subscribed and sworn to before me on this 6 day of November, 1941

(SEAL) Emma Hatfield Notary Public, residing at New Plymouth

JAN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-126-029-632

323926

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City
(c) Street Address or R.F.D. No. RT. 1 MOSCOW, IDAHO
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: In Hosp. ~~or Mat.~~ Home ~~days~~. IN **THIS** county 3 years ~~month~~ 2 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City RT. 1 MOSCOW, IDAHO
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address BLAINE, IDAHO

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD STANLEY WARREN FIELD

5. Date of Birth (Month, day year) Dec. 26 1906

6. Sex Male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME OLE THOMPSON FIELD
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Bergen (City or town) Norway (State or foreign country)
14. Exact Occupation Minister of the Gospel
15. Industry or Business Methodist Church

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Susanne Olsen
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Kragero (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 19 1941 (Date received) (b) Mabel H Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Washington } ss.
County of Whatcom }

I, Ellen S. Field, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Stanley Warren Field (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Clarke (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ellen S. Field Signature
310 Gladstone St. Bellingham, Wn. P. O. Address

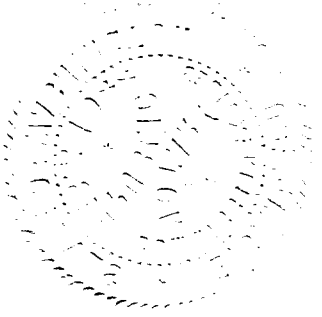
Subscribed and sworn to before me on this 6th day of November 19 41
(SEAL) E. C. Mitchell Notary Public, residing at Bellingham

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



499-116-028-544

323959

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Harrison Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Frank Dire

5. Date of Birth (Month, day year) Feb 16, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Felix Anthony Dire
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Cantalupo (City or town) Italy (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Domenica Edumal
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Cintano (City or town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno 3
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10:00 a.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Domenica Dire (First name) (Last name), who is related to this child as mother (Mother, etc.)
26. (a) NOV 18 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Dominica Dire, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Frank Dire (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Busby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Domenica Dire Signature
E 508-9 Ave Spokane Wn P. O. Address

Subscribed and sworn to before me on this 15 day of November, 1941
(SEAL) [signature] Notary Public, residing at Spokane

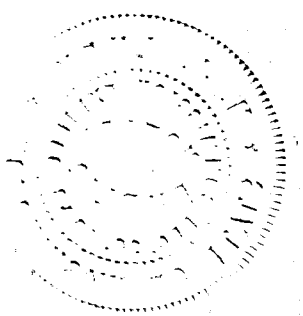
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



799-112-044-255

323994

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Washington (b) City WEISER
(c) Street Address or R.F.D. No. R.F.D. 1
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 10 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City WEISER
(d) Street Address or R.F.D. No. R.F.D. 1
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address DECEASED

3. RESIDENCE of FATHER (city, state) WEISER IDAHO

4. FULL NAME OF CHILD ROLAND WALTER GRIMMETT

5. Date of Birth (Month, day year) Aug. 12. 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME GEORGE LIGHTFOOT GRIMMETT

11. Color or Race WHITE

12. Age at time of THIS birth 30 yrs.

13. Birthplace ISLAND CITY (City or town) OREGON (State or foreign country)

14. Exact Occupation MINER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ELLEN ELIZABETH BENSON

17. Color or Race WHITE

18. Age at time of THIS birth 30 yrs.

19. Birthplace PARMA (City or town) IDAHO (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living YES (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 22 1941 (Date received) (b) ..... (Registrar's signature)

25. Attendant's **OWN** signature Deceased M.D. (D.O., Midwife, etc.) and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho } ss.
County of Washington }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I George Lightfoot Grimmett being first duly sworn, say that I am ..... (Related to (or) acquainted with) Roland Walter Grimmett (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

George Lightfoot Grimmett Signature

..... P. O. Address

Subscribed and sworn to before me on this 21st day of November 1941

(SEAL) ..... Notary Public, residing at Weiser Idaho

NOV 25 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 22 AON

312-217-003-553

324052

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 21 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County then Bannock (b) City Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County then Bannock
   (c) City Soda Springs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Soda Springs, I.

4. **FULL NAME OF CHILD** RETIA KATHERINE LAKEY

5. Date of Birth of Child (Month, day, year) Nov. 17, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Vance Tilden Lakey
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Etna (City or town) North Carolina (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Jane Nelson
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Minkcreek, Franklin Co., Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 35 years, and that Neighbor (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vance Tilden Lakey Signature

P. O. Address

Subscribed and sworn to before me this 21st day of November, 1941

(SEAL) G. H. Gardner Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 21 1941 by Mabel H Ellis, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 22 1964
SEP 16 1968

APR 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154 121 003 154

United States
Department of Commerce
Bureau of the Census

NOV 17 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325013
Local Reg. No. 101
Reg. Dist. No. 511

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Central
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
Bancroft Ida
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Bancroft Ida

4. **FULL NAME OF CHILD** Clarence Albert Anderson
5. Date of Birth (Month, day, year) Mar-21-1906
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John A. Anderson
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Salvarbo, Dalana Sweden
(City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anne Sophia Anderson
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Gualaf, Dalana Sweden
(City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 3 A M. on the date and at the place stated above, and that personal particulars were furnished by Annie Anderson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Oct-9-41 (Date received) (b) Mrs. G. G. Fitz (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Ellis Kackley M.D. (D.O., Midwife, etc.)
and address Soda Spring Ido Date 10-12-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

NOV 26 1941

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

369 203 029 231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325020
Local Reg. No.
Reg. Dist. No.

NOV 24

1. **PLACE OF BIRTH:**
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years 1 month 6 days.

2. **USUAL RESIDENCE OF MOTHER:** (At time of this birth)
(a) State [redacted] (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.
(f) Mother's mailing address MOSCOW IDAHO

3. **RESIDENCE of FATHER** (city, state): IDAHO

4. **FULL NAME OF CHILD** LELAH MAY CORUM

5. Date of Birth (Month, day, year) 9/3/1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** THOMAS LEE CORUM
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace THE DALLS Oregon (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** NORA BLAKIN [redacted]
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace CARLTON ARKANSAS (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) NOV 24 1941 (Date received) (b) Mabel Kelder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Kittitas } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ~~XXXXXXXXXX~~ Nora Corum, being first duly sworn, say that I am mother related (Related to (or) acquainted with) to Lelah May Corum (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nora Corum Signature

P. O. Address

Subscribed and sworn to before me on this 21st day of November, 19 41

(SEAL) Frank Fitterer Notary Public, residing at Ellensburg.

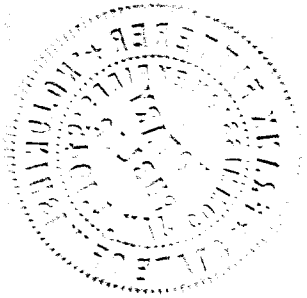
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

NOV 24 1941

1. PLACE OF BIRTH
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 5 years 5 month 28 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address St. Anthony

3. RESIDENCE of FATHER (city, state) St. Anthony, Idaho

4. FULL NAME OF CHILD Andrea Allene Davis

5. Date of Birth (Month, day year) May 31, 1906

6. Sex white 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Juboza O. Davis
11. Color or Race white 12. Age at time of THIS birth 48 yrs.
13. Birthplace Delaware (City or town) Ohio (State or foreign country)
14. Exact Occupation School teacher
15. Industry or Business Coal Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian E. ~~Davis~~ Hanson
17. Color or Race white 18. Age at time of THIS birth 42 yrs.
19. Birthplace Tama County (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business School teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4 (c) Born alive and now dead 4 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 14 1941 (Date received) (b) Mabel L. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Lillian E. Davis being first duly sworn, say that I am related (Related to (or) acquainted with) Andrea Allene Davis (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. George Adams (Name of attendant at birth) who attended said birth Dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Lillian E. Davis Signature
Saint Anthony Idaho P. O. Address

Subscribed and sworn to before me on this 12 day of Nov 1941
(SEAL) [signature] Notary Public, residing at Lewis Murder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1941

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge ~~in~~ the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 24 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 300 So. Arthur
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home none days.
IN **THIS** county 18 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 300 So. Arthur
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address 300 So. Arthur

3. RESIDENCE of FATHER (city, state) same as above

4. FULL NAME OF CHILD William Harris Cox

5. Date of Birth (Month, day year) May 12th, 1906

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Cox
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Auckland, New Zealand (City or town) (State or foreign country)
14. Exact Occupation Trainman, Oregon Short Line RR
15. Industry or Business Oregon Short Line Rail Road Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bettie Johanna Jensen
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Logan, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 24 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Bettie Johanna Cox, being first duly sworn, say that I am Related to (Related to (or) acquainted with) William Harris Cox (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Bird (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Bettie Johanna Cox, Signature
937 No. Arthur Ave, Pocatello, Ida. P. O. Address

Subscribed and sworn to before me on this 25 day of Nov. 1941
(SEAL) Dwight F. Barnett Notary Public, residing at Boise, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 18 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City near Council
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. at home
IN **THIS** county 24 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City near Council
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address council, Idaho

3. RESIDENCE of FATHER (city, state) Council, Idaho

4. FULL NAME OF CHILD DONALD RAYMOND BEIER

5. Date of Birth (Month, day year) Feb 27, 1906

6. Sex male

7. Twin or Triplet none

If so—born 1st, 2nd, 3rd 6th

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frederick William Beier

11. Color or Race white

12. Age at time of THIS birth 51 yrs.

13. Birthplace near Buffalo, New York (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Amelia Snow

17. Color or Race white

18. Age at time of THIS birth 38 yrs.

19. Birthplace Ephraim, Utah (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum no

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) Nov 18-1941 (Date received) (b) Maud Y. Keeler (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Amelia Beier, being first duly sworn, say that I am related to (Related to (or) acquainted with) Donald Raymond Beier (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Frank Brown (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Amelia Beier Signature

Weiser Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of November 19 41

(SEAL) John J. Pancake Notary Public, residing at Weiser, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce
Bureau of the Census Lincoln

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325093
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Minidoka~~ (b) City Heyburn
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Minidoka~~ Lincoln
(c) City Heyburn
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) 37

4. FULL NAME OF CHILD William Robert Owen

5. Date of Birth of Child (Month, day, year) 4/1/06.

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Jeddie Owen
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Pangquitch (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Helen Moncur ~~Owen~~
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Mt. Cormel, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 A.M. on the date and at the place stated above and that personal particulars were furnished by Albert Jeddie Owen (First name) (Last name), who is related to this child as ~~Mother~~ Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Rupert Idaho Date Nov24, 41

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Minidoka } ss.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 35 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert J Owen Signature

Rupert, R.F.D. No. 3 P. O. Address

Subscribed and sworn to before me this 24 day of Nov., 1941

(SEAL) G H Redford Notary Public, residing at Rupert, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 26 1941 by Mary E Fisher, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

603 115 003 462 NOV 29 1941 # 325115 325115

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325115
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Thatcher
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years // months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Thatcher
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Folkman, Basil Wilmat

5. Date of Birth of Child (Month, day, year) July 15, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Folkman, Joseph Anton
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Plain City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Izatt, Marian Dobay
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of IDAHO } ss.
County of ADA }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 35 years, and that Mrs. (First name) Tooms (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Anton Folkman Signature
Logan Route #2 Box 7 P. O. Address

Subscribed and sworn to before me this 29th day of November, 19 41

(SEAL) Myrna L. Brewer Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

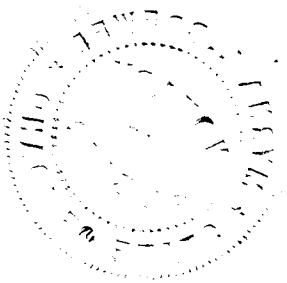
Received for filing on NOV 29 1941 by Mabel Heider, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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325128

United States
Department of Commerce
Bureau of the Census

DEC 1 1941

(Be sure the information is complete and accurate)

State File No. 325128
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH:**
(a) County CANYON (b) City NAMPA
(c) Street Address or R.F.D. No. ROUTE
(d) Name of Hospital or Maternity Home:
— AT HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
In **THIS** county 18 years — months — days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County CANYON
(c) City NAMPA
(d) Street Address or R.F.D. No. ROUTE
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address (For registration notice):
404-16 AVE. NO. NAMPA
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) NAMPA - IDAHO

4. **FULL NAME OF CHILD** JACK WHITE

5. Date of Birth (Month, day, year) 12-10-'06

6. Sex MALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CLINTON MELVILLE WHITE

11. Color or Race WHITE

12. Age at time of THIS birth 21 yrs.

13. Birthplace BOISE VALLEY - IDAHO
(City or Town) (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** FLOSSIE FIDELIA SCHINDLER

17. Color or Race WHITE

18. Age at time of THIS birth 18 yrs.

19. Birthplace BOISE VALLEY IDAHO
(City or Town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Aqu O_3 Sol.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at 10:00 A.M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by MRS. C. M. WHITE, who is
(First name) (Last name)
related to this child as MOTHER
(Mother, etc.)

26. (a) DEC 1 1941
(Date received)
(b) Mabel T. Elder
(Registrar's signature)

27. Given name added on ..... by .....
(Registrar's Signature)

25. Attendant's **OWN signature** Leo. P. A. Kellogg M.D.
(D.O., Midwife, etc.)
and address ..... Date .....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

AUG 2 6 1968

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

FEB 1 6 1973

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

696: 229 008 -713

325133

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 2 1941

State File No. 325133
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Boise (b) City Placerville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Placerville
(c) City Placerville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Ellen Eileen Frost

5. Date of Birth (Month, day year) June 29 1906

6. Sex f

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Selden David Frost

11. Color or Race white

12. Age at time of THIS birth 42 yrs.

13. Birthplace Mariville Maine
(City or town) (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen Gallupe

17. Color or Race White

18. Age at time of THIS birth 32 yrs.
Wife

19. Birthplace Victoria Corner New Brun
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 2 1941 (Date received) (b) Mabel Hall (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Ellen Frost, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ellen Eileen Frost (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Fitz (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Ellen Frost Signature

Meridian Idaho P. O. Address

Subscribed and sworn to before me on this 24 day of November, 1941

(SEAL) O M Laing Notary Public, residing at Meridian

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 13 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-105028-271

325140

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 28 1941

State File No. 325140
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Medimont
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Medimont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Medimont, Ida.

4. FULL NAME OF CHILD Franklin W. West,

5. Date of Birth of Child (Month, day, year) April 5, 1906.

6. Sex M **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ward N. West
11. Color or Race W **12.** Age at time of THIS birth 34 yrs.
13. Birthplace S. Canan, Penn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Spafford
17. Color or Race W **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Larmie, Wyo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 35 years, and that no attendant (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Ward N. West
Signature

Medimont, Idaho
P. O. Address

Subscribed and sworn to before me this 27 day of November 1941, 19

(SEAL) M. A. Kiger Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 28 1941 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 9 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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325172

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325172
Local Reg. No.
Reg. Dist. No.

NOV 27 1941

1. PLACE OF BIRTH
(a) County Boise (b) City Long Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 7 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County Boise
(c) City Long Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Long Valley

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Anthony RANTALA

5. Date of Birth (Month, day year) March 30 1906

6. Sex MALE

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John RANTALA

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace FINLAND (City or town) (State or foreign country)

14. Exact Occupation Miner and FARMER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maria Mathilda PELTONEN

17. Color or Race W

18. Age at time of THIS birth 29 yrs.

19. Birthplace FINLAND (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) NOV 27 1941 (Date received) (b) (Mother) etc. (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Mich
County of IRON } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, SAIMA TERVONEN, being first duly sworn, say that I am related to (Related to (or) acquainted with) Anthony RANTOLA (Name of person on certificate above) as COUSIN (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Saima Tervonen Signature
CRYSTAL FALLS Mich. P. O. Address

Subscribed and sworn to before me on this 1st day of Nov, 1941

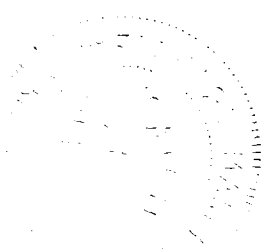
(SEAL) Norman Trahan Notary Public, residing at Crystal Falls Mich

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

NOV 27 1941

Fremont

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325174
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~St. Anthony~~ (b) City Parker
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 8 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~St. Anthony~~ Fremont
(c) City Parker
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 8 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Marie Hurt

5. Date of Birth of Child (Month, day, year) May 8, 1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Huston Oscar Hurt
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Sedan (City or town) Kansas (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmithing

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Laura Metcalf
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Lake City (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California } ss.
County of Riverside }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 35 years, and that Mrs. (First name) Dave Davis (Last name), midwife, who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Minnie Hurt Signature
Rt. 1 Box 364, Arlington, Calif. P. O. Address

Subscribed and sworn to before me this 21st day of November 19 41.

(SEAL) J. J. McClure Jr. Notary Public, residing at Riverside, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 27 1941 by Mabel F. Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 29 19

414-131-008-141

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325283
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Boise (b) City Placesville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Birth at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 14 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Placesville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address Placesville

3. RESIDENCE of FATHER (city, state) Placesville, Ida.

4. FULL NAME OF CHILD Charles Cecil Maulding

5. Date of Birth (Month, day year) Jan. 31, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Albert Maulding
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Salem (City or town), Iowa (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alma Adams
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Carlinsville (City or town), Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6 (c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Dec 3-1941 (Date received) (b) Naval T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I Charles A Maulding being first duly sworn, say that I am Related (Related to (or) acquainted with) Charles Cecil Maulding (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that R. M. Fuerschild (Name of attendant at birth) who attended said birth is Now Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Charles A Maulding Signature
Caldwell Idaho P. O. Address

Subscribed and sworn to before me on this 26 day of November, 1941.
(SEAL) Ferrin G. Harland Notary Public, residing at Caldwell Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

852-102-006-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325293
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Lincoln
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County 1 Bingham
(c) City Lincoln
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 mo. ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Truman DeWard Hebdon

5. Date of Birth of Child (Month, day, year) Oct. 2nd 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Truman R. Hebdon
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Whitney (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Louise Butterworth
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Mill Creek (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: 5 (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 35 years, and that Mrs Jim Dinning (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Louise Hebdon Signature
R.1. Rigby, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of November, 1941

(SEAL) [signature] Notary Public, residing at Idaho Falls Id

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 3 - 1941 by Mabel Y Eeder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

842-103-001-289

325315

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 4

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325315
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 6th Altress
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ~~one~~ days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 6th Altress
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Phillip Franklin Huber

5. Date of Birth (Month, day year) May 3 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Conrad F. Huber
11. Color or Race Sex
12. Age at time of THIS birth 40 yrs.
13. Birthplace Mediumeus Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business General Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Shradin
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Marthe Missouri (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) DEC 4 1941 (Date received) (b) Maud E Eller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Conrad Huber, being first duly sworn, say that I am Father of (Related to (or) acquainted with) Phillip Franklin Huber as Father (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jack (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Conrad F Huber Signature

Box 2244 East Portland P. O. Address

Subscribed and sworn to before me on this 3rd day of November 1941

(SEAL) Notary Public, residing at Portland, Ore

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES JULY 18, 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-116-601-255

325318

United States Department of Commerce Bureau of Census

DEC 4 1941 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325318

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Ada (b) City Boise

(c) Street Address or R.F.D. No. Castle Creek Ida.

(d) Name of Hospital or Maternity Home: St. Alphonsus' Hospital

(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 30 days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Owyhee

(c) City

(d) Street Address or R.F.D. No. Castle Creek

(e) How long has **MOTHER** lived in Idaho? 3½ yrs.

(f) Mother's mailing address Castle Creek, Ida.

3. RESIDENCE of FATHER (city, state) Castle Creek, Ida.

4. FULL NAME OF CHILD William Joseph Hardeman

5. Date of Birth (Month, day year) Aug. 16, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph William Hardeman

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace San Francisco (City or town) California (State or foreign country)

14. Exact Occupation

15. Industry or Business Cattle Raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Eulalia Keegan

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace San Francisco (City or town) Calif. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc)

26. (a) DEC 4 1941 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.) and address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary E. Hardeman, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Joseph Hardeman (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Geo. Collister (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary E. Hardeman Signature

c/o Thatcher Ft. Boise Ida. P. O. Address

Subscribed and sworn to before me on this 4th day of November, 1941

(SEAL) Charlotte Eddy Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

211-125-004-925

325356 325356

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325356
Local Reg. No.
Reg. Dist. No.

NOV 18 1941 RECEIVED

1. **PLACE OF BIRTH:**
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 14th & Bromback Sts.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days. (at home)
   In **THIS** county 8 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 14th & Bromback Sts
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.
   (f) Mother's mailing address 2020 Ave St. San Francisco, Cal

3. **RESIDENCE of FATHER** (city, state): Deceased

4. **FULL NAME OF CHILD** John Tipton Saake

5. Date of Birth (Month, day, year) May 25, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Alexander Saake
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Boone, Iowa (City or town) (State or foreign country)
14. Exact Occupation Proprieter Retail Cigar Store
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Abbie L. Isetts
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Aberdenia, New York (City or town) (State or foreign country)
20. Exact Occupation none
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
    (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 18 1941 (Date received) (b) Mabel K Eden (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature John Beck M.D. (D.O., Midwife, etc.)
and address Boise Idaho Date 12-5-41

RECEIVED

State of California
County of San Francisco } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Abbie L. Saake, being first duly sworn, say that I am Related (Related to (or) acquainted with) John Tipton Saake (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Beck (Name of attendant at birth), who attended said birth ~~Leonard L Smith~~ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Abbie L Saake Signature
2020 Ave St San Francisco P. O. Address

Subscribed and sworn to before me on this 28th day of November, 1941

(SEAL) John L Murphy Notary Public, residing at San Francisco Cal

DEC 9

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-103-028-296

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 3 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325383
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1001 Lakeside Ave.
(d) Name of Hospital or Maternity Home: Coeur d'Alene Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1001 - Lakeside Ave
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Lawrence Daniel Sullivan

5. Date of Birth of Child (Month, day, year) Nov-3-06

6. Sex Male

7. Twin or Triplet - Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John William Sullivan
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Boston (City or town) - Mass. (State or foreign country)
14. Exact Occupation Plumber - Steamfitter
15. Industry or Business Plumbing.

MOTHER OF CHILD

16. FULL MAIDEN NAME Selina Brock
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Fairbury (City or town) - Neb-assa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington } ss.
County of Chelan }

I, the undersigned, being first duly sworn, say that I am the Friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 35 years, and that Dr. Scallon (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Harrison Signature
631 Douglas St. Wenatchee, Washington P. O. Address

Subscribed and sworn to before me this 29th day of Nov., 19 41

(SEAL) W. Thornbrue Notary Public, residing at Wenatchee, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1941 by Mabel Felter, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-22-9-070-415

325425

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 4 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County SHOSHONE (b) City MACE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State IDAHO (b) County SHOSHONE
(c) City MACE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address GEN. DEL. WALLACE IDAHO

3. **RESIDENCE of FATHER** (city, state): MACE, IDAHO

4. **FULL NAME OF CHILD** HARMONY MACE CRAVEN

5. Date of Birth (Month, day, year) JUNE 29, 1901

6. Sex FEMALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** PETER HENRY CRAVEN
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace NEW YORK CITY (City or town) N.Y. (State or foreign country)
14. Exact Occupation MINING ENGINEER
15. Industry or Business MINING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ESTHER ALMIRA MANN
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace EDGEWOOD (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 4 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ESTHER MANN CRAVEN being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) HARMONY MACE CRAVEN (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (NAME UNKNOWN) (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Esther Mann Craven Signature

8422 S. WESTERN AVE. LOS ANGELES, CALIFORNIA P. O. Address

Subscribed and sworn to before me on this 23rd day of October, 19 41

(SEAL) [signature] Notary Public, residing at Santa Monica, Calif.

My Commission Expires Dec. 22nd, 1941.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-106-004-238

United States
Department of Commerce DEC 6
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325454
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Bern
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Own Home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 23 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bern
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Bern, Idaho

3. RESIDENCE of FATHER (city, state) Bern, Idaho

4. FULL NAME OF CHILD Joseph John Kunz

5. Date of Birth (Month, day year) 12/6/1906

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William John Kunz
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Nederstocken (City or town) Switzerland (State or foreign country)
14. Exact Occupation Dairyman
15. Industry or Business Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Schmid
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Berg (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 10 (c) Born alive and now dead 1 (d) Stillborn None
24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 6 A M. on the date and at the place stated above, and that personal particulars were furnished by Anna (First name) Kunz (Last name), who is related to this child as Mother (Mother, etc.)
26. (a) DEC 6 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, William John Kunz, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Joseph John Kunz (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Schmid Kunz (Name of attendant at birth), who attended said birth Is now dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William John Kunz Signature
Bern, Idaho P. O. Address

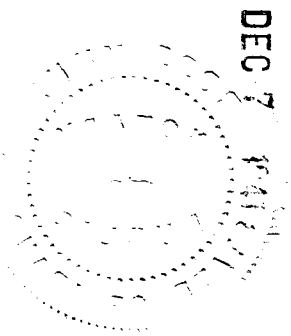
Subscribed and sworn to before me on this 2nd day of December, 1941
(SEAL) Ross Kunz Notary Public, residing at Montpelier, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



155-125-029-786

325477

United States Department of Commerce · Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 5 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Viola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Viola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Viola, Idaho.

4. FULL NAME OF CHILD Hiram Ray Jenkins

5. Date of Birth of Child (Month, day, year) June, 25th, 06.

6. Sex Male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Hiram Jenkins

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Victor (City or town) Iowa (State or foreign country)

14. Exact Occupation Blacksmith

15. Industry or Business same

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Laurinda Lyon

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Amboy, (City or town) Washington (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Charles Jenkins (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Mary Hare ### Midwife Address Viola, Idaho. Date 11/30/41

AFFIDAVIT

to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Latah }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 35 years, and that Mary Hare (First name) (Last name), who attended this birth is now living (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Charles Hiram Jenkins Signature

Othello, Wash P. O. Address

Subscribed and sworn to before me this third day of December, 19 41.

(SEAL)

Notary Public, residing at Othello, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 5 1941 by Mabel Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-216-014-212

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 8 1941

State File No. 325510
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CANYON (b) City WALTERS FERRY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CANYON
(c) City WALTERS FERRY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) WALTERS FERRY IDA

4. FULL NAME OF CHILD SUSIE EVELENA BENSON

5. Date of Birth of Child (Month, day, year) 10/16/06

6. Sex FEMALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME BENJAMIN HENRY BENSON
11. Color or Race WHITE **12.** Age at time of THIS birth yrs.
13. Birthplace DIXON (City or town) LEE CO. (State or foreign country) ILLINOIS
14. Exact Occupation FERRY MAN
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME SUSAN FIDELIA BABBITT
17. Color or Race WHITE **18.** Age at time of THIS birth 35 yrs.
19. Birthplace SANPETE (City or town) SEVIER CO. (State or foreign country) UTAH
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 17 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 6 P.M. on the date and at the place stated above, and that personal particulars were furnished by SUSAN (First name) BENSON (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Mrs E E Chase. ~~M.D.~~ Midwife Address 809 BRUMBACK Date 11/29/41

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 1941 by Mabel H Taylor, Registrar.

FEB 13 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-106-028-695

325519

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO DEC 8 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. 805 A St.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. Home
   IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. 805 A St.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.
   (f) Mother's mailing address Coeur d'Alene, Ida

3. **RESIDENCE of FATHER** (city, state) Coeur d'Alene, Ida

4. **FULL NAME OF CHILD** Edwin Daniel Hadley

5. Date of Birth (Month, day year) Apr. 6, 1906.

6. Sex Male

7. Twin or Triplet None If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lewis Clayton Hadley
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business Machine shop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Charlotte French
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace (City or town) N. Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) DEC 8 1941 (Date received) (b) Mabel I Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Yakima }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Marie Charlotte Ayers, being first duly sworn, say that I am related to (Related to (or) acquainted with) Edwin Daniel Hadley (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. C. Dwyer (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Marie Charlotte Ayers Signature

Yakima, Washington. P. O. Address

Subscribed and sworn to before me on this 11th day of December 19 41.

(SEAL)

James P. Keene Notary Public, residing at Yakima, Wash.

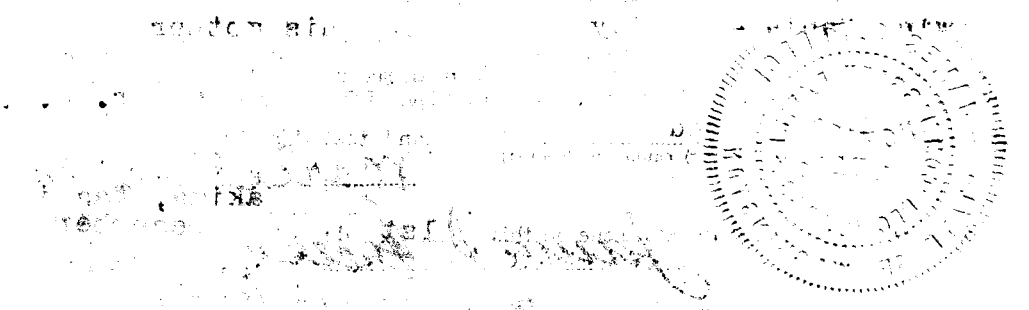
My Commission Expires 12-10-'43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by~~ the local ~~registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



553-104-016-696

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 8 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325521
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
IN THIS county 6 years 6 month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Boulder Idaho
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Basin Idaho

3. RESIDENCE of FATHER (city, state) Basin Ida

4. FULL NAME OF CHILD Wallace Hans Nelson
5. Date of Birth (Month, day year) Dec. 4, 1906
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy —
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hans Peter Nelson
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Manti (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Rebecca Penina Frost
17. Color or Race White
18. Age at time of THIS birth 38 yrs
19. Birthplace Spring City (City or town) San Pete County Utah (State or foreign country)
20. Exact Occupation — Housewife
21. Industry or Business — " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8
(c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 7 AM. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) DEC 8 1941 (Date received) (b) Mabel F. Eyler (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rebecca Penina Frost Nelson, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Wallace Hans Nelson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Esther Frost (Name of attendant at birth), who attended said birth is Now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Rebecca Penina Frost Nelson Signature
710 N. Burton Burley Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of Dec. 1941

(SEAL) [signature] Notary Public, residing at Albion, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 9 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

249-207-013-364

325537

325537

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325537
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Now Camas (b) City Corral
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Now Camas
(c) City Corral
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17½ yrs.

3. RESIDENCE OF FATHER (city, state) Mt. Home, Idaho

4. FULL NAME OF CHILD Hattie Luella Burnet

5. Date of Birth of Child (Month, day, year) Apr. 7, 1906

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Arnold Burnet
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Shenandoah, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Luella Combs
17. Color or Race white
18. Age at time of THIS birth 19½ yrs.
19. Birthplace Central City, Nebraska (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for life years, and that no (First name) attendant (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred Arnold Burnet
Signature

Mountain Home, Idaho
P. O. Address

Subscribed and sworn to before me this 9th day of December, 1941.

(SEAL) Ross E. Hawath
Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1941 by Mabel Eggleston, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 9 1970

DEC 1 0 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-113-001-469

DEC 10 1941

325542

325542

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1615 Brumback St
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1615 Brumback St
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Edward Arthur Poorman

5. **DATE OF BIRTH** (Month, day, year) Dec 13 1906

6. Sex M

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy Full Term

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harry Lewis Poorman

11. Color or Race W

12. Age at time of THIS birth 46 yrs.

13. Birthplace Des Moines Iowa
(City or Town) (State or foreign country)

14. Exact Occupation plumber

15. Industry Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Winifred Morris

17. Color or Race W

18. Age at time of THIS birth 32 yrs.

19. Birthplace Denison Iowa
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% silver nitrate sol

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 10-P M. on the date and at the place stated above, and that personal particulars were furnished by Winifred (First name) Morris (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN signature** John Bauch M.D. (D.O., Midwife, etc.)
and address Boise Ida Date 12-8-41

26. (a) DEC 10 1941 (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Mail To E A Poorman Puyallup Washington R.F.D. 3 Box 739A

DEC 10 1941

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

217-115-014469 325543

United States Department of Commerce Bureau of the Census

DEC 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325543
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. R. F. D. 1
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD John Martin Kauffman

5. Date of Birth of Child (Month, day, year) 2/15/1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Daniel Kauffman
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace ----- (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mattie Pearl Morehouse
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Loveland (City or town), Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 P. M. on the date and at the place stated above, and that personal particulars were furnished by Laude Morehouse (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Maude Morehouse M.D. Midwife Address Emmett, Idaho Date Dec. 7 '41

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1941 by Mabel H. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1943

DEC 10 1941

APR 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

152-230-035-313

325614

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 9th Street
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 9th Street
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mildred May Jesse

5. Date of Birth of Child (Month, day, year) May 30-1906

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Woodford Dennis Jesse
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Clay County (City or town) Missouri (State or foreign country)
14. Exact Occupation Mgr. Lewiston Bottling Wks.
15. Industry or Business Mfg. Soft drinks

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma May Calavan
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Lebanon (City or town) Oregon (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that Dr. C. C. Phillips (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma Jesse Signature
Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of December, 1941

(SEAL) Peter E. Sullivan Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1941 by Mabel T. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 11 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-108-028-432

United States
Department of Commerce
Bureau of the Census

DEC 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325625
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: 3 exact day unknown
IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? About 30

3. RESIDENCE OF FATHER (city, state) Harrison, Id

4. FULL NAME OF CHILD Clarence Ralph Gilbertson

5. Date of Birth of Child (Month, day, year) July 8, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Martin C Gilbertson
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Sunderlin (City or town) Norway (State or foreign country)
14. Exact Occupation Farmer & Contracter
15. Industry or Business Farming & Road contracting

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Ellen McKinney
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Near Greentop, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 35 years, and that Dr. X John (First name) Busby (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martin C Gilbertson Signature
Star Route, Kellogg, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of December, 1941

(SEAL) W. J. Marbeck Notary Public, residing at Kingston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1941 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau ~~of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-229-016-393

325627

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 1 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Twin Falls
(c) Street Address or R.F.D. No. 321 St. No. house number
(d) Name of Hospital or Maternity Home: Born in home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years ✓ months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls Cassia
(c) City Twin Falls
(d) Street Address or R.F.D. No. 321 No house no.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Idaho

4. FULL NAME OF CHILD Stella Miranda STRONG

5. Date of Birth of Child (Month, day, year) 10-29-1906

6. Sex Female

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Frederick Strong
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Warm Creek (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpenter & Builder

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Miranda Strong
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Mt. Pleasant (City or town) Utah (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business House-wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Miranda Strong (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that Dr. H. W. Cloudman (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Miranda Strong Signature
2136 Walnute ave Venice Calif P. O. Address

Subscribed and sworn to before me this 29 day of November 1941, 19

(SEAL) Notary Public, residing at Venice, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 1 1941 by Mabel H. Gelser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-127-007-593

325634

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 10 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 2 months 27 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Bellevue Idaho

4. FULL NAME OF CHILD Norman Naldo Stine

5. Date of Birth of Child (Month, day, year) May 27, 1906

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Renaldo Rodney Stine
11. Color or Race white
12. Age at time of THIS birth 20 yrs.
13. Birthplace Bellevue (City or town) Idaho (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lily Ann Nichols
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Bellevue (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Coos } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grand Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 Dec 22 41 years of age, that I have known this person for 35 years, and that Dr. O. Allen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marion Nichols Signature
Myrtle Point, Arago Rt P. O. Address

Subscribed and sworn to before me this 6th day of December, 1941

(SEAL) E C Roberts Notary Public, residing at Myrtle Point Ore
my commission expires June 19, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1941 by Mary T Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1 1941

FEB 6 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-116-014-643

325689

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325689
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Notus
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Notus
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Notus Ida.

4. FULL NAME OF CHILD Roscoe Otto Geise

5. Date of Birth of Child (Month, day, year) March 16-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Otto Geise

11. Color or Race white

12. Age at time of THIS birth 35 yrs.

13. Birthplace (City or town) Prussia (State or foreign country) Germany

14. Exact Occupation agriculture

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sophia Ade

17. Color or Race white

18. Age at time of THIS birth 25 yrs.

19. Birthplace (City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Canyon }

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 37 years, and that Dr. (First name) Curtis (Last name), who attended this birth, deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Leslie Hindberg Signature
Caldwell Ida, R.F.D. 7 P. O. Address

Subscribed and sworn to before me this 15 day of December, 1941

(SEAL) C. A. Stone Notary Public, residing at Caldwell, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec. 15, 1941 by Mabel H. Eccles, Registrar.

12-15-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

915-202-029-243

United States
Department of Commerce
Bureau of the Census DEC 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325696
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Carol Audrey Randall
5. Date of Birth of Child (Month, day, year) Dec. 2, 1906
6. Sex Female
7. Twin or Triplet / If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Ernest Randall
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Moscow (City or town) Idaho (State or foreign country)
14. Exact Occupation Deputy Assessor
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Etta Buchanan
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Moscow (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 35 years, and that Dr. Charles Gritman (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Etta Randall Signature
Moscow Idaho P. O. Address

Subscribed and sworn to before me this 9 day of December, 1941
(SEAL) J. H. Blair Notary Public, residing at Potlatch Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 11 1941 by Mabel T. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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325742

United States
Department of Commerce
Bureau of the Census

DEC 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d' Alene
(c) Street Address or R.F.D. No. II St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d' Alene
(d) Street Address or R.F.D. No. IIth St
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Marie Althea Jarrett

5. Date of Birth of Child (Month, day, year) May, 14, 1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Henry Jarrett
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Michigan (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Ellen Cox
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace (City or town) Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by John D Wood M.D. (First name) (Last name) who is related to this child as physician present ~~(Mother, etc.)~~

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ... } ss.
County of ...

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

... Signature
... P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ... Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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*Then Washington County, now Adams.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 16 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325778
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams* (b) City Indian Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Parents' Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 11 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams*
(c) City Indian Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD KATE ANNA HUTCHISON

5. Date of Birth of Child (Month, day, year) Jan. 10 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ANDREW HUTCHISON
11. Color or Race Anglo Saxon
12. Age at time of THIS birth 25 yrs.
13. Birthplace Cassia County, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Imo Steward
17. Color or Race Anglo Saxon
18. Age at time of THIS birth 24 yrs.
19. Birthplace Polk City, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 35 years, and that Mrs. Mattie Gray (Midwife) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Imo Hutchison Signature

Indian Valley, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of December, 19 41

(SEAL)

Notary Public, residing at Council, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1941 by Mabel H. Fuller, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

519 129 044-395

325783

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325783
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 4th Street West
(d) Name of Hospital or Maternity Home: Josephine Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years one months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 4th Street W.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Charles Lamartine Varian

5. Date of Birth of Child (Month, day, year) Jan. 29, 1906

6. Sex male

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Bertram Stetson Varian
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Unionville, Humboldt Co. (City or town) Nevada (State or foreign country)
14. Exact Occupation Attorney at law
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Inez Vaughan Trent
17. Color or Race white
18. Age at time of THIS birth 26 3/4 yrs.
19. Birthplace Belmont Mine, Marysville (City or town) Montana (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69½ years of age, that I have known this person for nearly 36 years, and that Charles (First name) B. Shirley, M.D. (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E. Bertram S. Varian Signature
No. 1102 North 9th St. Boise, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of December, 1941.

(SEAL) E. V. Brunne Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 16 - 1941 by Mabel Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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356 130 001 766

325791

United States Department of Commerce
Bureau of Census

DEC 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325791
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home X days. IN THIS county 20 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No. Mile from Boise
(e) How long has MOTHER lived in Idaho? 2.0 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Boise Ida

4. FULL NAME OF CHILD Francis Leon Leonard

5. Date of Birth (Month, day year) 4-30-1906

6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd X 8. No. months of Pregnancy 8 Mo 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Francis Leon Leonard
11. Color or Race white 12. Age at time of THIS birth 43 yrs.
13. Birthplace Keokuk (City or town) Iowa, U.S.A. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Retail Vegetable

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Earl Powers
17. Color or Race White 18. Age at time of THIS birth 30 yrs
19. Birthplace Wakenda (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living X (c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

26. (a) DEC 17 1941 (Date received) (b) Marvel H. Geer (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edna Leonard Johnson being first duly sworn, say that I am related to (Related to (or) acquainted with) Francis Leon Leonard (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. R. L. Gregory (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Edna Leonard Johnson Signature

402 Union St. Boise Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of December, 1941

(SEAL) C. P. Smith Notary Public, residing at Boise Idaho

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DEC 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

395 214 007 366

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 12 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325876
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hailey, Idaho

4. **FULL NAME OF CHILD** Velma Elizabeth Lietzke (Twin)

5. Date of Birth of Child (Month, day, year) Mar. 14, 1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Rudolph Lietzke
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace do not know (City or town) (State or foreign country)
14. Exact Occupation Mining and teamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Ellen Cook
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Wheatland (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 35 years, and that Mrs. Rebecca Cook (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Ellen Lietzke Donnelly Signature

Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of December, 19 41

(SEAL) Joseph M. Field Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1941 by Mabel H. Eelen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-227 004818

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth ... child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325892
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. Gen. delivery
(d) Name of Hospital or Maternity Home: In her own residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ... years ... months ... days

2. USUAL R... OF MOTHER (At time of this birth)
(a) State ... (b) County Bear Lake
(c) City ... elier
(d) Stree... r R.F.D. No. Gen. delivery
(e) How ... OTHER lived in Idaho? 7 Mo. ... yrs.

3. RESIDENC... ER (city, state) 7 mo.

4. FULL NAME OF CHILD Pearl Emma Schrier

... of Birth of Child ...th, day, year) 3-27-1906

6. Sex female
7. ~~Twin or~~ ~~Triplet~~ one only — If so—born 1st, 2nd, 3rd
8. ... cy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Alfred Schrier
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Geneva (City or town) Switzerland (State or foreign country)
14. Exact Occupation Ill at time of birth
15. Industry or Business

... OTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie R Hayes ~~Schrier~~
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Almy Wyoming (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... at ... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ... (First name) (Last name), who is related to this child as ... (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address 2911 [illegible] Portland Date 12-9-41

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon } ss.
County of Multnomah }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 5 8 years of age, that I have known this person for 35 years, and that Dr. O. [illegible] winter (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie R Hayes Schrier Signature
1123 N.E. 80 Ave Portland, Ore. P. O. Address

Subscribed and sworn to before me this 22 day of November, 1941

(SEAL) [signature] Notary Public, residing at Portland, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1941 by Mabel H Eelen, Registrar.

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DEC 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

DEC 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325923
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1519 Hayes
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county life years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1519 Hayes
(e) How long has **MOTHER** lived in Idaho? 9 mo ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Margaret Elizabeth Lewis

5. Date of Birth of Child (Month, day, year) Aug. 5 1906

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Stephen Frederick Lewis
11. Color or Race white 12. Age at time of THIS birth 30 yrs.
13. Birthplace De Soto (City or town) Iowa (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Lumberman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha A. Carter
17. Color or Race white 18. Age at time of THIS birth 26 yrs.
19. Birthplace De Soto (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Maryland
County of Prince Georges } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 35 years, and that Mrs. Clark (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha A. Lewis Signature
6409 Queenschaple Road, Hyattsville Maryland Address

Subscribed and sworn to before me this 15 day of December, 1941.

(SEAL) Wm. Burton Spurr Notary Public, residing at University Park Maryland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 18 1941 by Mabel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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325934

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 3 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325934
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Garnette Ada Sorey

5. Date of Birth of Child (Month, day, year) 10-27-1906

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert M. Sorey
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Peoria (City or town) Illinois (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Elizabeth Stoner Sorey
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Bedford (City or town) Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 66 years of age, that I have known this person for 35 years, and that Dr. (First name) Turner (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Elizabeth Sorey Signature
6914 Rugby, Huntington Park, Calif. P. O. Address

Subscribed and sworn to before me this 1 day of December, 1941

(SEAL) Addie Blanche McKinnie Notary Public, residing at San Pedro, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1941 by Mabel E Ellison, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 20 1941

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 15 1941

State File No. 325978
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Residance
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Parker

3. RESIDENCE of FATHER (city, state) Parker Idaho

4. FULL NAME OF CHILD Afton Orson Davenport

5. Date of Birth (Month, day year) 4-15-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Orson Sperry Davenport

11. Color or Race White

12. Age at time of THIS birth 23 yrs.

13. Birthplace Paridise (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Mae Rhodehouse

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Treasureton (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ——— M. on the date and at the place stated above, and that personal particulars were furnished by Orson Sperry Davenport (First name) (Last name) who is related to this child as father. (Mother etc.)

26. (a) DEC 15 1941 (Date received) (b) Mabel N Geddes (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Orson Sperry Davenport, being first duly sworn, say that I am related to (Related to (or) acquainted with) Afton Orson Davenport (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that W. B. West, M. D. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Orson Sperry Davenport Signature
411 Hollywood Ave., Salt Lake City, Utah P.O. Address

Subscribed and sworn to before me on this 12th day of December 1941.

(SEAL) Notary Public, residing at Salt Lake City, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 18 1941

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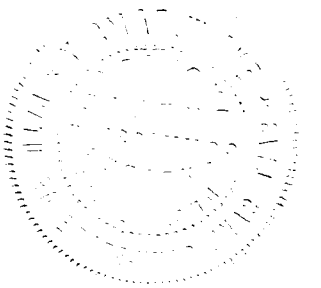
DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

DEC 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325995
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Marion
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Marion
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? ~~46~~ 12 yrs.

3. RESIDENCE OF FATHER (city, state) Marion, Idaho

4. FULL NAME OF CHILD Ellis Benona Garrard

5. Date of Birth of Child (Month, day, year) 7 Oct 1906

6. Sex M.

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy Reg.

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Benona Garrard
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Harrison
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Oxford (City or town) Alabama (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Dr. Emerson - deceased. Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 35 years, and that Dr. Emerson (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive Harrison Garrard Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of December, 1941.
(SEAL) Henry G. Tucker Notary Public, residing at Burley, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 17 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 18 1941

JUN 2 9 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 18 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH Nezperce
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home on farm
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce Nez perce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Nezperce, Idaho

3. RESIDENCE of FATHER (city, state) Nezperce, Ida

4. FULL NAME OF CHILD Elmer O Thorsen

5. Date of Birth (Month, day year) 8/20, 1906

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Tollef O Thorsen

11. Color or Race white

12. Age at time of THIS birth 46 yrs.

13. Birthplace Telemarken (City or town) Norway (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Thorsen

17. Color or Race white

18. Age at time of THIS birth 31 yrs.

19. Birthplace Haversley (City or town) Denmark (State or foreign country)

20. Exact Occupation housewife --farmer

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) DEC 18 1941 (Date received) (b) Tollef Thorsen (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Lewis }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Laura Thorsen, being first duly sworn, say that I am monther (Related to (or) acquainted with) of Elmer O Thorsen (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Powell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Laura Thorsen Signature

Nezperce Idaho P. O. Address

Subscribed and sworn to before me on this 15th day of December, 19 41.

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 15 1941

State File No. 326046
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at parents home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
✓ In THIS county 20 years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ✓ 51 yrs.
(f) Mother's mailing address (For registration notice): Deceased (Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Theodore Marcus Flamoe

5. Date of Birth (Month, day, year) May 19, 1906

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nels Flamoe

11. Color or Race white

12. Age at time of THIS birth ✓ 41 yrs.

13. Birthplace ✓ Norway (City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME ✓ Mary Dybvig

17. Color or Race white

18. Age at time of THIS birth ✓ 30 yrs.

19. Birthplace ✓ Minnesota (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Farmers wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Evelyn Danielson (First name) (Last name), who is related to this child as sister (Mother, etc.)

DEC 15 1941

26. (a) ..... (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mrs Belle Hanson (D.C., Midwife, etc.)

and address Genesee, Idaho. Date 12-12-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

DEC 19 1941

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 15 1941

State File No. 326050
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City (Rural)
(c) Street Address or R.F.D. No. No R.F.D.
(d) Name of Hospital or Maternity Home: At residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home NO days.
IN **THIS** county 2 years 8 month 19 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City (Rural)
(d) Street Address or R.F.D. No. No R.F.D.
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.
(f) Mother's mailing address Idaho Falls, Ida.

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD DORIS DULIN

5. Date of Birth (Month, day year) May 1, 1906

6. Sex female

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** HUMBERT ROLAND DULIN
11. Color or Race Caucasian
12. Age at time of THIS birth 39 yrs.
13. Birthplace Avoca, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ALLIE MAY WAGAMAN
17. Color or Race Caucasian
18. Age at time of THIS birth 28 yrs.
19. Birthplace Carrollton, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 15 1941 (Date received) (b) Mabel [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ALLIE W. DULIN, being first duly sworn, say that I am related to (Related to (or) acquainted with) DORIS DULIN (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wilson (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Allie W Dulin Signature
558 Beverly, Bellflower, Calif. P. O. Address

Subscribed and sworn to before me on this 11th day of ~~November~~ December 1941
(SEAL) Carolyn G McCall Notary Public, residing at 398 Beverly Blvd Bellflower, Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 19 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795 209 001995

326095

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1605 No 5th St
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1605 No 5th St
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Boise Ida

4. **FULL NAME OF CHILD** Rosanna Pied

5. **DATE OF BIRTH** (Month, day, year) Feb-9-1906

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Full Term

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Victor Pied

11. Color or Race W

12. Age at time of THIS birth 41 yrs.

13. Birthplace Canada
(City or Town) (State or foreign country)

14. Exact Occupation Laborer.

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Rivette

17. Color or Race W

18. Age at time of THIS birth 27 yrs.

19. Birthplace Canada
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% silver nitrate sol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at P M. on the date and at the place stated above, and that personal particulars were furnished by Victor (First name) Pied (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN signature** John Barick M.D. (D.O., Midwife, etc.)
and address Boise Ida Date 12-20-41

26. (a) Dec 27-1941 (Date received) (b) Mabel H Feder (Registrar's signature)

27. Given name added on ..... by .....
(Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

SEP 25 1970

DEC 22 1941

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

693-209.022-165

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 4 1941

State File No. 327115
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Squirrel P.O.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Squirrel P.O.

3. RESIDENCE of FATHER (city, state) " Idaho

4. FULL NAME OF CHILD Gertrude Florence Withers

5. Date of Birth (Month, day year) 11-9-1906

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Isaac Withers

11. Color or Race white **12.** Age at time of THIS birth 37 yrs.

13. Birthplace Champaign Co Illinois (City or town) (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Allie Jones

17. Color or Race White **18.** Age at time of THIS birth 26 yrs.

19. Birthplace Tate Co. Mississippi (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 4 1941 (Date received) (b) Mabel V Greer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Clallam }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs A J Withers-Hall, being first duly sworn, say that I am (Related to (or) acquainted with) Gertrude Florence Withers (Name of person on certificate above) as Mother (State relationship (or) acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Young (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs A J Withers Hall Signature

Sequim Washington P. O. Address

Subscribed and sworn to before me on this 2nd day of December, 1941

(SEAL) ..... Notary Public, residing at Sequim

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 23 1941

NOV 13 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

865-206.01X-865

327227

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 19 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Fruitland
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Fruitland
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Fruitland, Ida.

4. FULL NAME OF CHILD Bethel Elsie Hoel

5. Date of Birth of Child (Month, day, year) Oct. 6, 1906

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John William Hoel
11. Color or Race wht
12. Age at time of THIS birth 44 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Fruit grower
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Wealthy Elsie Hoel
17. Color or Race wht
18. Age at time of THIS birth 36 yrs.
19. Birthplace DeSoto, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature none used M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Wyoming } ss.
County of Big Horn }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 35 years, and that none used (First name) none used (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Waltha Elsie Hoel
Signature

Basin, Wyo
P. O. Address

Subscribed and sworn to before me this 15 day of Dec, 19 41

(SEAL) J. R. Bonnell U.S.Com. Notary Public, residing at Basin, Wyo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Clyde A. Bridges Actg. Registrar.

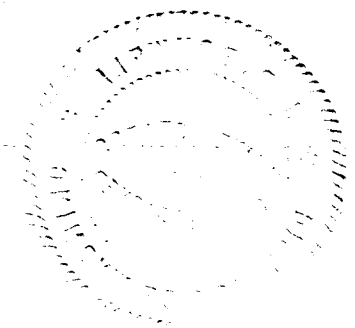
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 17 1941

Registration District No. ____ State File No. 327265

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Kootenai, Idaho
City or mailing address
No. Route #1 St.
Rockford, Washington
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Elmer Emmett Haulman

3. Sex: Male

If plural births: 4. Twin, triplet, or other: Single; 5. Number, in order of birth: 13

6. Premature: ____ Full term: Yes

7. Legitimate? Yes

8. Date of birth: May 22, 1906 (Month, Day, Year)

FATHER

9. Full name: William Henry Haulman

10. Residence (usual place of abode) (If non-resident, give place and State): Ford, Idaho

11. Color or race: White | 12. Age at last birthday: 43 (years)

13. Birthplace (city or place) (State or Country): Lovington, Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Own place

16. Date (month and year) last engaged in this work: October, 1912

17. Total time (years) spent in this work: ____

MOTHER

18. Full maiden name: Mary Frances Haulman

19. Residence (usual place of abode) (If non-resident, give place and State): Ford, Idaho

20. Color or race: White | 21. Age at last birthday: 43 (years)

22. Birthplace (city or place) (State or Country): Ripley County, Indiana

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home

25. Date (month and year) last engaged in this work: Oct. 15, 1941

26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother: 13 (At time of this birth and including this child) 13
(a) Born alive and now living: 11 (b) Born alive but now dead: 2 (c) Stillborn: none

29. If stillborn, period of gestation: ____ months or weeks

30. Cause of stillbirth: Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Mary Frances Haulman, M. D.

or ____, Midwife

Address R. 1. Rockford, Washington

Filed DEC 27 1941, 193 Clyde A. Bridges Registrar.

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of .....

City of .....

No. ..... St. .....

(If born in hospital or institution give name)

2. FULL NAME OF CHILD

3. Sex | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth ..... 193 (Month, Day, Year)

FATHER	MOTHER
9. Full name	18. Full maiden name
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race ..... 12. Age at last birthday ..... (years)	20. Color or race ..... 21. Age at last birthday ..... (years)
13. Birthplace (city or place) (State or Country)	22. Birthplace (city or place) (State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ..... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ..... 19 ..... 26. Total time (years) spent in this work .....

NOTAPUCCO

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ..... M. D.

or ..... Midwife

Give name added from a supplemental report .....

Address .....

(Date of) Filed ..... 193 .....

Registrar. Registrar.

814-122-028-814

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Francis Haulman being first duly sworn says that is the Mother (Relationship of child)* of Elmer Emmett Haulman born May 22, 1906 (Date of birth) at Kootenai County, Ford, Idaho, whose certificate of birth is hereto attached, and that Mary Francis Haulman desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Elmer Emmett Haulman hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Mary Braman M. D. was the Midwife medical attendant at the birth of said Elmer Emmett Haulman and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mary Francis Haulman

P. O. Address Route 1 Rockford, Washington

Subscribed and sworn to before me this 15th day of December, 1941

Carl W. McDowell
Notary Public.

Residing at Rockford Washington, ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

DEC 2 7 1941

345-11500 29-493

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 20 1941

State File No. 327271

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Princeton
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN **THIS** county 27 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Princeton
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Princeton, Ida ho

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Loris Edwin Cone

5. Date of Birth (Month, day year) July 15, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Louis Cassette Cone

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Butteville, Oregon (City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Belle Miller

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Kennedy Ford, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid solution

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead none (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by Lena (First name) Cone (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 29 1941 (Date received) (b) Edyth A. Bridges (Registrar's signature)

27. Given name added on ....by .... (Registrar's signature)

25. Attendant's **OWN** signature ....M.D. (D.O., Midwife, etc.)
and address .... Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lena Belle Cone, being first duly sworn, say that I am related to (Related to (or) acquainted with) Loris Edward Cone (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Wilson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lena Belle Cone — Signature

Princeton, Idaho — P. O. Address

Subscribed and sworn to before me on this 15 day of December, 19 41

(SEAL) .... Notary Public, residing at ....

NOTARY PUBLIC residing at Potlatch, Idaho

My commission expires December 10, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 27 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556-110-014-669 327305

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 29 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327305
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Middleton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Middleton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Middleton

4. **FULL NAME OF CHILD** William Aikman Newman

5. Date of Birth of Child (Month, day, year) June 10, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry A. Newman
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Arkansas (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Anna Ford
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Denver, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 35 years, and that Dr. Rogers (First name) (Last name), who attended this birth was now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry A Newman Signature

..... P. O. Address

Subscribed and sworn to before me this 29th day of December, 1941.

(SEAL) Marion E. Ford Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1941 by Marion E. Ford, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133119-009-212

1. PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 19 1941

CERTIFICATE OF BIRTH

327356

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lloyd Glenn Allen

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth May 19, 1906 (Month, Day, Year)

FATHER

9. Full name John Robert Allen

10. Residence (usual place of abode) (If non-resident, give place and State) Sandpoint Bonner County, Idaho

11. Color or race white | 12. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or Country) Knox County Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work May, 1906

17. Total time (years) spent in this work 14 yrs.

MOTHER

18. Full maiden name Myra Basket

19. Residence (usual place of abode) (If non-resident, give place and State) Sandpoint, Bonner County, Idaho

20. Color or race white | 21. Age at last birthday 34 (years)

22. Birthplace (city or place) (State or Country) Clark County Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:00 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John Robert Allen, M. D.

or ..... ~~Midwife~~ father

Address 425 South Orange St., Brea, California.

Give name added from a supplemental report .....
(Date of)

Filed DEC 19 1941, 193.. Mabel E. Ellis
Registrar.

Registrar.

...FADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

JUN 22 1970

133-119-009-212

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Orange } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John Robert Allen being first duly sworn says that he is the father (Relationship of child)* of Lloyd Glenn Allen born May 19, 1906 (Date of birth) at Bonner, County, Sandpoint, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lloyd Glenn Allen hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Schluser M. D. was the Midwife medical attendant at the birth of said Lloyd Glenn Allen and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant John Robert Allen

P. O. Address 425 South Orange St. Brea, California.

Subscribed and sworn to before me this 15 day of December, 19 41

Homer B. Reams
Notary Public.

Residing at Fullerton, California.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

DEC 2 9 1941

433-108014-713

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 26 1941

State File No. 327380
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No. #2
   (d) Name of Hospital or Maternity Home: PATTEN HOME
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 4 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ~~GEM~~ Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No. #2
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, IDA.

4. **FULL NAME OF CHILD** Ray Rolla McConnell

5. Date of Birth of Child (Month, day, year) Dec 8, 1906

6. Sex Male

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Orville George McConnell
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Parma, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Patten
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Manti UTAH (City or town) (State or foreign country)
20. Exact Occupation House Keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORIC ACID WATER

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE BORN ALIVE EMMETT IDAHO

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at 6:30 a.M. on the date and at the place stated above, and that personal particulars were furnished by Mary McConnell Horner (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Abbie Patten M.D. Midwife Address Emmett Date 12/23/41

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Mabel H Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1942

DEC 29 1941

AUG 21 1961

JUN 17 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-112-035-799

327402

United States
Department of Commerce
Bureau of Census

DEC 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County NAS. PERCE (b) City LEWISTON
(c) Street Address or R.F.D. No. DO NOT KNOW HOUSE NUMBER SNAKE RIVER AVENUE
(d) Name of Hospital or Maternity Home AT MOTHER & FATHER'S HOME.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County NAS. PERCE
(c) City LEWISTON. SNAKE. RIVER AVENUE.
(d) Street Address or R.F.D. No. DO NOT KNOW
(e) How long has **MOTHER** lived in Idaho? 3-07-41 yrs.
(f) Mother's mailing address 1818 Yale ave Seattle Wn

3. RESIDENCE of FATHER (city, state) DEAD

4. FULL NAME OF CHILD CLAUDE. MILTON. HOWARD

5. Date of Birth (Month, day year) JAN. 12. 1906

6. Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JAMES. MILTON. HOWARD
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace JOPLIN. MISSOURI. (City or town) (State or foreign country)
14. Exact Occupation COMMON. LABOR
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MAUDE. ANNAIE. GRIFFIN
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace Springfield, Ill. (City or town) (State or foreign country)
20. Exact Occupation HOUSE. WIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Maud La Vere (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 22 1941 (Date received) (b) Mabel I. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs Maud La Vere being first duly sworn, say that I am Mother (Related to (or) acquainted with) of Claude Milton Howard (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 135, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Nobson (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Maud La Vere Signature
P. O. Address

Subscribed and sworn to before me on this 17th day of December 1941
(SEAL) [signature] Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

The midwife Mrs Robison who attended Mrs Maud La Vere is deceased. There was no Doctor in attendance

DEC 29 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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693-126-028-712

327404

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 22 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Athol
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 5 years 2 month 8 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Athol
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Athol Idaho

3. RESIDENCE of FATHER (city, state) Athol Idaho

4. FULL NAME OF CHILD Floyd Alton Williams

5. Date of Birth (Month, day year) Aug. 26, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Henry Williams
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Minneapolis (City or town) Minn. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ivy Juliette Gaskill
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Dexter (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 22 1941 (Date received) (b) Mabel T. Eeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Montana
County of Lincoln } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ivy Williams Fleming, being first duly sworn, say that I am related to (Related to (or) acquainted with) Floyd Alton Williams (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Frank Wenz (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ivy Williams Fleming Signature
Star Route Libby Montana P. O. Address

Subscribed and sworn to before me on this 10 day of Dec. 1941
(SEAL) Paul Church Notary Public, residing at Libby Montana

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 9 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327433
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Butte~~, Idaho (b) City Moore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years XX months XX days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Butte~~ Blaine
(c) City Moore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) Moore, Idaho

4. FULL NAME OF CHILD George Erwin Chandler

5. Date of Birth of Child (Month, day, year) November 24, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy fulltime

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Chandler
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Common

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosehanna L. Mecham
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Oak City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Caring for home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by Rosehanna L. Mecham (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Midwife Deceased. M.D. Midwife Address Date

State of Idaho
County of Caribou } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 35 years, and that Susanna Mecham (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosehanna L. Mecham Chandler Signature
Soda Springs, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of December, 1941

(SEAL) [signature] Notary Public, residing at Soda Springs, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 30-1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 16 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Butte (b) City Mace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Utah (b) County Millard
(c) City oak city
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Ervin Chandler

5. Date of Birth of Child (Month, day, year) 11

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George Chandler
11. Color or Race White
12. Age at time of THIS birth 19 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susanna Lavenia Mecham
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace oak city (City or [illegible]) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Susanna Mecham (First name) (Last name) who is related to this child as grandmother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Mrs Beaulin Date Nov 24 196

State of Idaho
County of Caribou } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 35 years, and that George Ervin Chandler (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Ervin Chandler Signature
Soda Springs, Idaho. P. O. Address

Subscribed and sworn to before me this 15th day of December, 19 41

(SEAL) [signature] Notary Public, residing at Soda Springs, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1941 by [signature], Registrar.

DEC 30 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-125 036-766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 29 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327463
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Samaria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Samaria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? always yrs.

3. RESIDENCE OF FATHER (city, state) Samaria Idaho

4. FULL NAME OF CHILD Daniel Hyrum Hill.

5. Date of Birth of Child (Month, day, year) Nov. 25. 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Frederick Hill
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Wellsville Utah (City or town) (State or foreign country)
14. Exact Occupation Sheepman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Jane Powell
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Samaria Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 – 30 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Tooele } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for years, and that Sarah Hughes (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Jane Hill Signature
Tooele Utah P. O. Address

Subscribed and sworn to before me this 27 day of Dec., 1941
(SEAL) David Bouhhead Notary Public, residing at Tooele Utah.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com Exp Mar 1-1943

Received for filing on DEC 29 1941 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 30 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

193-204-028-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 22 1941

State File No. 327477
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Cabinet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Cabinet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Cabinet, Ida.

4. FULL NAME OF CHILD Mary Viola Arthurs

5. Date of Birth of Child (Month, day, year) April 4, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Arthurs
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Thurso, P Q (City or town) Canada (State or foreign country)
14. Exact Occupation Homesteader
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Ann Maloney
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Thurso, P Q, Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 P.M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Ann Maloney (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that ..... (First name) ..... (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Margaret Ann Maloney Arthurs Signature
Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of December, 1941

(SEAL) [signature] Notary Public, residing at Sandpoint, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1941 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DEC 30 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 26 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327490
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home of Mrs. Adams, a nurse
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years one months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Rex Freeman Ross

5. Date of Birth of Child (Month, day, year) 8-19-1906

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George T. Ross
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Utah (Washington, Utah) (City or town) (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business Ranching and Stockraising

MOTHER OF CHILD

16. FULL MAIDEN NAME Georgia N. Waterman
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum (I don't know)

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (Mother, etc.), who is related to this child as (First name) (Last name) Dr. Middleton was the attending doctor

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Wyoming } ss.
County of Teton }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 35 years, and that Dr. Middleton (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Georgia N. (Waterman) Ross Signature

My Commission Expires October 26, 1942

Wilson, Wyoming. P. O. Address

Subscribed and sworn to before me this 22nd day of December, 1941

(SEAL) E. N. Moody Notary Public, residing at Jacksn, Wyo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Maud H. Geiger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 30 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 31 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327535
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Valley (b) City McCall
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: In own home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 3 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Valley
   (c) City McCall
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) not living

4. **FULL NAME OF CHILD** Reino Edwin Rutsala

5. Date of Birth of Child (Month, day, year) Aug 9, 1906

6. Sex male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Matt Rutsala
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Kauhava (City or town), Finland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Adolfina Naykki
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Kauhava (City or town) Finland (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.);

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho }
County of Valley } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 46 years, and that Selma Pekila (First name) (Last name), who attended this birth, Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Jennie Flaney Signature

McCall Idaho P. O. Address

Subscribed and sworn to before me this 29 day of Dec, 1941.

(SEAL)

Herman H. Whitehead Notary Public, residing at McCall

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 31 1941 by Mabel Fleuker, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 31 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327537
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Payette Idaho

4. FULL NAME OF CHILD Alan Loveland

5. Date of Birth of Child (Month, day, year) April 7, 1906

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Horace Shelley Loveland
11. Color or Race White 12. Age at time of THIS birth yrs.
13. Birthplace Freeport (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary El Nora Gorton
17. Color or Race White 18. Age at time of THIS birth yrs.
19. Birthplace Arcadia (City or town) Wisconsin (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother ~~(Mother, etc.)~~ of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 41 years, and that Dr O. H. Avry of Payette Idaho (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Delos. G. Loveland Signature
912 1/2 N. 10th St Boise Idaho P. O. Address

Subscribed and sworn to before me this 20th day of December, 1941
(SEAL) Ira E. High Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on [illegible] 1941 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 31 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

ere the birth of a child born prior to the effective date of ter 191, 1911 Session Laws, has not been recorded, or in case of e to report any birth which has occurred subsequent to such such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

DEC 31 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327547
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Wash. (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state) Cambridge, Ida

4. FULL NAME OF CHILD Joseph Sherman York

5. Date of Birth of Child (Month, day, year ~~xxx~~-4-16-1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ~~Joseph~~ Sherman ~~York~~ Nicholas York
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Polk County, Mo. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Georgia Alma Moe
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace The Dalles, Ore. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for life years, and that Dr. Chas. Smitz (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Georgia Alma Moe York Signature
Cambridge, Idaho. P. O. Address

Subscribed and sworn to before me this 31st day of December, 1941
(SEAL) George H. Thiessen Notary Public, residing at Boise, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 31 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327597
Local Reg. No.
Reg. Dist. No.

DEC 20 1941

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: in long own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 8 yrs.

3. RESIDENCE OF FATHER (city, state) North Edgecomb Maine

4. FULL NAME OF CHILD Rita Louise Wilson

5. Date of Birth of Child (Month, day, year) 13 of May 1906

6. Sex Daughter **7.** Twin or Triplet If so—born 1st, 2nd, 3rd third **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Elba Pason Wilson
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace North Edgecomb (City or town) Maine (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Bell Lee.
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Challis (City or town) Idaho (State or foreign country)
20. Exact Occupation Farmer's wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Crouth
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 45 years, and that Julia Frankhauser (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Bell Job Signature
Challis P. O. Address

Subscribed and sworn to before me this 26 day of Dec, 1941.
(SEAL) Tom Boyle Co. Recorder Notary Public, residing at Challis Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 20 1941 by Mabel H Edelen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

359-124-008-363

327636

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 23 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Sweet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Sweet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Colorado

4. FULL NAME OF CHILD Harold Lee Leiny

5. Date of Birth of Child (Month, day, year) Aug. 24 - 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Isaac Burr Leiny
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Hillsboro Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer & Stock Grower
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Talley
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Osborne Kansas (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Boise }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 35 (see) years, and that Dr. H. Stephens (First name) (Last name), who attended this birth not able to locate (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

I. B. Leiny Signature

Sweet Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of December, 19 41

(SEAL)

Caroline A. Douglas Notary Public, residing at Sweet Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 23 1941 by [illegible] Registrar.

JAN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569-102-006-458

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327648
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Shelley, Idaho

4. FULL NAME OF CHILD Joseph Earl Norman

5. Date of Birth of Child (Month, day, year) Nov. 2, 1906

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Allen Norman
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Montgomery City, Mo. (City or town) (State or foreign country)
14. Exact Occupation Lumber Yard Laborer
15. Industry or Business Idaho Lumber Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Meyer
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Rhineland, Missouri (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 35 years, and that Nora Jemmitt (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Allen Norman Signature
704 N.E. 80 Ave. Portland, Ore. P. O. Address

Subscribed and sworn to before me this 27 day of December, 1941.

(SEAL) Oscar Alderton Notary Public, residing at Portland Ore
Commission expires Jan. 17, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 31 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1942

OCT 7 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-101-044-915

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE Or BIRTH
STATE OF IDAHO DEC 29 1941

State File No. 327679
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Black Bear
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Black Bear
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Black Bear, Idaho

4. FULL NAME OF CHILD Lloyd Everett Wilson

5. Date of Birth of Child (Month, day, year) Aug 1, 1906

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank L. Wilson
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace ? (City or town) Idaho (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Black Bear Mine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Arista Margia Raney
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Centerville (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Contra Costa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 35 years, and that Frank Unknown (First name) (Last name) Dr., who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arista Wilson Sanow Signature
308 Central Ave., El Cerrito, California P. O. Address

Subscribed and sworn to before me this 24 day of December, 1941

(SEAL) Mabel D. Lauro Notary Public, residing at Richmond County, Contra Costa, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1941 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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295-214-001-369

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 23 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327687
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Star Idaho

4. FULL NAME OF CHILD Cassie Jaunita Breshears

5. Date of Birth of Child (Month, day, year) Aug 14 - 1906

6. Sex Female

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Fred B. Breshears
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Star Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora E. Corron
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Caldwell Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7.20 P.M. on the date and at the place stated above, and that personal particulars were furnished by Flora Breshears (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address 726-N.16 Date

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 23 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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415-122-035-293

United States
Department of Commerce
Bureau of the Census

DEC 30 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327691
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Nez Perce (b) City Ferdinand
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Ferdinand
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Kinzua, Oregon

3. RESIDENCE of FATHER (city, state).

4. FULL NAME OF CHILD Wilber Arnold Davis

5. Date of Birth (Month, day, year) Sept 22, 1906

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edgar Davis
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Topeka (City or town) Kansas (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mamie Elizabeth Sitser
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Buffalo (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 30 1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Wheeler } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mamie Elizabeth Davis, being first duly sworn, say that I am related to (Related to (or) acquainted with) Wilber Arnold Davis (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Chas Staab (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mamie Elizabeth Davis Signature
Kinzua, Oregon P. O. Address

Subscribed and sworn to before me on this 27th day of Dec, 1941

(SEAL) Scott Dasser Notary Public, residing at Fossil, Oregon

COUNTY CLERK, WHEELER CO., ORE.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 [redacted]

MAR 15 1980

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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842 109 044 799 327727

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327727
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ..... (b) City Weiser
(c) Street Address or R.F.D. No. .....
(d) Name of Hospital or Maternity Home:
Born in her Parents Home.
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Oklahoma (b) County Custer
(c) City Thomas
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? 9 Mo. yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Roy Ervin Huston

5. Date of Birth of Child (Month, day, year) Sept. 9, 1906.

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Norman S. Huston
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Lucas (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara C Gripe
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace McCune (City or town) Kansas (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at A M. on the date and at the place stated above, and that personal particulars were furnished by Clara C Huston (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oklahoma
County of Logan } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 35 years, and that Dr. Waterhouse (First name) (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Norman S Huston Signature
Guthrie, Okla. RFD #5 P. O. Address

Subscribed and sworn to before me this 13th day of December, 1941.
(SEAL) [signature] Notary Public, residing at Guthrie Okla.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 6 - 1942 by Mabel T Eeder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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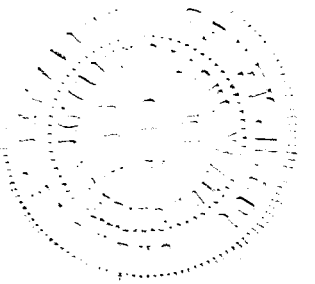

553-121-010-853

327737 327737

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 7 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327737
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Yes years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls, Ida.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD George Ramsey Nelson

5. Date of Birth of Child (Month, day, year) Feb. 24 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Benjamin Nelson
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace St. Joseph, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Carpenter

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Marie Hark
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Idaho Falls, Ida. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that Physician (First name) ..... (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Marie Nelson Signature
910 N. 22nd St. Boise, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of January, 1942

(SEAL)

Notary Public, residing at Notary Public in and for the State of Idaho. Residing in Boise, Ada County, Idaho. My Commission expires Nov. 10, 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 101, 1911 Session Laws, has not~~ been ~~recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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327763

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO JAN 2 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH.
(a) County Boise (b) City Quartzburg
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days.
IN **THIS** county 19 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BOISE
(c) City QUARTZBURG
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address Pierced

3. RESIDENCE of FATHER (city, state) Pierced

4. FULL NAME OF CHILD THOMAS MARVIN OLSEN

5. Date of Birth (Month, day year) Oct. 26 - 1906

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME HANS OLSEN

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace NORWAY (City or town) (State or foreign country)

14. Exact Occupation MINER UNTILL 1907

15. Industry or Business THEN FARMER

MOTHER OF CHILD

16. FULL MAIDEN NAME ELISE EVENSON

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace NORWAY (City or town) (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at Quartzburg at Boise Co. Idaho M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JAN 2 1942 (Date received) (b) Mabel Keeler (Registrar's signature)

25. Attendant's **OWN** signature Mrs Cindy Thompson M.D. (D.O., Midwife, etc.)
and address Horseshoe Bend Idaho Date Dec 30 '41

27. Given name added on by (Registrar's signature)

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am not related to the above (Related to (or) acquainted with)
..... as ....., whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ....., who attended (Name of attendant at birth)
said birth ..... and that this birth **has not been previously recorded.** (Is now deceased (or) cannot be located)

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

562-117 028-269

327769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

JAN 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene

4. **FULL NAME OF CHILD** Harold Patrick NoBach

5. Date of Birth (Month, day, year) March 17 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Herman Paul NoBach

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Junction City Wisconsin
(City or Town) (State or foreign country)

14. Exact Occupation Truck Gardener

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Borth

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Eau Plaine Wisconsin
(City or Town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: ~~(a) At time~~ of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 5 A M. on the date and at the place stated above, and that personal particulars were furnished by Mary NoBach (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** John O Wood M.D. (D.O., Midwife, etc.)
and address Coeur d'Alene Ida Date Nov. 3. 41.

26. (a) JAN 2 1942 (Date received) (b) Mamie Keefe (Registrar's signature)

27. Given name added on ..... by .....
(Registrar's Signature)

JAN 5 1942

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public ~~or private~~ institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

955-716-029-295

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 31 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327782
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Residence Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 4 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Thomas Kinkaid Reed

5. Date of Birth of Child (Month, day, year) April 16, 1906

6. Sex Male

7. Twin or Triplet — No.

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Miles Frank Reed
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace — (City or town) Iowa (State or foreign country)
14. Exact Occupation State University Professor
15. Industry or Business Education

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ora Maude Kinkaid
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Buffalo (City or town) Kansas (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum solution silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

to be completed when the attendant does not sign in Item 25.

State of Washington } ss.
County of Asotin }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 35 years, and that Dr Britman (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ora Maude Reed Signature
Clarkston, Washington P. O. Address

Subscribed and sworn to before me this 27th day of December, 1941.

(SEAL) A. N. Reynolds Notary Public, residing at Clarkston, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 31 1941 by Mabel H. Geller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315 203 201 165

JAN 2 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

327854

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Ada
City of Boise
No. ____ St. ____
(If born in hospital or institution give name.) ____

2. FULL NAME OF CHILD Idaho Leona Fay Landers

3. Sex F. | If plural births: 4. Twin, triplet, or other X; 5. Number, in order of birth X | 6. Premature X; Full term Yes | 7. Legitimate? Yes | 8. Date of birth June 3, 1926 (Month, Day, Year)

FATHER

9. Full name George Harvey Landers
10. Residence (usual place of abode) (If non-resident, give place and State) Boise
11. Color or race W | 12. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Minn.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shingler
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Essie Leona Jones
19. Residence (usual place of abode) (If non-resident, give place and State) Boise
20. Color or race W | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Neb.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Hwf.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

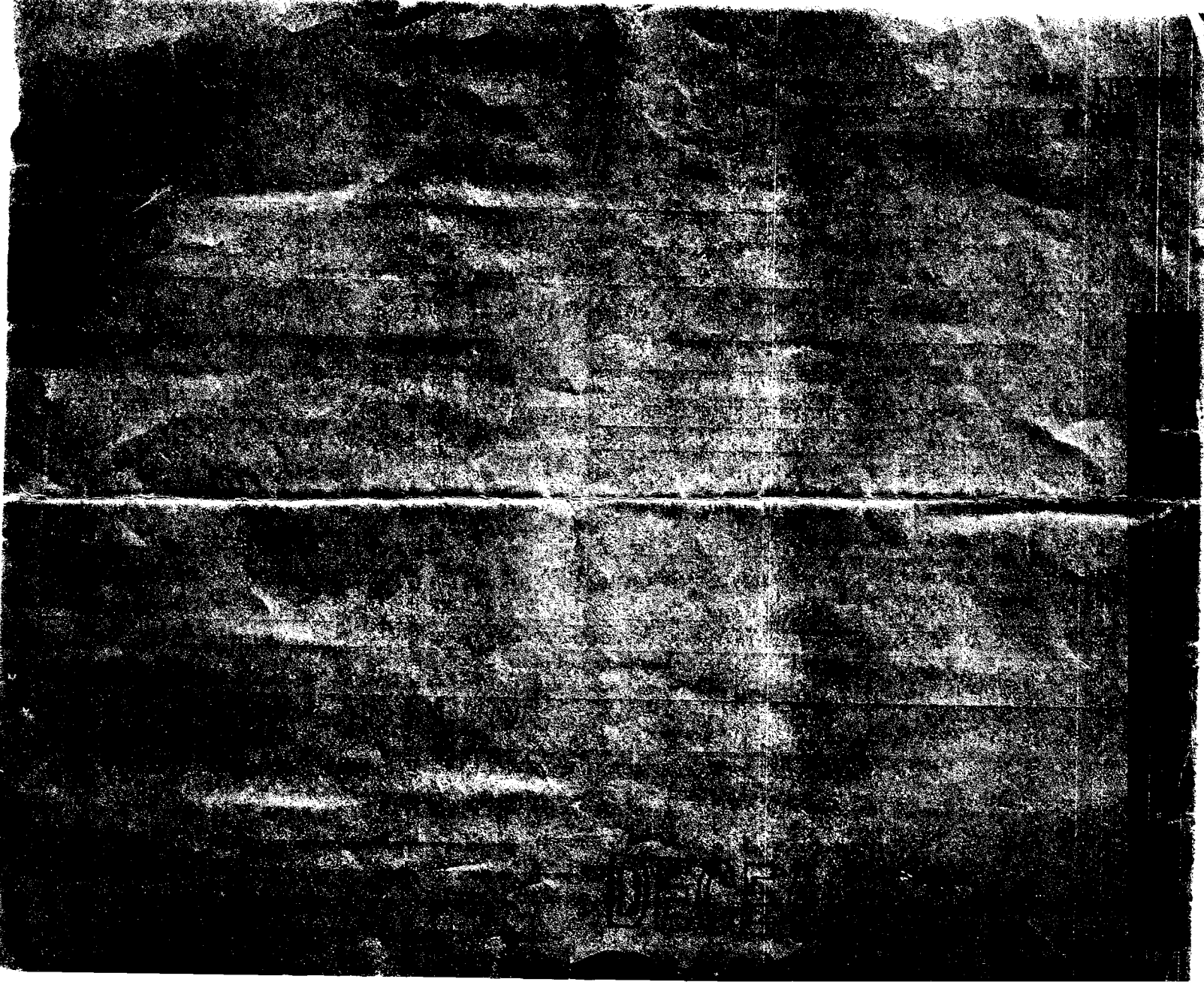
(Signed) Mary A. Callaway, M. D.
or ____, Midwife
Address Boise Idaho

Filed JAN 2 1942, 193____

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



133-11-2007-386

United States Department of Commerce Bureau of the Census

DEC 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327875
Local Reg. No. 190
Reg. Dist. No. 410

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Gannett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Gannett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Life yrs.

3. RESIDENCE OF FATHER (city, state) Gannett, Idaho

4. FULL NAME OF CHILD Wesley Earl Allred

5. Date of Birth of Child (Month, day, year) 12-17-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Allred
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Gunnison (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rinda Thomason
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Boone Co. (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno3

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by Rinda Allred (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 63 years of age, that I have known this person for 34 years, and that Mrs Burty Hinkson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Rinda Allred Signature
Gannett, Idaho P. O. Address

Subscribed and sworn to before me this 1 day of December, 1941.
(SEAL) R. N. McCoy Notary Public, residing at Hailey Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12-1-1941 by Robert H. Wright, Registrar.
DEC 26 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469 125003-235

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 2 1942

State File No. 327883
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Lago
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: our home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Lago
(d) Street Address or R.F.D. No. P.O.
(e) How long has **MOTHER** lived in Idaho? 51 yrs.
(f) Mother's mailing address Lago, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Stephen Orrin Morehead

5. Date of Birth (Month, day year) Mar. 25, 1906

6. Sex male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Daniel Claiborn Morehead
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Smithfield, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Lumbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Ann Stephenson
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Adamsville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Daniel C Morehead (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) JAN 2 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Daniel Claiborn Morehead, being first duly sworn, say that I am related to (Related to (or) acquainted with) Stephen Orrin Morehead (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no one (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Daniel Claiborn Morehead Signature
1247 W. 48th St., Los Angeles, Cal. P. O. Address

Subscribed and sworn to before me on this 22nd day of Dec 1941
(SEAL) [signature] Notary Public, residing at Los Angeles

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

192123025791 327889

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327889
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville Idaho

4. FULL NAME OF CHILD Glen Raymond Wisdom

5. Date of Birth of Child (Month, day, year) Oct. 23, 1906

6. Sex male
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Taylor Newton Wisdom
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Huntsville (City or town) Missouri (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Celesta Fray
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Brownsville (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 35 years, and that Dr Bibby (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Celesta Wisdom Signature
Veradale, Washington P. O. Address

Subscribed and sworn to before me this 27 day of December, 1941
(SEAL) [signature] Notary Public, residing at Connell
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 7-1942 by Mabel Feeder, Registrar.
Send to Glen Wisdom, Mansfield, Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

25-174030-863 327918

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 8 1942

State File No. 327918
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Salmon, Ida.

4. FULL NAME OF CHILD James Kenneth Beattie

5. Date of Birth of Child (Month, day, year) Dec. 24, 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Leslie Beattie
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Salmon (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Elzada Holbrook
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Salmon (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 35 years, and that Geo. A. Kinney (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice E. Beattie Signature
Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of January, 1942
(SEAL) Frederick Hughes Snook Notary Public, residing at Salmon, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 8 - 1942 by Mabel F. Eeder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 6 1969

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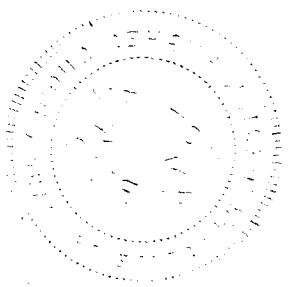
DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



761-123-014.235

327928

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Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327928
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County CANYON (b) City NAMPA
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home — days.
   In **THIS** county 1 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State IDAHO (b) County CANYON
   (c) City NAMPA, IDAHO
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.
   (f) Mother's mailing address (For registration notice): 1003 - 12 AVE. So. (Street or R. F. D.) NAMPA (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) NAMPA - IDA.

4. **FULL NAME OF CHILD** ERNEST STEPHEN PEAFF

5. Date of Birth (Month, day, year) 5-23-'06

6. Sex MALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 MOS. 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** DANIEL WALTER PEAFF
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace MARIETTA (City or Town) OHIO (State or foreign country)
14. Exact Occupation SHEEP SHEARER
15. Industry or Business CONTRACT BASIS

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA CAROLINE STEPHEN
17. Color or Race WHITE
18. Age at time of THIS birth 35 yrs.
19. Birthplace MARIETTA (City or Town) OHIO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate Sol.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at 4:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by DANIEL (First name) PEAFF (Last name), who is related to this child as FATHER (Mother, etc.)

26. (a) Jan 4-42 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN signature** Geo. R. A. Kellogg M.D. (D.O., Midwife, etc.)
and address Nampa, Idaho Date 1-3-42.

27. Given name added on ____ by ____ (Registrar's Signature)

JAN 9 1947

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

462-122-044-133

327939

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH DEC 15 1941
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 33 years 6 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state) deceased

4. FULL NAME OF CHILD Henry Leo Mosman

5. Date of Birth of Child (Month, day, year) July 22, 1906

6. Sex male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Mosman
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Enschede, Holland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Louticia Allison
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Cambridge, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who [redacted] (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Columbia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 35 years, and that Dr. Chas. Schmitz (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Louticia Mosman Signature
Vernonia Oregon P. O. Address

Subscribed and sworn to before me this 11th day of December, 1941

(SEAL) R.B. Mills Notary Public, residing at Vernonia, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) MY COMMISSION EXPIRES SEPT. 10, 1943.

Received for filing on DEC 15 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-1302 35 955

327979

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 15 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
(a) County Clearwater (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Orofino Nez Perce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address 812 Witmer St. L.A.
3. **RESIDENCE of FATHER** (city, state) Seattle, Wash

4. **FULL NAME OF CHILD** Harold Edgar Howsley
5. Date of Birth (Month, day, year) April 30 1906
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Lucien Bonepart Howsley
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Tongonoxie Kansas
(City or town) (State or foreign country)
14. Exact Occupation Teacher of Music.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bonnie Belle Reeder Howsley
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Carthage, Mo.
(City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4
(c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 15 1941 (Date received) (b) Mabel Y Reeder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of California
County of Los Angeles } ss.

I, Bonnie Belle Reeder Howsley being first duly sworn, say that I am related to (Related to (or) acquainted with)
Harold Edgar Howsley as Mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Fauly (Name of attendant at birth), who attended
said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bonnie Belle Reeder Howsley, Signature
812 Witmer St. Los Angeles P. O. Address

Subscribed and sworn to before me on this 3rd day of January, 1942

(SEAL) Robert Earl Stevenson Notary Public, residing at 1215 W Manchester
ROBERT EARL STEVENSON My Commission Expires Jan. 20, 1943

JAN 74142

FEB 6 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-219 028 JAN 5 1942

United States 415
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327983
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kooteny (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1½ years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootney
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Thelma Angela Baker

5. Date of Birth of Child (Month, day, year) Jan. 19, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Horatio S. Baker
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Liberty (City or town) Ky (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business For Power Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace B. Davidson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Marshall (City or town) Minn. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Douglas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 35 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Horatio S. Baker Signature
Drain, Oregon P. O. Address

Subscribed and sworn to before me this 30 day of December, 19 41

(SEAL) Lou C. Appleg etc Notary Public, residing at Drain, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 5 1942 867 101 044 285

327986

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) Idaho
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Cambridge Idaho

4. FULL NAME OF CHILD Hollis Clarence Hopper

5. Date of Birth of Child (Month, day, year) 7/1/1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clarence John Hopper
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gladys Sherman
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Hamilton, Kas. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of ~~children of this~~ mother: ~~(a) At time of birth and including this child~~ 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Josephine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 35½ years, and that C. E. Schmitz M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gladys Sherman Hopper Signature

Grants Pass, Ore. R.F.D.3, Box760 P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at Murphy, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by Mabel H. Eagle, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 6 1942
155 207 036 813

United States
Department of Commerce
Bureau of Census Oneida

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328033
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Power~~ (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho. (b) County ~~Power~~ Oneida
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Rockland Ida.

4. FULL NAME OF CHILD Mable Edna Jensen.
5. Date of Birth (Month, day year) Oct. 7. 1906
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD
10. **FULL NAME** Henry Jensen.
11. Color or Race White.
12. Age at time of THIS birth 41 yrs.
13. Birthplace Springville (City or town) Utah. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Elizebeth Halling.
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Brigham City. (City or town) Utah. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At the time of birth and including this child 8 (b) Born alive and now living 8 (c) Born alive and now dead none (d) Stillborn none.
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) JAN 6 1942 (Date received) (b) Mabel Y. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am The Father of (Related to (or) acquainted with) Mable Edna Jensen (Name of person on certificate above) as Daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Emily Lish Midwife (Name of attendant at birth), who attended said birth Deceased. (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Henry Jensen Signature
P. O. Address

Subscribed and sworn to before me on this 22nd day of December, 1941
(SEAL) Thos B Bamarch Notary Public, residing at Rockland
Com Expires Nov 12 - 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1942

MAR 18 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 6 1942

328055

United States 214 108 — (Be sure the information is as of date of birth of THIS child) — State File No.
Department of Commerce 035-214 — **CERTIFICATE OF BIRTH** — Local Reg. No.
Bureau of Census — STATE OF IDAHO — Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lenore
(c) Street Address or R.F.D.No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lenore, Ida (d) Street Address or R.F.D.No. 1
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address .....

3. **RESIDENCE of FATHER** (city, state) same

4. **FULL NAME OF CHILD** Wm Robert Bauer

5. Date of Birth (Month, day year) Dec 8-1906

6. Sex Male 7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd ..... 8. No. months of Pregnancy ..... 9. Legitimate? ✓

FATHER OF CHILD

10. FULL NAME Fred Bauer
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation .....
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Johanna Bauer
17. Color or Race White
18. Age at time of THIS birth 35 yrs
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5. P M. on the date and at the place stated above, and that personal particulars were furnished by Bertha Bauer (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JAN 6 1942 (Date received) (b) Mabel Heiden (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Jennie B. Brown M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Idaho }
County of Clearwater } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jennie B. Brown, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Wm Robert Bauer (Name of person on certificate above) as friend (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I (Name of attendant at birth), who attended said birth am not present (Is now deceased, (or) cannot be located) and that this birth **has not been previously recorded.**

Jennie B. Brown Signature

..... P. O. Address

Subscribed and sworn to before me on this 8 day of August, 19 41

(SEAL) Samuel T Swapp Notary Public, residing at Cropis Idaho

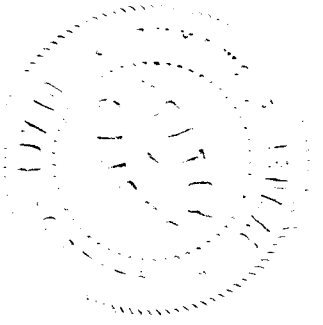
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



JAN 6 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States 69-211-616 (Be sure the information is as of date of birth of THIS child) State File No. 328075
Department of Commerce 714 **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Artesian City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Murtaugh
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Murtaugh Ida.

4. FULL NAME OF CHILD Alice Maude Workman

5. Date of Birth of Child (Month, day, year) Oct. 11th. 1906

6. Sex Girl **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Workman
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Cherry Creek (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Essie Maude Peden
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Morehead (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 a.M. on the date and at the place stated above, and that personal particulars were furnished by Essie M. Workman (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nevada } ss.
County of Mineral }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 35 years, and that Mrs. Emerson (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Essie Maude Smyth Signature
Hawthorne Nevada P. O. Address

Subscribed and sworn to before me this 2nd day of January, 1942
(SEAL) W. P. Baker Notary Public, residing at Hawthorne, Nev.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires February 17, 1943

Received for filing on JAN 6 1942 by Mabel E. Fesler, Registrar.

JAN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

132-116-030-168

328079

JAN 6 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Baker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Baker
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. **RESIDENCE OF FATHER** (city, state) Not living

4. **FULL NAME OF CHILD** Ray Eugene Albertson

5. Date of Birth of Child (Month, day, year) May 16, 1906

6. Sex male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Horace Tonkrey Albertson
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Schyler, Nebraska (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Johnson
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Fort Atkinson, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by Josie (First name) Barrack (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Josie Barrack M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 35 years, and that Roy E. Geo. Henry [illegible] (First name) (Last name), who attended this birth Dr. Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josie Barrack Signature

P. O. Address

Subscribed and sworn to before me this 30th day of December, 1941

(SEAL) W. W. Simmons Clerk Dist. Court [illegible] Notary Public, residing at Salmon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1942 by Mabel H. Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-122-001-751 328218

United States
Department of Commerce JAN 13 1942
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328218
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1910 No 12th
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1910 No 12th St
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Boise

4. FULL NAME OF CHILD Lloyd Oliver Day

5. DATE OF BIRTH (Month, day, year) Aug 22-1906

6. Sex M

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full term

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oliver C. Day

11. Color or Race W

12. Age at time of THIS birth 27 yrs.

13. Birthplace Kansas (City or Town) (State or foreign country)

14. Exact Occupation House mover.

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Pearce

17. Color or Race W

18. Age at time of THIS birth 21 yrs.

19. Birthplace Muscatine Iowa (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% silver nitrate sol

23. Number of children of this mother: (a) At time of birth and including this child I (b) Born alive and now living I
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 4.10 P M. on the date and at the place stated above, and that personal particulars were furnished by Minnie Day (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JAN 13 1942 (Date received) (b) Muriel T Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature John Bock M.D. (D.O., Midwife, etc.)
and address Boise Ida Date 1-12-42

Send to Mrs Minnie Day 1910 No 12th St. Boise (no hurry)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JAN 12 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

328220 328220

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: 0
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Cambridge, Ida.

4. FULL NAME OF CHILD THERON MILO WILKERSON

5. Date of Birth of Child (Month, day, year) Nov. 29, 1906

6. Sex M.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Milo Wilkerson
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Cambridge, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella May Jenson
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Ogden, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 35 years, and that Rebekah L. Wilkerson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Milo Wilkerson Signature
Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of January, 19 42

(SEAL) Margaret Vogel Notary Public, residing at Cambridge, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Mary H Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 1

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

328 221

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328221
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Clifford Wiggins Pierce

5. Date of Birth of Child (Month, day, year) March 29, 1906

6. Sex Male Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 10

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Pierce
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Wiggins
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7:45 P. M. on the date and at the place stated above, and that personal particulars were furnished by Bertha Pierce (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. M. Taylor M.D. ~~Midwife~~ Address Boise, Idaho Date Jan. 8 '42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Mabel F. Keefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966-115014-556

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO 328238

State File No. 328238
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 38 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida

4. FULL NAME OF CHILD Harvey Loraine Rowland

5. Date of Birth of Child (Month, day, year) 1-15-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 7th

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jessie Dotson Rowland
11. Color or Race White
12. Age at time of THIS birth 57 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Frances Newland
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Canyon County, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 36 years, and that Laura E. Wheeler (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

[redacted] Rowland Signature
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of January, 1942.
(SEAL) J. W. Jamison Notary Public, residing at Caldwell
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 16-1942 by Mabel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 9 1942

United States Department of Commerce Bureau of the Census — (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328337
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 30 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Burley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Burley, Idaho

4. FULL NAME OF CHILD Gearold Max Allen

5. Date of Birth of Child (Month, day, year) Oct. 8, 1906

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Adelbert Allen
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Huntsville (City or town) Utah (State or foreign country)
14. Exact Occupation Cement Contractor
15. Industry or Business Cement Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Musetta Gribble
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Indianola, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that Mrs. Sara Jane Hutchington (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lydia Musetta Gribble Allen Signature
3535 Josephine St. Lynwood, Calif. P.O. Address

Subscribed and sworn to before me this Third day of January, 1942

(SEAL) Robert Paynum Notary Public, residing at Los Angeles, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires Nov. 8, 1944

Received for filing on JAN 9 1942 by Mabel N. Geiger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such~~ report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 12 1942 453106240-376

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? One yrs.

3. **RESIDENCE OF FATHER** (city, state) Burke, Idaho

4. **FULL NAME OF CHILD** Angus Brown Metcalf

5. Date of Birth of Child (Month, day, year) December 6, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert James Metcalf
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace LaMar (City or town) Missouri (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucretia Brown
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Hutchinson (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, ~~stillborn~~) at 4 P M. on the date and at the place stated above, and that personal particulars were furnished by Albert (First name) Metcalf (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Dr. Collins M.D. ~~Midwife~~ Address Spokane Wash Date 1/6/42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Mabel H. Gilpin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 7 1942 693 328 029-611

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328380
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. RFD #5
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: all of time
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. RFD #5
(e) How long has **MOTHER** lived in Idaho? Born yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Edna Pearl Wilson (~~New Reinholt~~ Married)

5. Date of Birth of Child (Month, day, year) June 28, 1906

6. Sex female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Wilson
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Essex (City or town) Iowa (State or foreign country)
14. Exact Occupation Employed in saw mill
15. Industry or Business as above

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Elvada Fraser
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Moscow (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Edward (First name) Wilson (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Santa, Idaho Date Dec. 27th 1941

State of Idaho
County of Benewah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 35 years, and that Doctor (First name) A. Adair (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

/ Edward Wilson Signature

Santa, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of December, 19 41

(SEAL) Notary Public, residing at St. Maries, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1942 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 9 1942 193 204 022 357

United States
Department of Commerce
Bureau of Census Fremont

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328386
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
IN **THIS** county 23 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Madison Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Rexburg, Idaho

3. RESIDENCE of FATHER (city, state) Rexburg, Idaho

4. FULL NAME OF CHILD Regina Leatham Archibald

5. Date of Birth (Month, day year) Oct. 24, 1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Watson Archibald
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Wellsville, Cache County, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Wright Spence Leatham
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Wellsville, Cache County, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JAN 9 1942 (Date received) (b) Marvel Y. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Catherine W. S. L. Archibald, being first duly sworn, say that I am related to (Related to (or) acquainted with) Regina Leatham Archibald (Name of person on certificate above) as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. George E. Hyde (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Catherine W S L Archibald Signature
St. Anthony, Idaho. P. O. Address

Subscribed and sworn to before me on this 8th day of January, 1942
(SEAL) Geo H Moore Notary Public, residing at St. Anthony, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 10 1942 653-[illegible]-035-266

328393

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perces (b) City Southwick
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Born in our home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 10 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perces
(c) City Southwick - 2 Mi. South
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6+ Mon. yrs.

3. RESIDENCE OF FATHER (city, state) 6+ " "

4. FULL NAME OF CHILD Royal Orestes Wetmore

5. Date of Birth of Child (Month, day, year) Oct. 9-1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Orestes Wetmore
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Blanchard Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Bell Bowen
17. Color ~~or Race~~ White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Lead Hill Arkansas (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at about 11 P.M. on the date and at the place stated above, and that personal particulars were furnished by Minnie Bell Wetmore (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature, M.D. Midwife Address Wetmore Date

State of Washington
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Minnie B. Wetmore Signature
817 7th Street Clarkston Wash. P. O. Address

Subscribed and sworn to before me this 18th day of January 1942
(SEAL) [signature] Notary Public, residing at Clarkston Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 12 1942 685 73 035 546

328400

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 130 F St. Court
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County NezPerce
(c) City Lewiston
(d) Street Address or R.F.D. No. 130 F St. Court
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Waha, Idaho

4. FULL NAME OF CHILD Ralph Ernest Wheatcroft

5. Date of Birth of Child (Month, day, year) August 31, 1906

6. Sex Male

7. Twin or Triplet single birth If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9mos.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Edwin Wheatcroft
11. Color or Race English
12. Age at time of THIS birth 22 yrs.
13. Birthplace Derby, England (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Alice Edwards
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Ambbuy Minni (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business Housekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 35 years, and that Dr. Morris (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Alice Wheatcroft Signature
334 16th St. Lewiston Ida. P. O. Address

Subscribed and sworn to before me this 10th day of January, 1942
(SEAL) M R N Ottsyer Notary Public, residing at Lewiston Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Mabel H Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 12 1942

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United States Department of Commerce
Bureau of the Census Cassia

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Twin Falls~~ (b) City TWIN FALLS
(c) Street Address or R.F.D. No. MAIN ST
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ~~Twin Falls~~ Cassia
(c) City TWIN FALLS
(d) Street Address or R.F.D. No. MAIN ST.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD MANUEL JAMES BAILEY

5. Date of Birth of Child (Month, day, year) July 14 1906

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CHARLES BAILEY
11. Color or Race WHITE
12. Age at time of THIS birth 24 yrs.
13. Birthplace MODEL (City or town) TENN (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LENA REBECCA GEURIN
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace MODEL (City or town) TENN (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Kentucky } ss.
County of Jefferson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 35 years, and that Mrs. Boyd (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leroy Bailey Signature
Route #1 Shively Kentucky P. O. Address

Subscribed and sworn to before me this 7th day of Jan, 1942

(SEAL) R. C. Haskins Notary Public, residing at Louisville Ky.
My Comm expires 3/11/44

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Mabel H. Edlefsen, Registrar.

JAN 13

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 12 1942 294 106 022-437

328407

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FREMONT (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton, Ida.

4. FULL NAME OF CHILD John Theron Kidd

5. Date of Birth of Child (Month, day, year) 11/6/1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Earl Jackson Kidd
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Oxford. (City or town) Ala. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Estella Maud McGavin.
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Oxford. (City or town) Idaho. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 35 years, and that Dr. Young (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Earl Jackson Kidd ..... Signature

..... P. O. Address

Subscribed and sworn to before me this 12th day of Jan., 1942.

(SEAL) [illegible] Notary Public, residing at Ashton, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Maud McGehee, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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381-14-036-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328414

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Henry Chatterton			2. Date of Birth (month) (day) (year): December 14, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County was Oneida now Franklin	b. City or Town of Birth: Franklin
FATHER	6. Full Name of Father: Henry Chase Chatterton			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Jennie Marshall			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Henry Chatterton		11. Present Address of Registrant: 534 West Maple Pocatello Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: 23 June 1976	12. Signature of Notary: Frederick C. Lowton		13. Notary Commission expires: Bond 10 June 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

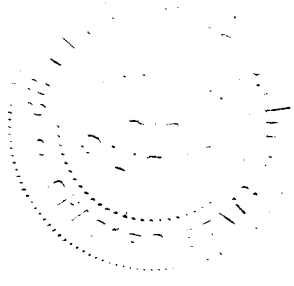
SUPPORTING RECORD 1.	Type of Document: LDS Church Certificate of Birth	By whom issued and signed: Oneida Stake, Franklin Ward, Rec. Members #20645, bless. line 151	Date Issued: Nov. 4, 1971	Date Orig. Entry: April 18, 1907	
	Date of Birth: Dec. 14, 1906	Birth Place: Franklin, Idaho Oneida County	Full Name of Mother: Jannie Marshall	Name of Father: Chase Chatterton	
SUPPORTING RECORD 2.	Type of Document: Insurance Renewal Rating Application	By whom issued and signed: Turner Insurance Agency, Inc. George H. Chatterton	Date Issued: 21 July 1965	Date Orig. Entry: 21 July 1965	
	Date of Birth: 14 Dec, 1906	Birth Place: Not Listed	Full Name of Mother: Not listed	Name of Father: Not listed	
SUPPORTING RECORD 3.	Type of Document: Application for License to Marry	By whom issued and signed: State of Utah, County of Cache Elma Naylor, Deputy Clerk	Date Issued: 7 May 1938	Date Orig. Entry: 7 May 1938	
	Date of Birth: 14 Dec. 1906	Birth Place: Franklin, Idaho	Full Name of Mother: Jennie Marshall	Name of Father: Henry C. Chatterton	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Margaret Davis	JUN 24 1976

FORM BH 56067



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328414

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 187
Reg. Dist. No. 541

1. **PLACE OF BIRTH**
(a) County Franklin (b) City Franklin
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Born at my home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Franklin~~
(c) City Franklin
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** George Henry Chatterton

5. Date of Birth (Month, day year) 9-14-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Chase Chatterton
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Brick Layer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Marshall
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Franklin (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Jennie Chatterton (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Jan 7 1942 (Date received) (b) G W Staley (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature G. W. Staley M.D. (D.O., midwife, etc.) and address ..... Date .....

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jennie Chatterton, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) George Henry Chatterton (Name of person on certificate above) as Mother of him (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr G W States (Name of attendant at birth), who attended said birth is living at Preston Ida (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Jennie Chatterton Signature
134 E. N. arthur st Preston Ida P. O. Address

Subscribed and sworn to before me on this 8th day of January 1942

(SEAL) ..... Notary Public, residing at Preston Ida.
Justice of the Peace.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 26 1942

JAN 28 1942

OCT 8 1971

JUN 24 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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619 106 001 168 328 477

United States
Department of Commerce JAN 15 1942
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328477
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 809 Ada Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 5 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 809 Ada Street
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Lawrence Elof Warberg
5. Date of Birth of Child (Month, day, year) February 6, 1906
6. Sex Male
7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Elof Warberg
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Rysby, Kronobergs Län (City or town) Sweden (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business Sand and Gravel

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Martina Johnson
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Grimslof (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 35 years, and that George (First name) Collister, M.D. (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elof Warberg Signature
405 So. 5th St P. O. Address

Subscribed and sworn to before me this 15th day of January, 1942
(SEAL) [signature] Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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328483

328483

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328483
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Same as above

4. FULL NAME OF CHILD Charles Bernard Holmes

5. Date of Birth (Month, day year) June 11, 1926

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles William Holmes

11. Color or Race W

12. Age at time of THIS birth 28 yrs.

13. Birthplace Montana
(City or town) (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Winnie Marie Morrison

17. Color or Race W

18. Age at time of THIS birth 24 yrs

19. Birthplace Montana
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 16 1942 (Date received) (b) Mabel M. Calder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho
County of Canyon } ss.

I, Charles William Holmes, being first duly sworn, say that I am Related (Related to (or) acquainted with) Charles Bernard Holmes (Name of person on certificate above) Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Graham (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles William Holmes Signature

Caldwell Idaho RT 5 P. O. Address

Subscribed and sworn to before me on this 5th day of January, 1942

(SEAL)

Notary Public, residing at Nampa Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

JAN 8 1942

United States
Department of Commerce
Bureau of the Census
625 118 035 791

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328507
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address General del

3. RESIDENCE of FATHER (city, state).

4. FULL NAME OF CHILD Floyd C. O'Kelley

5. Date of Birth (Month, day, year) May 18th 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John C. O'Kelley
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Ash Grove (City or town) Missouri (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Delila Josephine Grantham
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Ash Grove (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4
(c) Born alive and now dead None (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 8 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Wash.
County of Yakima } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Delila Josephine Dougherty, being first duly sworn, say that I am his mother (Related to (or) acquainted with) Floyd C. O'Kelley (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Perkins (Name of attendant at birth), who attended said birth ..... (Is now deceased (~~or cannot be located~~)) and that this birth has not been previously recorded.

Delila Josephine Dougherty Signature
..... P. O. Address

Subscribed and sworn to before me on this 5 day of Jan, 1942

(SEAL) Harold Compton Notary Public, residing at Yakima

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 9 1942 363 225003-318

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328509
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Chesterfield.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho. (b) County Bannock.
(c) City Chesterfield, Idaho.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address Lava Hot Spgs.

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Lavaughn Tolman.

5. Date of Birth (Month, day, year) June. 25. 1906

6. Sex Female. 7. Twin or Triplet If so—born 1st, 2nd, 3rd I 8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Joesph Holbrook Tolman.	16. FULL MAIDEN NAME Mary Ellen Cahoon.
11. Color or Race White 12. Age at time of THIS birth 55 yrs.	17 Color or Race White. 18. Age at time of THIS birth 36 yrs.
13. Birthplace Utah. (City or town) (State or foreign country)	19. Birthplace Brigham City, Utah. (City or town) (State or foreign country)
14. Exact Occupation Wheeright	20. Exact Occupation Housewife.
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was IO (born alive, stillborn) at A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ellen Tolman. (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

26. (a) JAN 9 1942 (Date received) (b) Mabel T. Ellen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mary Ellen Tolman. M.D. (D.O., Midwife, etc.) and address Lava Hot Spgs. Date 1-6-42

State of Bannock. Idaho.
County of Bannock. TOLMAN } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Ellen ~~Holbrook.~~, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Lavaughn Fowler. (Name of person on certificate above) as Mother. (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Ellen Tolman Signature
Lava Hot Springs, Idaho. O. Address

Subscribed and sworn to before me on this 6th day of January, 1942

(SEAL) Allen Grimes Notary Public, residing at Pocatello, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 13 1942 719-131-016-4433

328514

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Twin Falls
(c) Street Address or R.F.D. No. Country Home
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 5 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 mo. 8 days

3. RESIDENCE OF FATHER (city, state) Twin Falls, Idaho

4. FULL NAME OF CHILD William Wayne Parish

5. Date of Birth of Child (Month, day, year) May 31st 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Warren Parish
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Fincastle (City or town) Ohio (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Evelyn McCartney
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Cisco (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 35 years, and that Dr. Truman O. Boyd (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Warren Parish Signature
228-6th Ave. N. Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 10 day of January, 1942

(SEAL) F W Black Notary Public, residing at Twin Falls

My Commission Expires Jan. 16 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1942 by Maud F Eeder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 9 1942 632-221003 136

328546

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City P. O. Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City P. O. Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaa

4. FULL NAME OF CHILD Roxie Olsen

5. Date of Birth of Child (Month, day, year) 12/21/1906

6. Sex Female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fred C. Olsen
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Copenhagen (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louisa Atwood
17. Color or Race white **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Murray (City or town) Utah (State or foreign country)
20. Exact Occupation Farmer's wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 8:45 A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 36 years, and that Mrs Harriet Stedman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
305 East Maple, Pocatello, Ida. P. O. Address

Subscribed and sworn to before me this 8 day of January, 19 42

(SEAL) F. E. Tydeman Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1942 by Mabel H. Culpen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 8 1942

United States 955 112 (Be sure the information is as of date of birth of THIS child) State File No. 328656
Department of Commerce 036 813 **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Hollbrook
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: at home
IN **THIS** county 96 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Hollbrook
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Nels Milton Iverson
5. Date of Birth of Child (Month, day, year) 6/12/1906
6. Sex male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy
9. Legitimate?

FATHER OF CHILD
10. **FULL NAME** Martin Christian Iverson
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anna Cathrine Hammer
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Bornholm Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Gooding }

AFFIDAVIT to be completed when the attenda[redacted]gn in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person wh[redacted]s in Item 4, above, that I am now 64 years of age, that I have known this person for 35 [redacted]at Edna Bunderson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I fu[redacted]that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Cathrine Iverson Signature
Wendell Idaho Box 204 P. O. Address

Subscribed and sworn to before me this 5th day of January, 1942.
(SEAL) G. D. McQuinn Notary Public, residing at Wendell, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 12 1942

United States
Department of Commerce
Bureau of the Census
144-212 016-659

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328659
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Oakley
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Home Confinement
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? life yrs.
(f) Mother's mailing address dead
3. **RESIDENCE OF FATHER** (city, state) dead

4. **FULL NAME OF CHILD** Alpha Judd
5. Date of Birth (Month, day, year) May 12 - 1906.
6. Sex. Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hyrum Elliot Judd
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Grantsville Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Elizabeth Weighall
17. Color or Race White
18. Age at time of THIS birth 29 years
19. Birthplace Grantsville Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name ~~prophylactic used to prevent Ophthalmia~~ Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living None
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) JAN 12 1942 (Date received) (b) Maud F Emerson (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Utah } ss.
County of Tooele }

I, Eleazar H. Judd, being first duly sworn, say that I am related to (Related to (or) acquainted with) Alpha Judd (Name of person on certificate above) as uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are ~~true to the best of~~ my knowledge. I further state that Dr. Emerson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

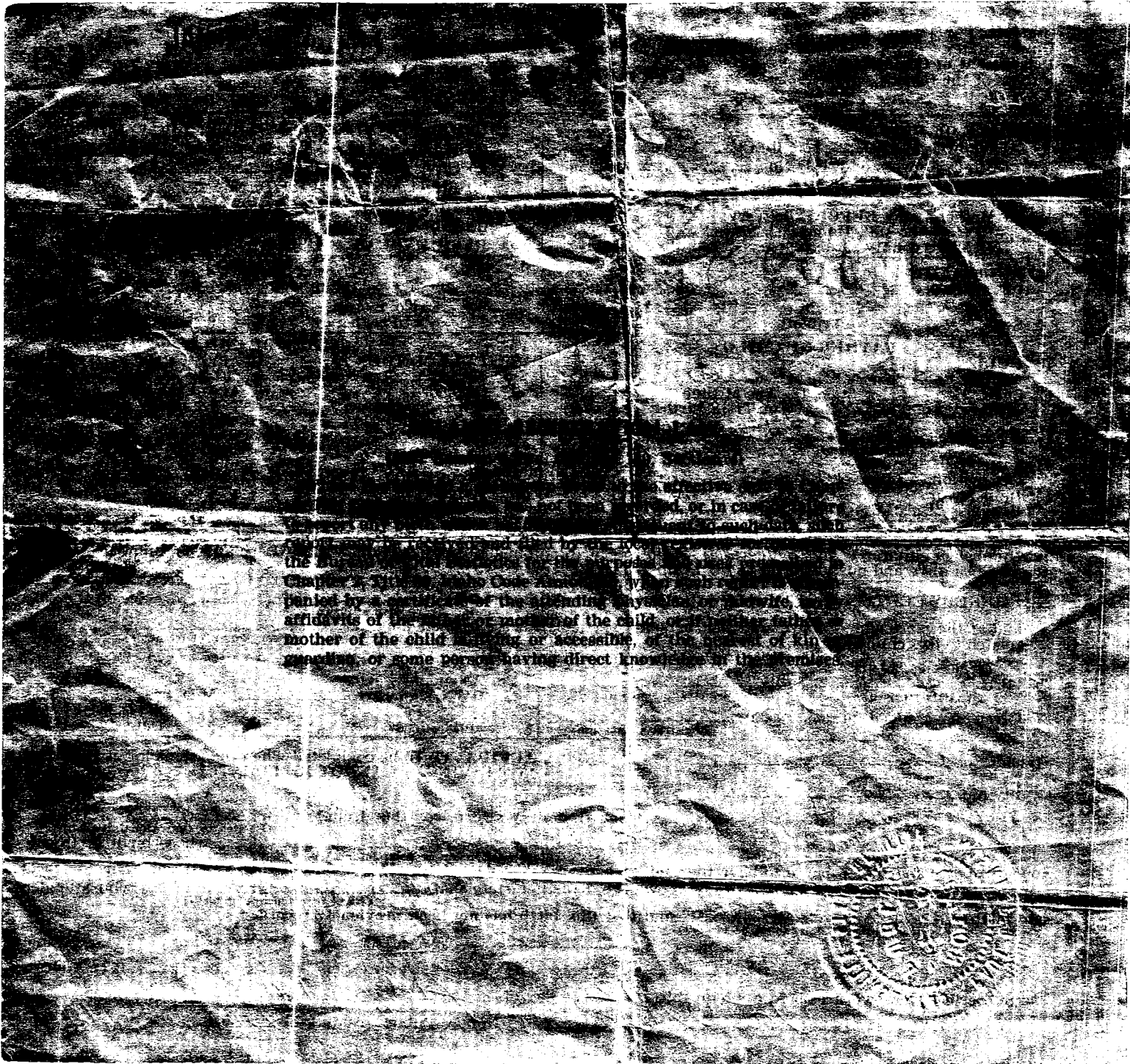
Eleazar H. Judd Name
Grantsville, Utah P. O. Address

Subscribed and sworn to before me on this 12 day of July 1942

(SEAL) Paul L. Johnson Notary Public, residing at Grantsville, Utah

My Commission expires ... 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.



819 112006-362

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328673
Local Reg. No.
Reg. Dist. No.

DEC 29 1941

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Riverside Route
(d) Name of Hospital or Maternity Home: at home Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State ~~Utah~~ Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. Riverside Route
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot Idaho

4. FULL NAME OF CHILD Leo C. Harper

5. Date of Birth of Child (Month, day, year) 4 April 12, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Samuel Harper
11. Color or Race white
12. Age at time of THIS birth ..... yrs.
13. Birthplace London (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Elnora Cobbley
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Pleasant Grove (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Blackfoot Idaho (Born alive, stillborn) at 2-9 M. on the date and at the place stated above, and that personal particulars were furnished by Self (First name) (Last name) who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature F. W. Mitchell M.D. Midwife Address Blackfoot Idaho Date Jan 14/42

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 35 years, and that Dr. Frank W. Mitchell (First name) (Last name) who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. James H. Yancey Signature
405 E. 14th Idaho Falls Ida P. O. Address

Subscribed and sworn to before me this 27 day of December, 1941

(SEAL) W. R. Messick Notary Public, residing at Blackfoot

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dr. Mitchell is still living in Blackfoot.
He must sign certificate.

DATE OF BIRTH ?

Pleasant Idaho
Dec 15, 1941

Bureau of Vital Statistics
Boise Idaho.

DEC 29 1941
No money enclosed

DEC 17 1941
5 + stamp

328673

Gentlemen:

Please send me a birth Certificate of myself.

Born April 12-1906, at ~~Blackfoot~~ Idaho. Name Leo E. Harper, There is no middle name just the Initial E. I am the Son of ~~John Harp~~ John Samuel Harper and Elnora Cobbley.

Very Truly Yours
Leo E Harper

No Record

Return this letter
with 50c for
No person

JAN 12 1942

464 122 028-792

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 26 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328674
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
In **THIS** county 8 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? eight yrs.
(f) Mother's mailing address Harrison, Idaho

3. **RESIDENCE of FATHER** (city, state) Harrison, Ida

4. **FULL NAME OF CHILD** LOUIS PATRICK DOMIANO

5. Date of Birth (Month, day, year) May 22, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** FRANK JACOB DOMIANO
11. Color or Race white
12. Age at time of THIS birth 52 yrs.
13. Birthplace Italy (City or town) (State or foreign country)
14. Exact Occupation Lumbering business
15. Industry or Business Saw Mill don't recall name

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Pisano
17. Color or Race white
18. Age at time of THIS birth 53 yrs.
19. Birthplace Cantazaro, Italy (City or town) (State or foreign country)
20. Exact Occupation house-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5 a. M. on the date and at the place stated above, and that personal particulars were furnished by Edith Domiano (First name) (Last name), who is related to this child as sister (Mother, etc.)

26. (a) DEC 26 1941 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Washington
County of King } ss.

[redacted] Edith Domiano, being first duly sworn, say that I am sister related to (Related to (or) acquainted with)
(Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Busby (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Edythe Damiano Signature
5026 48th. ave SW, Seattle, Wash. P. O. Address

Subscribed and sworn to before me on this 24th. day of December, 1941, 19

(SEAL) [signature] Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

129/18 025-368

328684

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

JAN 10 1942

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Grangeville
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home: in own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 1 years 7 months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. no street address
(e) How long has **MOTHER** lived in Idaho? 1yr 7mos.
(f) Mother's mailing address Grangeville Ida.
3. **RESIDENCE OF FATHER** (city, state) Grangeville

4. **FULL NAME OF CHILD** Richard Scott Abramson

5. Date of Birth (Month, day, year) May 18, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 months. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edwin Oliver Abramson
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Glenwood (City or town) Minn. (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iva Toye
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Lakemills, (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) JAN 10 1942 (Date received) (b) Mabel H Elder (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

27. Given name added on.....by.....(Registrar's signature)

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edwin Oliver Abramson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Richard Scott Abramson (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stockton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Edwin Oliver Abramson Name
1523-A-E-1st Long Beach Calif. P. O. Address

Subscribed and sworn to before me on this 8th day of January 1942

(SEAL) [illegible] NOTARY PUBLIC in and for the County of Los Angeles, State of California, residing at Long Beach Calif.

My Commission Expires Oct. 26, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 135, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Make Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 10 1942 316-110 029-569

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328694
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: Confinement in own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County LaTah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD Richard Norris Laws

5. Date of Birth of Child (Month, day, year) Aug 10, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo

9. Legitimate? ✓

FATHER OF CHILD

10. FULL NAME William Pennington Laws
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Maple Springs, (City or town) North Carolina (State or foreign country)
14. Exact Occupation Postman.
15. Industry or Business U.S. Government

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elzora Norris
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Maple Springs, (City or town) North Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Home Known

23. Number of children of this mother: (a) At time of birth and including this child 7th (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington } ss.
County of Yakima }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person ~~since birth~~ years, and that James N. Clark (First name) (Last name), who attended this birth and Now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Pennington Laws Signature
1107 North 4th Street, Yakima, Wn P. O. Address

Subscribed and sworn to before me this 5th day of January, 1942.

(SEAL) W. P. Matthews Notary Public, residing at Yakima, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1942 by Mabel H. Eells, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 12 194?

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-21 5028-791

328728

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 6 1942 Kootenai

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county at home years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? always yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ida Pearl Howe

5. Date of Birth of Child (Month, day, year) August 15, 1906

6. Sex female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy full time Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jesse Elisha Howe
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Augusta (City or town) Wisc (State or foreign country)
14. Exact Occupation Trucking Transfer business
15. Industry or Business transportation

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Orofino Frances Gray
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Orofino (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5; 13 A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for entire life years, and that Dr. E. E. Fry (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Orofina Frances Gray Howe Signature
Enid Enid, Washington P. O. Address

Subscribed and sworn to before me this 2nd day of January, 19 42
(SEAL) Bertha M. Koch Notary Public, residing at Kirkland
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1942 by Mabel H. Easter, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-109.035-666

United States Department of Commerce Bureau of the Census — (Be sure the information is as of date of birth of THIS child) — State File No. 328806

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No. ____ Reg. Dist. No. ____

JAN 14 1942 Registered

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Lenore
(c) Street Address or R.F.D. No. R.F.D. 1
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Lenore
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? Three yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Harold Don Piatt

5. Date of Birth of Child (Month, day, year) 11/9/1906

6. Sex Male **7.** Twin or Triplet ____ **If so—born** 1st, 2nd, 3rd ____ **8.** No. months of Pregnacy ____ **9.** Legitimate? ____

FATHER OF CHILD

10. FULL NAME Benonia Rollo Piatt
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Adell (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ____

MOTHER OF CHILD

16. FULL MAIDEN NAME Adoline Malinda Wood
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Irvington (City or town) Illinois (State or foreign country)
20. Exact Occupation House-Wife
21. Industry or Business ____

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Clark }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 35 years, and that Catherine Blevins (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adoline Malinda Piatt Signature
P.O. Box 184 Vancouver P. O. Address

Subscribed and sworn to before me this 10th day of January, 1942 Wash.
(SEAL) M. A. Riley Notary Public, residing at Vancouver

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JAN 14 1942 by Maud Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by~~ the ~~local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP OF 1906 358174

[redacted]

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358174
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CLEARWATER (b) City LENORE
(c) Street Address or R.F.D. No. R#1
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Lenore
(d) Street Address or R.F.D. No. #1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Lenore Idaho

4. FULL NAME OF CHILD Harold Don Piatt

5. Date of Birth of Child (Month, day, year) November 9-1906

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benonia Rollo Piatt
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Adel (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Melinda Adeline Wood
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Irvington (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child Six (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 36 years, and that mary (First name) Blevins (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Addie M. Piatt Signature
R#5 - Box 184 Vancouver, Washington P. O. Address

Subscribed and sworn to before me this 15 day of October, 1942

(SEAL) W. Leeb Notary Public, residing at Vancouver, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 17 1942 by Mabel F. Elsfire, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 1906-328806

289-208-022-695

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328813
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Sunnydell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Sunnydell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sunnydell, Ida

4. **FULL NAME OF CHILD** Alma Ann Byrne

5. Date of Birth of Child (Month, day, year) 4-8-1906

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Moses Louis Byrne
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena May Winters
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Phoenix, Arizona (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho, County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 35 years, and that Susanna Briggs (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena May Byrne ..... Signature
Thornton RFD #1, Idaho ..... P. O. Address

Subscribed and sworn to before me this 29th day of December, 1941.
(SEAL) ..... Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JAN 17 1942, by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-113-035-294

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO JAN 8 1942

State File No. 328816
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Canyon~~ Nez Perce (b) City Culdesac
(c) Street Address or R.F.D. No. unknown
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City or town Culdesac
(d) Street Address or R.F.D. No. unknown
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD William Alfred Simmons

5. Date of Birth of Child (Month, day, year) Nov. 13, 1906

6. Sex male

7. Twin or Triplet twin If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7½

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Lewis Simmons
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Walla Walla (City or town), Washington (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda Elizabeth Simmons
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Postelk (City or town), Bohemia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Massachusetts } ss.
County of Middlesex }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 35 years, and that Mrs. Susana Simmons (First name) mother-in-law (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilda Elizabeth Simmons Signature
853 Washington Street Newtonville P. O. Address

Subscribed and sworn to before me this 3rd day of January, 1942

(SEAL) J. Edward Sullivan Notary Public, residing at Newton, Mass.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires May 25/1945

Received for filing on JAN 17 1942 by Maud F. Eddins, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-113-035-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 8 1942

State File No. 328817
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Culdesac~~ Nez Perce (b) City of Culdesac
(c) Street Address or R.F.D. No. Unknown
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Culdesac~~ Nez Perce
(c) City or town of Culdesac
(d) Street Address or R.F.D. No. Unknown
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD John Coram Simmons

5. Date of Birth of Child (Month, day, year) Nov. 13, 1906

6. Sex Male

7. Twin or Triplet twin If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7½

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Lewis Simmons
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Walla Walla Washington (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda Elizabeth Simmons
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Pocatek, Bohemia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ~~None~~ 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Massachusetts
County of Middlesex } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 35 years, ~~and that~~ Mrs. Susan Simmons (First name) Mother in Law (Last name), who attended this birth Is Now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(853 Washington St)

x Matilda Elizabeth Simmons Signature
Newtonville Mass. P. O. Address

Subscribed and sworn to before me this 3rd day of January, 1942.
(SEAL) Edward Callanan Notary Public, residing at Newton, Mass.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires May/25/1945

Received for filing on JAN 17 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 8 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-207-025-413

328829

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 13 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
none. Farm home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No. none.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Kooskia, Idaho.

4. FULL NAME OF CHILD Katie Helen Sensney

5. Date of Birth of Child (Month, day, year) Sept. 7, 1906.

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Wilford Sensney
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Nashville, (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mollie Maloy
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Joplin, (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of WASHINGTON } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 35 years, and that Dr. Adolph F. Wohlenberg (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wilford Sensney ..... Signature

2407 W. Sharp, Spokane, Washington. ..... P. O. Address

Subscribed and sworn to before me this 12th day of January, 1942.

(SEAL) E. J. Parker ..... Notary Public, residing at Spokane, Washington.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1942 by Maud F. Eder, Registrar.

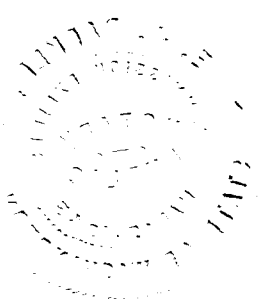
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



JAN 16 1942 365-102-029-133

328849

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 6th
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days Stayed at Home
IN **THIS** county 7 years 2 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 6th St
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Moscow Idaho

3. RESIDENCE of FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD Charles James Long

5. Date of Birth (Month, day year) Dec 2nd 1906

6. Sex Male

7. ~~Twin~~ or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Joiner Long
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Chesham (City or town) Buck England (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosettie May Allen
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Redmond (City or town) California (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 16 1942 (Date received) (b) Mary E Alden (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Hattie B. Flieger, being first duly sworn, say that I am aunt (Related to (or) acquainted with) Charles James Long (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. A. Adair (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Hattie B Flieger Signature
Moscow Idaho P. O. Address

Subscribed and sworn to before me on this 12 day of January 1942

(SEAL) E. S. Thompson Notary Public, residing at Moscow, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-22-029-238

328857

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 13 1942

1. PLACE OF BIRTH
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: at home
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 3 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 mos yrs.
(f) Mother's mailing address Potlatch

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Effie Martha Westensee

5. Date of Birth (Month, day year) 12-27-1906

6. Sex female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd ✓ **8.** No. months of Pregnancy 9 months Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles George Westensee
11. Color or Race white **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Berg (City or town) Germany (State or foreign country)
14. Exact Occupation Meat cutter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elise Schottle
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Stuttgart (City or town) Germany (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JAN 13 1942 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Charles G. Westensee, being first duly sworn, say that I am related to (mother) (Related to (or) acquainted with) Effie Martha Westensee (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that La Faste not sure of spelling (Name of attendant at birth), who attended said birth reported deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Charles G. Westensee Signature
P. O. Address

Subscribed and sworn to before me on this 2nd day of January 1942

(SEAL) Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 27 1968

APR 30 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-121-004-214

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO JAN 15 1942

State File No. 328877
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. South 9th St
(d) Name of Hospital or Maternity Home: Birth at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. South 9th St
(e) How long has **MOTHER** lived in Idaho? 11 ~~yrs.~~ mo

3. RESIDENCE OF FATHER (city, state) Montpelier Ida

4. FULL NAME OF CHILD Edward Golden Sarbach

5. Date of Birth of Child (Month, day, year) Nov 21st 1906

6. Sex male

7. Twin or Triplet single birth If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Edward Sarbach
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Buffalo (City or town) New York (State or foreign country)
14. Exact Occupation Bricklayer
15. Industry or Business Private construction

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Bauman
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Paris (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 35 years, and that Dr E. F. Guyon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary B. Sarbach Signature
521 - East 3rd St Long Beach P. O. Address

Subscribed and sworn to before me this 3rd day of January, 1942

(SEAL) Beatrice L. Sarbach Notary Public, residing at Long Beach, Calif. My Commission expires May 28, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1967

DEC 24 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-125-001-799 328941

United States
Department of Commerce JAN 20 1942
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328941
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 2103 No 14th St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 2103 No 14 St
(e) How long has **MOTHER** lived in Idaho? [redacted] yrs.

3. RESIDENCE OF FATHER (city, state) Boise 20 Idaho

4. FULL NAME OF CHILD Leon Lester Weeks

5. Date of Birth of Child (Month, day, year) 11-25-06

6. Sex MALE

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Cecil Lionel Weeks
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Livestock
15. Industry or Business Livestock

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ALTA GERTRUDE GRIGGS
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business SAME

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature James Stewart M.D. Midwife Address Boise Idaho Date Jany 20 1942

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by Maud F. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 21 19[illegible]

DEC 22 1965

AUG 3 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-211-016-514

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO JAN 15 1942

State File No. 328966
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City ALMO
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: NONE.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 7 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CASSIA
(c) City ALMO
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) ALMO. IDAHO

4. FULL NAME OF CHILD HAROLDEEN WEBB

5. Date of Birth of Child (Month, day, year) 4-11-1906

6. Sex FEMALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo. **9.** Legitimate? YES.

FATHER OF CHILD

10. FULL NAME GRANT WARREN WEBB
11. Color or Race White **12.** Age at time of THIS birth 19 yrs.
13. Birthplace WILLCOX ARIZONA (City or town) (State or foreign country)
14. Exact Occupation CARPENTER & FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine PERMELIA EAMES
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace ALMO - IDAHO (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE —

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4 Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of CALIFORNIA
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 36 — years, and that ANNIE GREEN (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine Permelia Webb Signature
1637 No. Mariposa L.A. P. O. Address

Subscribed and sworn to before me this 13th day of JANUARY —, 1942

(SEAL) Eugene A. Burke Notary Public, residing at Los Angeles Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Aug. 13, 1945.

Received for filing on JAN 15 1942 by ..... Registrar.

JAN

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

989-229-001-445 329036

329036

United States
Department of Commerce
Bureau of the Census

JAN 23 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1620 N-14th
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 4 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1620 N-14th
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Goldie Edna Ihrig

5. Date of Birth of Child (Month, day, year) May 29-1906

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Warren Ihrig
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Lancaster (City or town) Penn. (State or foreign country)
14. Exact Occupation Plasterer
15. Industry or Business Contractor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret M. Duncan
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Armagh (City or town) Ireland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 35 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eugenia Ihrig Leininger Signature
Meridian Ida. P. O. Address

Subscribed and sworn to before me this 23rd day of January, 1942
(SEAL) [signature] Notary Public residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-218-020-294 329067

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

JAN 26 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329067
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Loveridge

5. Date of Birth of Child (Month, day, year) Dec 18 1906

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ray Fisk Loveridge
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Mountain City (City or town) Nevada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Phoebe Simmons
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Parnell (City or town) Missouri (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Alice (First name) Black (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Alice Black M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 36 years, and that Alice (First name) Black (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Black Signature

P. O. Address

Subscribed and sworn to before me this 22nd day of January, 1942.

(SEAL) James J. Anderson Notary Public, residing at Los Angeles California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Received for filing on JAN 26 1942 by Mabel Reed, Registrar.

My Commission

JAN 2 6 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

293-110-04K-469

329068

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329068
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 6 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? All yrs.

3. RESIDENCE OF FATHER (city, state) Mesa, Idaho

4. FULL NAME OF CHILD Perry Morris Kilborn

5. Date of Birth of Child (Month, day, year) 3/10/1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Cyrus Marvin Kilborn
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Midvale (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business — —

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Etta Morris
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Montezuma (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Adams }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 35 years, and that Mrs. Mary Revis, midwife (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cyrus Marvin Kilborn Signature

Mesa, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of January, 1942

(SEAL) [signature] Notary Public, residing at Council

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 21 1942 by [signature] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

942 - 110-006-295

329083

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 20 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Iona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Iona Ida.

4. FULL NAME OF CHILD Nathan Delane Russell

5. Date of Birth of Child (Month, day, year) May 10 1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Henry Jackson Russell
11. Color or Race white **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Payson (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anne Larcena King
17. Color or Race white **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Goshen (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for years, and that Sarah Rowberry (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Annie L Russell Signature
Iona Idaho P. O. Address

Subscribed and sworn to before me this 8 day of Jan., 19 42
(SEAL) Eugene Olsen Notary Public, residing at Iona.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by Carl Olsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge to filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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294-106-014-699

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329105
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida

4. FULL NAME OF CHILD Russell Firestone Simmons

5. Date of Birth of Child (Month, day, year) March 6, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Edward Simmons

11. Color or Race white

12. Age at time of THIS birth dont know yrs.

13. Birthplace Cedar County, Mo. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Firestone W

17. Color or Race white

18. Age at time of THIS birth Done knc yrs.

19. Birthplace Cedar County, Mo. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the second cousin (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 75 years of age, that I have known this person for 35 years, and that Dr. J. J. Hamilton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eugene E. Meek — Signature

Caldwell, Idaho — P. O. Address

Subscribed and sworn to before me this 13th day of January, 1942

(SEAL) Emma E. Thomson Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Exp-10-5-45

Received for filing on JAN 15 1942 by ..... Registrar.

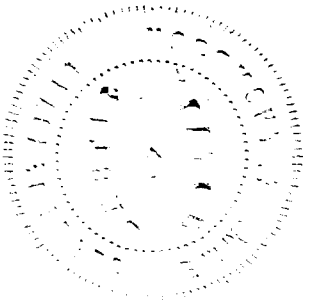
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



214-108-035-795

329133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 20 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County NEZ PERCE (b) City LEWISTON
(c) Street Address or R.F.D. No. 96 7th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County NEZ PERCE
(c) City LEWISTON
(d) Street Address or R.F.D. No. 96-7th St.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) DECEASED

4. FULL NAME OF CHILD Floyd Wesley Bame

5. Date of Birth of Child (Month, day, year) NOV. 8-1906

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** NOAH RICHARD BAME
11. Color or Race W.
12. Age at time of THIS birth 31 yrs.
13. Birthplace SPRINGFIELD (City or town) OHIO (State or foreign country)
14. Exact Occupation PAINTER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LILLY PIERCE
17. Color or Race W.
18. Age at time of THIS birth 24 yrs.
19. Birthplace DEER LODGE (City or town), MONTANA (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Powell } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

X I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lilly Pierce Signature
P. O. Address

Subscribed and sworn to before me this 16th day of January, 1942
(SEAL) Daniel B. Hertz Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Clerk & Recorder, Powell County, Montana. by [illegible], Registrar.
JAN 20 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-126-015-566

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 15 1942

State File No. 329152
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Crawford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 4 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Crawford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clifton Wallace Connyers

5. Date of Birth of Child (Month, day, year) Oct 26, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Cleveland Connyers
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Payette (City or town) Idaho (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business Seattle-Tacoma Shipyards.

MOTHER OF CHILD

16. FULL MAIDEN NAME Olive Jessie Howick
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Wichita (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 35 years, and that John C. (First name) Connyers (Last name), who attended this birth October 26th 1906 (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Cleveland Connyers Signature

6527 51st Ave So. Seattle Wn. P. O. Address

Subscribed and sworn to before me this 13th day of January, 1942

(SEAL) Charles L. Hammergren Notary Public, residing at Seattle, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

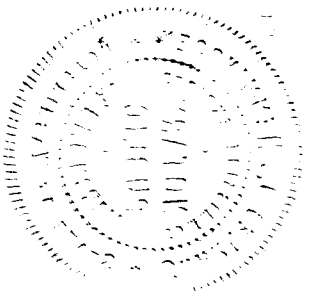
Received for filing on JAN 15 1942 by Maud Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



113-21-1635-753

329153

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Spalding
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Spalding

4. FULL NAME OF CHILD Madeline Agnes Jackson

5. Date of Birth of Child (Month, day, year) May 18 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lycurgus Jackson
11. Color or Race White **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Randolph (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Etta Peters
17. Color or Race White **18.** Age at time of THIS birth 44 yrs.
19. Birthplace Denver (City or town) Colorado (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for years, and that Lycurgus (First name) Jackson (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lycurgus Jackson Signature

P. O. Address

Subscribed and sworn to before me this 13 day of January, 1942

(SEAL) Notary Public, residing at Nezperce Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Mary Felger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-110-029-544

329155

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 15

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latha (b) City Genesee
(c) Street Address or R.F.D. No. G. delivery
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. G. delivery
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD William LaRoy Burdge

5. Date of Birth of Child (Month, day, year) Nov. 10-1904

6. Sex boy **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Richard Burdge
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Boston (City or town) Mass. (State or foreign country)
14. Exact Occupation Western Union
15. Industry or Business Western Union

MOTHER OF CHILD

16. FULL MAIDEN NAME Harris Jane Edwards
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Watford (City or town) Ontario (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California, County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 35 years, and that Mrs. Cennant (First name) (Last name), who attended this birth, is deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet Jane Burdge Signature

1609 Latham Box 381 P. O. Address

Subscribed and sworn to before me this 10 day of January, 19 42 at Hollywood

(SEAL) Harry C. Woods Notary Public, residing at Reseve Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Maud E. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-109-003-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 19 1942

State File No. 329188
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Thatcher
(c) Street Address or R.F.D. No. Gen Del
(d) Name of Hospital or Maternity Home: Home Delivery
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 1 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Thatcher
(d) Street Address or R.F.D. No. Gen Del
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Thatcher Ida

4. FULL NAME OF CHILD Raleigh Lom Wallace

5. Date of Birth of Child (Month, day, year) Dec 9-06

6. Sex Male

7. Twin or Triplet — If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Jean Le Roy Wallace
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace New York N Y (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Amelia Cole
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Morgan Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for ..... years, and that Amy (First name) Toone (Last name), who attended this birth Cannot be Located (~~Is now deceased~~) or (Cannot be located) and further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lucy A Johnson Signature
2664 Liberty Ave Ogden Ut P. O. Address

Subscribed and sworn to before me this 16 day of Jan. 1942

(SEAL) [signature] Notary Public, residing at Ogden Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in bearing FIRST-CLASS postage to State Bureau of Vital Stat copy requires an advance payment of fifty cents, money ord eting this certificate. Mail COMPLETED certificate in envelope Boise, Idaho, for filing. No charge for filing. Each certified coin.

JAN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior t[redacted] Chapter 191, 1911 Session Laws, has not bee[redacted] failure to report any birth which has occu[redacted] date, such report may be received and filed b[redacted] record in the Bureau of Vital Statistics for[redacted] prescribed in Chapter 2, Title 38, Idaho Cod[redacted] report is accompanied by a certificate of the[redacted] midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-22-7006-693

329206

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 12 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BINGHAM (b) City BLACKFOOT
(c) Street Address or R.F.D. No. GEN. DEL.
(d) Name of Hospital or Maternity Home: NONE —
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City BLACKFOOT
(d) Street Address or R.F.D. ~~No.~~ GEN. DEL.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address GEN DEL.

3. RESIDENCE of FATHER (city, state) BLACKFOOT, IDA.

4. FULL NAME OF CHILD AMY IRETA HATCH

5. Date of Birth (Month, day year) JUNE 25, 1906

6. Sex FEMALE **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME ALVA J. HATCH

11. Color or Race WHITE **12.** Age at time of THIS birth 24 yrs.

13. Birthplace KOOSHAREM (City or town) UTAH (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business FARMING

MOTHER OF CHILD

16. FULL MAIDEN NAME IDA MAE WILDE

17. Color or Race WHITE **18.** Age at time of THIS birth 22 yrs.

19. Birthplace MINK CREEK (City or town) IDAHO (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living YES (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 8-A-M M. on the date and at the place stated above, and that personal particulars were furnished by Ida Mae Hatch (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 12 1941 (Date received) (b) Mary E. Field (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ida Mae Hatch, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Amy Ireta Hatch (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F. W. Mitchell (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ida Mae Hatch. Signature

P. O. Address

Subscribed and sworn to before me on this 6th day of December 1941.

(SEAL) L M Powell Notary Public, residing at El Monte, Calif

My commission expires June 2, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-104-0044-719

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329214
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 2 years / month . days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Long Beach, Wash

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Kingsley Frank Marks

5. Date of Birth (Month, day, year) Aug. 4th 1906

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME ~~Henry~~ Nelson Henry Marks
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Stone Mason
15. Industry or Business " "

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie T Parsley
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace (City or town) Whealand (State or foreign country) Missoura
20. Exact Occupation Housewife
21. Industry or Business Some

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead — (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 14 1942 (Date received) (b) Mary F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Pacific }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elsie T Marks, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Kingsly Frank Marks (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. George Waterhouse (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs ~~[illegible]~~ Elsie T Marks Signature
Long Beach Wash P. O. Address

Subscribed and sworn to before me on this 2nd day of January, 1942

(SEAL) Harry E Hall Notary Public, residing at Long Beach, Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed ~~in Chapter 2, Title 38, Idaho Code Annotated~~, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

615-112-004-313

329241

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 14 1942

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Bear Lake (b) City Georgetown
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 17 years 10 month 22 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Georgetown
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.
   (f) Mother's mailing address Georgetown, Ida

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Herbert Ivyl Hansen

5. Date of Birth (Month, day, year) 2-12-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herbert Erastus Hansen
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Fairview, Sanpete Co., Utah (City or town) (State or foreign country)
14. Exact Occupation U.P. Railroad employee
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emeline Latham
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Georgetown, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JAN 14 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emeline L. Hansen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Herbert Ivyl Hansen (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Chas. Clark (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Emeline Latham Hansen Signature

504 - 13th Ave No Nampa Idaho P. O. Address

Subscribed and sworn to before me on this 12th day of January, 1942

(SEAL) [signature] Notary Public, residing at Nampa, Idaho

FEB 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

545.207.001-213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329244
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 809 Brumback
(e) How long has **MOTHER** lived in Idaho? 37 yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state): Boise Ida.

4. **FULL NAME OF CHILD** EDNA - MAE EMERSON
5. Date of Birth (Month, day, year) Dec. 7 1906
6. Sex FEMALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George R. Emerson
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Mound City (City or town) Missouri (State or foreign country)
14. Exact Occupation Carpenter.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EFFIE A. BATES
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace STAYTON (City or town) OREGON (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JAN 19 1942 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Geo. Haley (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Mrs. G.R. Emerson Signature

P. O. Address

Subscribed and sworn to before me on this 14 day of April, 19 42.

(SEAL) S. L. Gill Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1942

DELAYED REGISTRATION LAW

(1941 Session Laws, Chapter 191, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1941 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purpose and upon prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432 JAN 26 1942 14-293 330354

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 330354
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 615 - 11th Ave. S
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 615 - 11th Ave. S
(e) How long has **MOTHER** lived in Idaho? .....yrs.
(f) Mother's mailing address Do

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Dorothy Lewa McKee

5. Date of Birth (Month, day year) Sept 20-1906

6. Sex Fem. 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hugh Parks McKee
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Mason Center Penn (City or town) (State or foreign country)
14. Exact Occupation Mer. Chant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vera Billings
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Mason Penn (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol argyrol
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by Hugh P McKee (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) JAN 26 1942 (Date received) (b) ..... (Registrar's signature)

25. Attendant's **OWN** signature J. H. Murray M.D. (D.O., Midwife, etc.) and address Nampa Date 2da

27. Given name added on ..... by ..... (Registrar's signature)

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

JAN 26 1942

AUG 9 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-223-06/-791 330357

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330357
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 846 Warm Springs Ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 846 Warm Springs
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Frances Edna Forshay

5. Date of Birth of Child (Month, day, year) MARCH 23 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elmer Elsworth Forshay
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Patterson (City or town) New Jersey (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Adaline Gray
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Star (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was bornalive (Born alive, stillborn) at ——— M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Mary A. Calloway M.D. ~~Midwife~~ Address Boise Idaho Date 1-26-1942

State of ... } ss.
County of ... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Mary E. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113-111-836-168 330361

United States JAN 26 1942 (Be sure the information is as of date of birth of THIS child) State File No. 330361
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City American Falls.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Roy Harland Jacobs

5. Date of Birth of Child (Month, day, year) Oct. 11-1906

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Bennett Jacobs
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation barber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Phoebe A. Johnson
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Brigham City Utah (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 3-

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 35 years, and that Phoebe A. Jacobs Dr. Cooper (First name) (Last name) who attended this birth Cannot be Located (~~Is now deceased~~) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Phoebe A. Jacobs Signature
Kimberly Ida Box 274 P. O. Address

Subscribed and sworn to before me this 21 day of January, 1942
(SEAL) Geo. A. Davison Notary Public, residing at Twin Falls Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Maud [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-119-028-443

330424

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
JAN 24 1942 STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Rathdrum, Idaho

4. FULL NAME OF CHILD Leclair William Stoddard

5. Date of Birth of Child (Month, day, year) March 9, 1906

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Walter Warren Stoddard
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace France (City or town) Minnesota (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Alleta Dutton
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Wapun (City or town) Wisconsin (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for years, and that Dr Twenty (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Alleta Stoddard Signature
Hayden Lake Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of Jan, 1942

(SEAL) Harry E Welch Notary Public, residing at Coeur D'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by Mary E Welch, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

N 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 12 1942 213-106-030-236

330426

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 1 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Salmon Idaho

4. FULL NAME OF CHILD Thomas Henderson Ball

5. Date of Birth of Child (Month, day, year) Sept 6th 1941

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Seth Atwood Ball
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace California Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Stone ~~Hall~~
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Mulberry, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 35 years, and that Mrs. Margaret H. Clark (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Stone Ball ..... Signature

Salmon, Idaho ..... P. O. Address

Subscribed and sworn to before me this 9th day of January, 1942

(SEAL) W. W. Simmonds, Clerk of the ~~Notary Public, residing at~~ District Court, in and for Lemhi County, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.) By Clover Edwards Deputy

Received for filing on JAN 12 1942 by Maud Field, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

945-211-014-551

330433

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH - STATE OF IDAHO

Canyon JAN 24 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ~~Gem~~ (b) City Emmett
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ~~Gem~~
   (c) City Emmett Canyon
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Ida.

4. **FULL NAME OF CHILD** Barbara Ann Zierlein

5. Date of Birth of Child (Month, day, year) June 11, 1906

6. Sex female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Leroy Zierlein
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Custer Co (City or town) Nebraska (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Haying for farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dresda Mona Neal
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Gem Co (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ (Born alive, stillborn) M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon
County of Deschutes } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 35 years, and that Green (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dresda Mona (Neal) Zierlein Signature

1565 Fresno St., Bend, Oregon P. O. Address

Subscribed and sworn to before me this 21st day of January, 1942

(SEAL) Irma M. Brown Notary Public, residing at Bend, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com Exp 8/31/43

Received for filing on JAN 24 1942 by Maud Field, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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719 103-028-714

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 24 1942

State File No. 330437
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenea (b) City Sand Point
(c) Street Address or R.F.D. No. 102 Pine st.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 2 months 27 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenea
(c) City Sand Point
(d) Street Address or R.F.D. No. 102 Pine st
(e) How long has **MOTHER** lived in Idaho? 4½ yrs.

3. RESIDENCE OF FATHER (city, state) Seattle Wash

4. FULL NAME OF CHILD Roy. Vernon Parish

5. Date of Birth of Child (Month, day, year) July 3 Tues 1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George William Parish
11. Color or Race white american
12. Age at time of THIS birth 29 yrs.
13. Birthplace Bath Illinois (City or town) (State or foreign country)
14. Exact Occupation Building worker
15. Industry or Business Building Indrusty

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eleanor Padden
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace warm Springs So Dak (City or town) (State or foreign country)
20. Exact Occupation Laundry worker
21. Industry or Business Laundry

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of wash
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for years, and that Dr Max Kinnon (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geo. W. Parish Signature
2720 - 10 South Seattle Wash Address

Subscribed and sworn to before me this 23 day of Jan, 1942
(SEAL) Edward J. Logan Notary Public, residing at DEPUTY AUDITOR, KING COUNTY, WASHINGTON

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

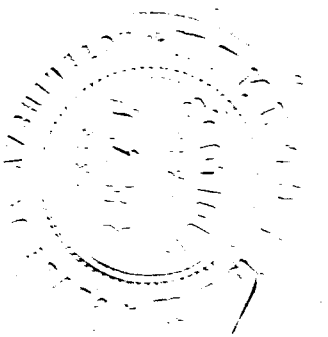
JAN 27 1942

MAR 6 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



662-121-01K-394

330446

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Miss Wilsons Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette Canyon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ogden Utah

4. **FULL NAME OF CHILD** Fredrick Reynold Foster

5. Date of Birth of Child (Month, day, year) 11/21-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Payne Foster
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Musician
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Lillian Crumpe
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Herriman (City or town) Utah (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary L. Foster (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature F R Woodworth M.D. ~~Midwife~~ Address Payette Idaho Date 1/15/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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793-208-029-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330457
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City --
(c) Street Address or R.F.D. No. farm
(d) Name of Hospital or Maternity Home: private home, farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 2 months 25 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No. on farm
(e) How long has **MOTHER** lived in Idaho? 14½ yrs.

3. RESIDENCE OF FATHER (city, state) Latah County, Idaho.

4. FULL NAME OF CHILD Mable Hester Gilmore

5. Date of Birth of Child (Month, day, year) August 8, 1906.

6. Sex female
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Lincoln Martin Gilmore
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace farm, near Palouse, Washington (City or town) (State or foreign country)
14. Exact Occupation common laborer
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iola Margaret Martin
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Palouse, Washington (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum not to my knowledge
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Lincoln Gilmore (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature W. S. Hart, M. D. M.D. ~~Midwife~~ Address Palouse Wn Date 1-15-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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653-22-0447-796

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330463
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years X months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser.

4. **FULL NAME OF CHILD** Marguerite Anna Felthouse.

5. Date of Birth of Child (Month, day, year) Jan. 22, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Noah S. Felthouse
11. Color or Race wht.
12. Age at time of THIS birth 34 yrs.
13. Birthplace Putnam Co (City or town) Ohio (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Gen merchandice

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Della Prough
17. Color or Race wht.
18. Age at time of THIS birth 28 yrs.
19. Birthplace Shipshewana (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 A.M. on the date and at the place stated above and that personal particulars were furnished by Noah S. Felthouse (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Joseph R Numbers M.D. ~~Midwife~~ Address Boise Ida Date 1-12-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 16 1942 by Maud Felton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168-103-029-039

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 22 1942

State File No. 330466
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 1 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Washington (b) County Whitman
(c) City Pawawai
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 1 mo. 4/4

3. **RESIDENCE OF FATHER** (city, state) Pawawai, Wash.

4. **FULL NAME OF CHILD** Walter Roscoe Johnson

5. Date of Birth of Child (Month, day, year) October 3, 1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Arthur Johnson
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Summerfield, Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Wilhelmina Strate
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Lexington, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name), who is related to this child as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Midwife _____ Address _____ Date _____

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 35 years, and that Dr. Gritman (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia Strate Johnson Signature
6356-36 Ave. S.W. Seattle Wash. P. O. Address

Subscribed and sworn to before me this 17 day of Jan., 1942

(SEAL) Josephine Peterson Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

FEB 5 19

OCT 16 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may~~ be ~~received~~ and ~~filed by~~ the ~~local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-231-025-813

330505

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Cottonwood
   (c) Street Address or R.F.D. No. --
   (d) Name of Hospital or Maternity Home: At home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Cottonwood
   (d) Street Address or R.F.D. No. --
   (e) How long has **MOTHER** lived in Idaho? about 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cottonwood, Ida.

4. **FULL NAME OF CHILD** Selma Julia Butler

5. Date of Birth of Child (Month, day, year) Aug. 31, 1906

6. Sex Female

7. Twin or Triplet -- If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Myron George Butler
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rebecca Jane Hale
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 35 years, and that Mary Ann Butler (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Butler Signature

Cottonwood, Ida. P. O. Address

Subscribed and sworn to before me this 17 day of January, 1942

(SEAL) John H. Boone Notary Public, residing at Cottonwood Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Mary F Edden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-116-035-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO JAN 15 1942

State File No. 330531
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperse (b) City Culdesac
(c) Street Address or R.F.D. No. ---------
(d) Name of Hospital or Maternity Home: Mother's residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 10 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperse
(c) City Culdesac
(d) Street Address or R.F.D. No. ------
(e) How long has **MOTHER** lived in Idaho? 5½ plus yrs.

3. RESIDENCE OF FATHER (city, state) Culdesac, Idaho

4. FULL NAME OF CHILD George Elmo Mattson

5. Date of Birth of Child (Month, day, year) Aug. 16, 1906

6. Sex Male

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd ----

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Herman Amil Mattson
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Kokato, Minnesota (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Aurelia Kidwell
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Greenfield, Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business -----

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 35 years, and that Dr. ..... (First name) Burke (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Aurelia Mattson Signature
707 So. 4th St., Yakima, Wash. P. O. Address

Subscribed and sworn to before me this 13th day of January, 1942.
(SEAL) Hugo T. Luhman Notary Public, residing at Yakima.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

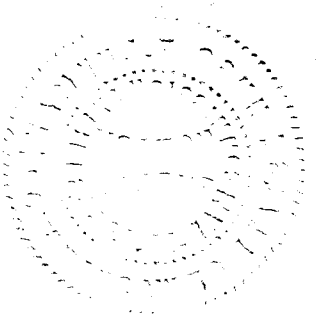
JAN 27 1942

MAY 25 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



296-123-007-264

330572

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330572
Local Reg. No. 2
Reg. Dist. No. 410

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Picabo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Picabo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Picabo, Idaho

4. FULL NAME OF CHILD Ernest Gail Broadie

5. Date of Birth of Child (Month, day, year) July 23, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James R. Broadie
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Benton County, Indiana (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah E. Southard
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Jasper County, Indiana (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum H2O-

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 35 years, and that Alice (First name) Lloyd (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah E. Broadie Signature
Bellevue, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of December, 1941

(SEAL) B. P. Thamm, Clerk of the District Court ~~Notary Public~~, residing at Hailey, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1-14-1942 by Robert H. Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-112-020-855

330580

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 19 1942

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No. rural
(d) Name of Hospital or Maternity Home: residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ——days. IN **THIS** county one years one month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No. rural
(e) How long has **MOTHER** lived in Idaho? 1 yrs. yrs.
(f) Mother's mailing address Mountain Home

3. RESIDENCE of FATHER (city, state) Mountain Home Idaho

4. FULL NAME OF CHILD Robert Fielding Cooke

5. Date of Birth (Month, day year) July 12, 1906

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnancy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Henry Cooke
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Spring City, Tennessee (City or town) (State or foreign country)
14. Exact Occupation Sheep raising
15. Industry or Business Farmer and Livestock

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Henderson
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Madisonville, Tennessee (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two (c) Born alive and now dead None (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ——— at ——— M. on the date (born alive, stillborn)
and at the place stated above and that personal particulars were furnished by ——— (First name) (Last name), who is related to this child as ——— (Mother, etc.)

26. (a) JAN 19 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ——— by ——— (Registrar's signature)

25. Attendant's **OWN** signature ——— M.D. (D.O., Midwife, etc.)
and address ——— Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of California } ss.
County of Orange }

I, Mary H. Cooke, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert Fielding Cooke (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Mather (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary H. Cooke Signature
R1-Box 92 La Habra Calif. P. O. Address

Subscribed and sworn to before me on this 17 day of January 1942

(SEAL) [signature] NOTARY PUBLIC

My Commission Expires Oct. 11, 1942

In and for the County of Orange, State of California

Fullerton Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 8 ? 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-122-040-629

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330602
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Black Bear
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Black Bear
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) 2 Yrs.

4. FULL NAME OF CHILD Raymond Snyder Smith

5. Date of Birth of Child (Month, day, year) Sept. 22, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 2nd.

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Frederick Smith
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Joplin, Mo. (City or town) (State or foreign country)
14. Exact Occupation Clerk in Store
15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Josphine O'Brien
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Joplin, Mo. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 35 years, and that do not know (First name) (Last name), who attended this birth do not know (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vallye Marie Gleason Signature
2508 East Spring, Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 13th day of January, 1942.
(SEAL) Lucille A. Archey Notary Public, residing at Seattle.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 16 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113-11-9022-855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330616
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Lelawson
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lelawson
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Lelawson, Ida.

4. FULL NAME OF CHILD Grayson Alonzo Jackson

5. Date of Birth of Child (Month, day, year) 12-19-1906

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Alonzo Jackson

11. Color or Race English

12. Age at time of THIS birth 26 yrs.

13. Birthplace Beaver City Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Hendrickson

17. Color or Race American

18. Age at time of THIS birth 21 yrs.

19. Birthplace Smithfield (City or town) (State or foreign country)

20. Exact Occupation Home Maker

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for years, and that Dr. Keith (First name) (Last name), who attended this birth cannot locate (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel Alonzo Jackson Signature

Hill Spring Alberta Can. P. O. Address

Subscribed and sworn to before me this 17th day of January, 1942

(SEAL) John B. Merrill Notary Public, residing at Hill Spring Alberta

(Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by Registrar.

Use BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope with PRESS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy in advance payment of fifty cents, money order or coin.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659 .220-44-315

330618

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At temporary residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Alpine
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 mos. yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Laurel Ferril

5. Date of Birth of Child (Month, day, year) Feb. 20, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Daniel Patton Ferril
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Excelsior Springs, Mo. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Mabel Winnifred Lansing
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Loomis, Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for nearly 36 years, and that Name (First name) forgotten (Last name), who attended this birth, Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie M. W. Lawrence (formerly Ferril) Signature

Rt. 1, Gaston, Oregon P. O. Address

Subscribed and sworn to before me this 19th day of January, 19 42

(SEAL) [illegible] Notary Public, residing at Forest Grove Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by [illegible], Registrar.

MAY 13

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-128-044-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330629
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Midvale
   (c) Street Address or R.F.D. No. Star Route
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 1 months 28 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Midvale
   (d) Street Address or R.F.D. No. Star Route
   (e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. **RESIDENCE OF FATHER** (city, state) Midvale Idaho

4. **FULL NAME OF CHILD** Johnny Dean Craig

5. Date of Birth of Child (Month, day, year) Feb 28th 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clarance Edwin Craig
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Madison (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farming & Stock raising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Myrtle Smith
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Lenxity (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 69 years of age, that I have known this person for 36 years, and that Cynthia (First name) Craig (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clarance Edwin Craig Signature

Midvale Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of January, 1942

(SEAL) [illegible] Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

514-225-019-793

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330637
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mackay
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Mackay, Idaho

4. FULL NAME OF CHILD Marie Gertrude Vaught

5. Date of Birth of Child (Month, day, year) Aug. 25, 1906

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Madison Scott Vaught
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Kansas Kentucky (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Rose Gill
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 35 years, and that Dr. C. F. Baker (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

M. S. Vaught Signature

P. O. Address

Subscribed and sworn to before me this 20 day of January, 1942.

(SEAL) ..... Notary Public, residing at Mackay, Idaho

My Commission Expires Aug. 1, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 27 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-11-008-292 330654

United States (Be sure the information is as of date of birth of THIS child) State File 330654
Department of Commerce JAN 28 1942 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City Alpha
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Alpha
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Alpha Idaho

4. **FULL NAME OF CHILD** Harry Athos Olson

5. Date of Birth of Child (Month, day, year) June 11 1906

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Christian H. Olson

11. Color or Race White

12. Age at time of THIS birth 45 yrs.

13. Birthplace Christiania (City or town) Norway (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada EMMaline Sisler

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Breckenridge, (City or town) Colorado (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Vassey }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 35 years, and that Mrs Tirza Thayer (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Olson Signature
Cascade Idaho P. O. Address

Subscribed and sworn to before me this 27th day of January, 1942

(SEAL) M.D. Kerby Notary Public, residing at Cascade, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be~~ received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-105-004-469 330655

United States
Department of Commerce JAN 28 1942
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330655
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier, Id

4. FULL NAME OF CHILD David Leland Martin

5. Date of Birth of Child (Month, day, year) Apr. 5, 1906

6. Sex male
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Richard Martin
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Samaria, Idaho (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Ellen Morse
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Samaria, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 35 years, and that Dr Orr Poynter (First name) (Last name), who attended this birth and cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine A. Hoskins Signature
Montpelier, Idaho. P. O. Address

Subscribed and sworn to before me this 10 day of January, 1942

(SEAL) Levi Aland Notary Public, residing at LEVI ALAND NOTARY PUBLIC MONTPELIER, IDAHO MY COMMISSION EXPIRES DECEMBER 15, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-12-09-493 JAN 29 1942 330672 330672

United States Department of Commerce Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 ~~XXX~~ years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Leslie Dickinson Shellworth

5. Date of Birth of Child (Month, day, year) April 21, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8½

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Julius Leslie Shellworth
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Buffalo Gap (City or town) Texas (State or foreign country)
14. Exact Occupation Groceryman
15. Industry or Business Retail Grocery

MOTHER OF CHILD

16. FULL MAIDEN NAME Fanny Gunn Dickinson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Chicago (City or town) Ill. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Fanny (First name) Shellworth (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Grace D. Wickersham. ~~MD~~ ~~Midwife~~ Address Boise, Idaho Date 1-28-42

State of ... } ss.
County of ... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that ... (First name) ... (Last name), who attended this birth ... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

... Signature

... P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ... Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by Mary E. Eagle, Registrar.

JAN 29 1942

SEP 14 1942

AUG 14 1943

SEP 16 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-106-007-154 330684

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330684
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Carrol
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 38 years 7 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carrol
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho-Carrol

4. FULL NAME OF CHILD John Wesley Kromrei

5. Date of Birth of Child (Month, day, year) 9-6-1906

6. Sex Male

7. Twin or Triplet /

If so—born 1st, 2nd, 3rd /

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Julius Kromrei

11. Color or Race White

12. Age at time of THIS birth 43 yrs.

13. Birthplace Garrenee (City or town), Germany (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business /

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Caroline Audrey

17. Color or Race White

18. Age at time of THIS birth 38 yrs.

19. Birthplace Alsona (City or town), Iowa U.S.A. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business /

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Emma C. Kromrei (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Emma C Kromrei M.D. Midwife Address Boise, Idaho Date 1-28-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Mabel, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-127-025-313 JAN 31 1942 330703

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330703
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ✓ (b) City Harrisburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Harrisburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Harrisburg Ida

4. FULL NAME OF CHILD Charles Wilbur Gallaher

5. Date of Birth of Child (Month, day, year) June 27, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Lincoln Gallaher
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Near Lebanon Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura A Calvert
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Near Walla Walla Wash (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 36 years, and that Hanna George (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle V Henderson Signature
901 N 15th St. Boise Idaho P. O. Address

Subscribed and sworn to before me this 30th day of January, 1942
(SEAL) Mabel B. Vavrick Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. exp. 1-22-45

Received for filing on JAN 31 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-11900-736

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330714
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Near Sweet
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Born in our home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Sweet
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Sweet, Idaho
3. **RESIDENCE OF FATHER** (city, state) Same as above

4. **FULL NAME OF CHILD** Marvin Duane Sabin
5. Date of Birth (Month, day, year) Aug 19, 1906
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ray Marvin Sabin
11. Color or Race Wht
12. Age at time of THIS birth 25 yrs.
13. Birthplace Michigan (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabyl Lulu Clopton
17. Color or Race Wht
18. Age at time of THIS birth 20 years
19. Birthplace Springview, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes.
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) JAN 20 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California } ss.
County of San Diego }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Robert H. Clopton, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Marvin Duane Sabin (Name of person on certificate above) as my grandson (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ramey (Name of attendant at birth), who attended said birth Not located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Robert H. Clopton Name
#240 Division St. National City, Cal P. O. Address

Subscribed and sworn to before me on this 29th day of December, 1941

(SEAL)

[signature] Notary Public, residing at National City, Cal

My Commission Expires Sept. 1, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 24 1947

CERTIFICATE OF BIRTH

MAR 22 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 130, Section 4)

Where the birth of a child born prior to the effective date of Chapter 111, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the [illegible] the Bureau of Vital Statistics for the purposes and files provided in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.

+ 281-112-001-389

330739

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 314 Thatcher
(d) Name of Hospital or Maternity Home: St Luke's Hospital
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 314 Thatcher
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Ralph Franklin Shafer.

5. Date of Birth of Child (Month, day, year) 6/12/06

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Henson Shafer
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace Kansas. (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Laura Chitwood.
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Kent. Indiana. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used to my knowledge

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for intire 35 years, and that The neighbor women (First name) (Last name), who attended this birth ~~(Is now deceased) or~~ (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John H Shafer Signature
5406 So Austin St. Tacoma Wash P.O. Address

Subscribed and sworn to before me this 23 day of Jan, 1942

(SEAL) [signature] Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-108-022-547

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330776
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Twin Groves
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Twin Groves
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James Lewis Allison

5. Date of Birth of Child (Month, day, year) Oct. 8, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Allison
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace (City or town) Ohio (State or foreign country)
14. Exact Occupation laboror
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Isabelle Edginton
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, still ~~born~~) at 4 A M. on the date and at the place stated above, and that personal particulars were furnished by Alice (First name) Allison (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Alice Allison ~~M.D.~~ ~~Midwife~~ Address St Anthony Date 1/16/42

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for years, and that Dr. Lewis (First name) (Last name), who attended this birth (Is now deceased) or ~~(Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 16th day of January, 19

(SEAL) E J Rumsey by K Coffin Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

AUG 25 1964
AUG 23 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955.116.022-295

330778

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County ~~Madison~~ Fremont (b) City Rexburg -
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Madison~~ Fremont
(c) City Rexburg -
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Rexburg

3. **RESIDENCE of FATHER** (city, state) Rexburg Id

4. **FULL NAME OF CHILD** Glen Marbus Iverson

5. Date of Birth (Month, day year) Sept-16-1941

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 -

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Orlando Iverson

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Brigham City Utah (City or town) (State or foreign country)

14. Exact Occupation Salesman in Mercantile

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Bieri

17. Color or Race White

18. Age at time of THIS birth 21 yrs

19. Birthplace Geneva, Switzerland (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 9 A.M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Julia Iverson, who is related to this child as mother. (first name) (Last name) (Mother, etc.)

26. (a) JAN 19 1942 (Date received) (b) Mark E. Ricks (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of California
County of San Diego } ss.

I, Julia Iverson, being first duly sworn, say that I am mother (Related to (or) acquainted with) Glen Iverson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Julia Iverson Signature

4868 Canterbury Drive P. O. Address

Subscribed and sworn to before me on this 19th day of December, 1941

(SEAL) Frank Sheakley Notary Public, residing at .....

My Commission Expires Oct. 16 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

266-110-044-313

330791

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 20 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale, Idaho
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Earl Joseph Bowman

5. Date of Birth of Child (Month, day, year) Oct. 10, 1906

6. Sex: Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Franklin Bowman

11. Color or Race white

12. Age at time of THIS birth 29 yrs.

13. Birthplace Scotts Mill (City or town) Oregon (State or foreign country) 6½ Mos.

14. Exact Occupation Carpenter

15. Industry or Business Carpenter

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Isabella Calbreait

17. Color or Race white

18. Age at time of THIS birth 25 yrs.

19. Birthplace Moscow (City or town) Idaho (State or foreign country)

20. Exact Occupation Housekeeper

21. Industry or Business Housekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 35 years, and that Mrs. (First name) Jackson (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Isabella Bowman Signature

Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of January, 19 42.

(SEAL) Emma E. Thompson Notary Public, residing at Caldwell, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-106-216-395 JAN 9 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330810
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley Idaho

4. FULL NAME OF CHILD Oleen Artie Fairchild

5. Date of Birth of Child (Month, day, year) Dec. 6, 1906

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Massiah Fairchild
11. Color or Race White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Twilla (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Artie A. Tinsley
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace West Weber (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 35 years, and that Dr. Emberson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Artie A. Tinsley Fairchild Munger Signature
741 So. 3rd. Ave., Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 3rd. day of January, 1941
(SEAL) Theodore H. Gathe, Jr. Notary Public, residing at Pocatello, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-11-4003264

33086

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 22 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No 351 N. Hayes Ave.,
(d) Name of Hospital or Maternity Home:
Mc Millen Maternity Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home Home days.
In THIS county I years 3 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No 351 N Hayes Ave.
(e) How long has MOTHER lived in Idaho? I yrs.
(f) Mother's mailing address Same

3. RESIDENCE of FATHER (city, state): Same

4. FULL NAME OF CHILD Cardell Wilbur Parrish

5. Date of Birth (Month, day, year) Oct. 14, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Cardell Parrish
11. Color or Race American
12. Age at time of THIS birth 27 yrs.
13. Birthplace Shelbyville (City or town) Indiana (State or foreign country)
14. Exact Occupation Electrical Engineer
15. Industry or Business Telephone Company

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Konsalia Boman
17. Color or Race American
18. Age at time of THIS birth 25 yrs.
19. Birthplace Gotland (City or town), Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: ~~(a) At time of birth and including this child~~ I (b) Born alive and now living I
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) 4:05 A M., on the date and at the place stated above, and that personal particulars were furnished by Mrs Agnes Parrish (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 22 1941 (Date received) Mary [illegible] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature William F. Howard M.D. (D.O., Midwife, etc.)
and address Pocatello Idaho Date 1/22/42

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, X Agnes Parrish being first duly sworn, say that I am Mother (Related to (or) acquainted with)
(Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Howard (Name of attendant at birth), who attended said birth (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Agnes Parrish Signature
2727 N.E. Halsey St Portland Oregon R.D. Address

Subscribed and sworn to before me this 20 day of Dec, 19 41

(SEAL) [illegible] NOTARY PUBLIC FOR OREGON residing at
MY COMMISSION EXPIRES MARCH 13, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-110-025-698

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO JAN 28 1942

State File No 330900
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Family residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 8 abbr months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cottonwood, Ida.

4. **FULL NAME OF CHILD** Ellery Morgan Martin

5. Date of Birth of Child (Month, day, year) Nov. 10-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Ellery Pearl Martin
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Winfield (City or town) Kansas (State or foreign country)
14. Exact Occupation Bookkeeper & Clerk
15. Industry or Business General Merchandise

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Blanche Catherine Fry
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Bronaugh (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington } ss.
County of King }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 36 years, and that Dr. J. E. Turner (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Blanche Catherine Martin ..... Signature
Seattle, Wash. ..... P. O. Address

Subscribed and sworn to before me this 26 day of January, 19 47
(SEAL) Eileen Donnelly Notary Public residing at Seattle Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

843-120-016-239

330933

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

JAN 28 1942 STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Kimberly
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home of her mother
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Kimberly
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state) unknown

4. **FULL NAME OF CHILD** VERNAL EARL HUTCHISON

5. Date of Birth of Child (Month, day, year) June 20, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Hutchison
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Marion (City or town) Utah (State ~~or foreign country~~)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet May Stratton
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Kanarra (City or town) Utah (State or ~~foreign country~~)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 36 years, and that Laura Stratton (First name) (Last name), who attended this birth deceased (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Zyffula Lincoln Signature

Twin Falls Idaho P. O. Address

Subscribed and sworn to before me this 21st day of January, 1942.

(SEAL) O. Steed Notary Public, residing at Twin Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local ~~registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-11-4-014-813

United States Department of Commerce Bureau of the Census — JAN 5 1942 — (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330952
Local Reg. No.
Reg. Dist. No.

Canyon

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Ada~~ (b) City Payette
(c) Street Address or R.F.D. No. Unknown
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county One years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Ada~~ Canyon
(c) City Payette
(d) Street Address or R.F.D. No. Unknown
(e) How long has **MOTHER** lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Idaho

4. FULL NAME OF CHILD Frederick Lafayette Cantrall

5. Date of Birth of Child (Month, day, year) Feb. 14, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George ~~Albert~~ Lafayette Cantrall
11. Color or Race White
12. Age at time of THIS birth ~~52~~ 48 yrs.
13. Birthplace Springfield (City or town) Illinois (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmithing

MOTHER OF CHILD

16. FULL MAIDEN NAME Addie Hall
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Albany (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature not living — M.D. / Midwife — Address — Date

AFFIDAVIT

to be completed when the attendant does not sign in Item 25.

State of Nevada } ss.
County of Clark }

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 36 years, and that George (First name) Cantrall (Last name), who attended this birth, is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joe Cantrell Signature
801 S 2nd, Las Vegas, Nev. P. O. Address

MY COMMISSION EXPIRES OCT. 27, 1942

Subscribed and sworn to before me this 2nd day of January, 1942

(SEAL) Wadrem B. Monroe Notary Public, residing at Las Vegas Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-109-036-165

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331000
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Onida (b) City Malad city
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 2 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Onida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. RESIDENCE OF FATHER (city, state) Malad-City-Ida

4. FULL NAME OF CHILD Julian J- Thomas

5. Date of Birth of Child (Month, day, year) 02-9-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9mo

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Walter Thomas
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Malad city - (U.S.A) Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jones
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Malad city Ida - U.S.A. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 59 years of age, that I have known this person for 35 years, and that J. M. Curran M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary J Thomas ..... Signature
744 E Bonneville Pocatello, Ida ..... P. O. Address

Subscribed and sworn to before me this 20th day of January, 1942.

(SEAL) Grace Bastline ..... Notary Public, residing at Pocatello, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by Mark Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

593-139-020-312 331070

331070

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 2 1942

State File No. 331070
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mountain Home
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home of parents
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Atlanta
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mountain Home Idaho

4. **FULL NAME OF CHILD** Louis Edward Nicholson

5. Date of Birth of Child (Month, day, year) Aug. 29, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Louis Edward Nicholson
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Halfway (City or town) Missouri (State or foreign country)
14. Exact Occupation Deputy County Auditor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Ellen Casey
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Atlanta (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 35+ years, and that Dr. J. W. Newkirk (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Ellen Caldwell Signature

Mountain Home, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of January, 1942

(SEAL) Edna L. Casey Notary Public, residing at Mountain Home, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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299-125 C28-194

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of KOOTENAI
City of COEUR DE ALENE
No. ..... St.
(If born in hospital or institution give name.)

JAN 24 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 331105
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD MARION EARL BRIDGEFORD

3. Sex MALE | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term x | 7. Legitimate? Yes | 8. Date of birth Nov. 25, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name CARL EARL BRIDGEFORD	18. Full maiden name BERTHA ARMITAGE
10. Residence (usual place of abode) (If non-resident, give place and State) Coeur De Alene, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Coeur de Alene, Idaho
11. Color or race White | 12. Age at last birthday 24 (years)	20. Color or race White | 21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Jefferson, Iowa	22. Birthplace (city or place) (State or Country) Morrisonville, Ill.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Building	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. none
16. Date (month and year) last engaged in this work Nov., 1906 | 17. Total time (years) spent in this work 1 year	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother three (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 11 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) X Bertha Bridgeford mother, ~~M. D.~~
or ....., Midwife
Address 49931 Bryson Ave South Gate Calif.
Filed JAN 24 1942, 193.. Mabel Fleed Registrar.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Bertha Bridgeford being first duly sworn says that she is the mother (Relationship of child)* of Marion Earl Bridgeford born November 25, 1906 (Date of birth) at Coeur de Alene, Kootenai County, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Marion Earl Bridgeford hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Dwyer M. D. was the ~~Midwife~~ medical attendant at the birth of said Marion Earl Bridgeford and that the said medical attendant is whereabouts unknown (Now deceased (or) cannot be located)

Name of Affiant Bertha Bridgeford

P. O. Address 9931 Byron Ave. South Gate Calif

Subscribed and sworn to before me this 3rd day of March, 1941

Notary Public.

Residing at 2700 Santa Ana, Idaho

My Commission Expires July 19, 1941

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

FEB 3 1942

OCT 14 1942

266-105 007-695

331107

United States
Department of Commerce
Bureau of the Census

JAN 23 1942

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City Fairfield
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Since 1883 yrs.
(f) Mother's mailing address (For registration notice): Fairfield
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leonard Perrell Koonce

5. DATE OF BIRTH (Month, day, year) Nov. 5-1906

6. Sex Male

7. Twin or Triplet ~~second~~ If so—born 1st, 2nd, 3rd ~~2nd~~.

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Curtis Luther Koonce

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace [illegible] Co. N. C. Lexington
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanche Elizabeth Finch

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Goshen Utah
(City or Town) (State or foreign country)

20. Exact Occupation house-wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at ..... M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Blanche Koonce, who is
(First name) (Last name)
related to this child as Mother
(Mother, etc.)

26. (a) JAN 23 1942 Mabel F Elder
(Date received) (Registrar's signature)

27. Given name added on ..... by .....
(Registrar's signature)

25. Attendant's OWN signature A A Higgs M.D.
(D.O., Midwife, etc.)
Nov. 4024 Arizona St
and address San Diego, Calif Date 12-8-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331117
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. [illegible]
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. Box [illegible]
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier Ida.

4. FULL NAME OF CHILD Hugh Morris Phelps

5. Date of Birth of Child (Month, day, year) June 19, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ezra James Phelps

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Montpelier (City or town) Ida (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Robertson

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Smithfield (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6 A M. on the date and at the place stated above, and that personal particulars were furnished by Jane Phelps (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Lora Coyner M.D. ~~Midwife~~ Address 2911 Juniper St. San Diego Calif. Date 1-20-42

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 74 years of age, that I have known this person for 35 years, and that Dr. Dorr (First name) Poynter (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ezra J. Phelps Signature

Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 1/ day of Dec, 1941.

(SEAL) Ken Adams Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mark H. Nelson, Registrar.

FEB 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

[illegible] a child born prior to the [illegible] of [illegible] 191, 1911 Session Laws, has not been [illegible] failure to [illegible] which has occurred [illegible] to such [illegible] may be received and filed by [illegible] Statistics for the [illegible] prescribed [illegible] Idaho [illegible] report is accompanied by a certificate of the attending [illegible] or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464 104 001-154

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 31 1942

State File No. 331153
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 14th & Altura
(d) Name of Hospital or Maternity Home: Ah Home 14th & Altura
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 14 & Altura
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address 14th & Altura

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD James Lloyd Douglas

5. Date of Birth (Month, day year) March 4, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** William Ransom Douglas
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace South Dakota (City or town) (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Sophia Andrews
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Des Moines Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 31 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Pacific }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Cora Douglas, being first duly sworn, say that I am related to (Related to (or) acquainted with) James Lloyd Douglas (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Mary (Name of attendant at birth), who attended said birth Cannot be Located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Cora Douglas Signature
Raymond, Wash. P. O. Address

Subscribed and sworn to before me on this 28 day of January, 1942
(SEAL) Eda Eichner Notary Public, residing at Raymond

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses ~~prescribed in Chapter 2, Title 38,~~ Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-212-007-415

331154

United States
Department of Commerce
Bureau of the Census

JAN 31 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Lailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Lailey
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Lailey Idaho

4. FULL NAME OF CHILD Novo Fenault Fallentine

5. Date of Birth of Child (Month, day, year) Aug 12-1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Albert Fallentine
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Bookeeper
15. Industry or Business Store & Express office

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nell Franca Davis
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Ontario Oregon (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 36 years, and that Dr. (First name) Plummer (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nell Franca Davis Signature
107 N 82nd St Seattle Wash P. O. Address

Subscribed and sworn to before me this 29th day of January, 1942
(SEAL) Wm J. Paynter Notary Public, residing at Seattle Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 31 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

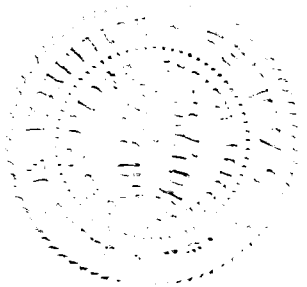
FEB 3 1944

NOV 7 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



659726 022-231

331162

United States Department of Commerce - Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Farnum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Farnum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Farnum, Idaho

4. FULL NAME OF CHILD Alden Herald Ferrin

5. Date of Birth of Child (Month, day, year) Jan. 26, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Francis Ferrin

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Pleasant View, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Elizabeth Blanchard

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Springville, Utah (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

to be completed when the attendant does not sign in Item 25.

State of Calif. } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 35 years, and that Name forgotten (First name) (Last name), who attended this birth This Dr. was from marysvale, Idaho (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah E. Ferrin Signature

1515 1/2 2nd St. Santa Monica Cal P. O. Address

Subscribed and sworn to before me this 20th day of January, 19 42

(SEAL) ..... Notary Public, residing at Santa Monica Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 '42

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-704-036-814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 23 1942

State File No. 331193
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No. 315 East 1st So
(d) Name of Hospital or Maternity Home: our own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years one months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston 7
(d) Street Address or R.F.D. No. 315 East 1st So
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. RESIDENCE OF FATHER (city, state) City 44 - State 64

4. FULL NAME OF CHILD Arol Hadfield Pratt

5. Date of Birth of Child (Month, day, year) 2-4-1906

6. Sex Male

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wm. R. Franklin Pratt
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Oxford (City or town) Idaho (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business wholesaling Gasoline & Oil for The Continental Oil Co

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Hadfield Pratt
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Smithfield (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business ~~W. C. Parkinson & Son Store~~

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at Preston M. on the date and at the place stated above, and that personal particulars were furnished by Martha H. Pratt (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 35 years, and that Nancy (First name) Jones (Last name), who attended this birth Can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Hadfield Pratt Signature
Preston - Idaho P. O. Address

Subscribed and sworn to before me this 30 day of Jan, 1942
(SEAL) Ben B. Johnson Notary Public, residing at Preston, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FER

SEP 19 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

417404 029 766

331209

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9½ yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Victor Irvin Maxwell

5. Date of Birth of Child (Month, day, year) November 4 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Jefferson Maxwell
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Jennie Pool
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace (City or town) Ill. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Schoolteacher

22. Name prophylactic used to prevent Ophthalmia ~~Neonatorum~~
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ~~Idaho~~ Montana
County of ~~Latah~~ ~~Gt Falls~~ Cascade ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 35 years, and that Mrs. Henry Star (First name) (Last name), who attended this birth (Is now deceased) or (~~Cannot be located~~) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Florence Jennie Maxwell Signature
1115 - Fourth Ave N.W. Gt Falls, Mont. P.O. Address

Subscribed and sworn to before me this 22 day of January 1942

(SEAL) Wm Moerl Notary Public, residing at Gt Falls, Mont.

NOTARY PUBLIC for the State of Montana
Residing at Great Falls, Montana
My Commission Expires Sept. 15, 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-710-035-739

331222

United States
Department of Commerce
Bureau of the Census FEB 3 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331222
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Neg Perce (b) City Greer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At my own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Neg Perce
(c) City Greer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. RESIDENCE OF FATHER (city, state) Greer Idaho

4. FULL NAME OF CHILD Theodore R. Martin

5. Date of Birth of Child (Month, day, year) Sept. 10, 1906

6. Sex Male

7. Twin or Triplet If so—born ~~1st, 2nd, 3rd~~ 4th

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Frank Martin
11. Color or Race Am. White
12. Age at time of THIS birth 35 yrs.
13. Birthplace State of Colorado (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Raising crops and cattle.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie J. Glidden
17. Color or Race Am. White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Yakima, Wash. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business House keeping.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 35 years, and that Jane Martin (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie J. Martin Signature
Mountain Home, Idaho. P. O. Address

Subscribed and sworn to before me this 28th day of January, 1942.

(SEAL) O. E. Norell Notary Public, residing at Mtn Home, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-127-007-574 FEB 4 1942 331255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331255
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 9 months 27 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Carey, Idaho

4. FULL NAME OF CHILD Noel Eldredge Parke

5. Date of Birth of Child (Month, day, year) Oct. 27, 1906

6. Sex Boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thompson Charles Parke
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Bountiful, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lula Irene Eldredge
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Coalville, Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 35 1/3 years, and that Mrs. Sarah Carey (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lula Irene Parke Signature
Carey Idaho P. O. Address

Subscribed and sworn to before me this 29 day of January, 1942
(SEAL) [signature] Notary Public, residing at Carey Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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331272

331272

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 5 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Chesterfield
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: In own home.
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Chesterfield
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 13½ yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Golden Farmer Reese

5. Date of Birth of Child (Month, day, year) Nov. 23, 1906.

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edwin Reese
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Cardiff, South Wales, Great Britain (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Theresa Farmer
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 11. (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 35 years, and that Jane (First name) Howe (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary ann T. Reese Signature

1097 Canal Ave., Idaho Falls, Ida. P. O. Address

Subscribed and sworn to before me this 27th day of November, 19 41

(SEAL) ..... Probate Judge, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-113-009-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 2 1942

State File No. 331285
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none.
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) B. Ferry Idaho

4. FULL NAME OF CHILD Gerald Adelbert Knight

5. Date of Birth of Child (Month, day, year) Dec. 13-06

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Charles Ruthvin Knight.
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Magnolia (City or town) Iowa (State or foreign country)
14. Exact Occupation Logger.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Emma Blakeslee
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Rushville (City or town) Nebr. (State or foreign country)
20. Exact Occupation house wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none.
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 A.M. on the date and at the place stated above, and that personal particulars were furnished by Charles R. Knight (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 35 years, and that Dr. C. E. Fry (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Charles R. Knight Signature
2 W. Hora ave. Spokane P.O. Address

Subscribed and sworn to before me this 31 day of Jan, 1942
(SEAL) W. D. Warren Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mabel F. Elder, Registrar.

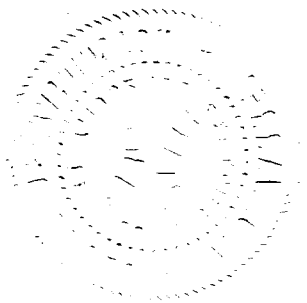
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



366-12-2014-449

331315

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No. 6 mi from Parma
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Parma, Idaho

4. FULL NAME OF CHILD Arthur Douglas Loomis

5. Date of Birth of Child (Month, day, year) ~~Sept~~ Sept 21 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Martin McClellen Loomis
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Glenco (City or town) Minnesota (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Ellen Murray
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Thayer (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Oregon } ss.
County of Columbia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 35 years, and that Dr.-Gerty (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Ellen Loomis Signature

..... P. O. Address

Subscribed and sworn to before me this 17 day of January, 19 42

(SEAL) Mark L. Miles my com. ex. June 13-1943 Notary Public, residing at St. Helens, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Mark L. Miles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-128-040-855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 2 1942

State File No. 331354
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. Pine St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: Her Home
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. Pine St
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Wallace

4. FULL NAME OF CHILD James Williams

5. Date of Birth of Child (Month, day, year) Nov 28-1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jack Williams
11. Color or Race American
12. Age at time of THIS birth 38 yrs.
13. Birthplace X (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizebeth Hengl
17. Color or Race American
18. Age at time of THIS birth 28 yrs.
19. Birthplace Montgomery Ala. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 34 years, and that Jack Williams (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia G. Southworth Signature
1915 N.E. 43rd Ave P. O. Address
Portland, Ore.

Subscribed and sworn to before me this 3rd day of February, 1942

(SEAL) Agnes D. Roneche Notary Public, residing at Portland Oregon
My Commission Expires 9-18-43

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mabel F. Elder, Registrar.

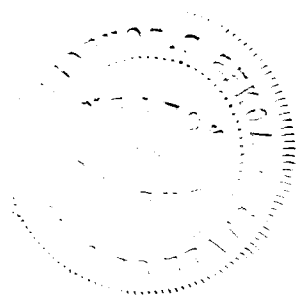
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942
FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss. Certificate No. 331354

County of Multnomah } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for JAMES FRANCIS WILLIAMS (Name on Original Certificate) who was born (Was Born or Died) on November 9, 1906 (Date of Event)

in Wallace Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date	Nov. 28, 1907	Nov. 29, 1906

Subscribed and sworn to before me this 21st day of December 1942

H V Wilhelm

Notary Public, residing at Portland, Ore.

My commission expires July 31, 1944

(Seal)

Signed Lydia Southworth

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Los Angeles }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of January, 1943

[signature]

Notary Public, residing at 901 Fair Oaks Ave South Pasadena, Calif.

My commission expires

(Seal) My Commission Expires Oct. 26, 1943.

Signed Mary K. Tomlinson

(Signature of Any Credible Person Other Than Previous Year)

440 Mission St So Pasadena

(Street Address, City, State)

JAN 2 0 1943

296 218-044 217

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331363
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Council
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Council
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Council, Ida.

4. FULL NAME OF CHILD Pearl Louise Broderson

5. Date of Birth of Child (Month, day, year) Oct. 18, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** August Broderson
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Schwakendorf (City or town) Germany (State or foreign country)
14. Exact Occupation Sheepman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iva Mae Sappingfield
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Salem (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 35 years, and that Dr. Wm. S. Brown (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Iva Mae Broderson Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 21th day of January, 1942

(SEAL) [signature] Notary Public, residing at Weiser Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652/20035-719

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331364
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Forest
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Forest
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Forest Idaho

4. FULL NAME OF CHILD Benjamin Franklin Weber

5. Date of Birth of Child (Month, day, year) Oct. 20, 1906

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry John Weber
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Watertown (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Elizabeth Parker
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Springfield (City or town) Wisconsin (State or foreign country)
20. Exact Occupation House-wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known.
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon
County of Deschutes } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Half-Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 35 years, and that Mrs. Spencer Clovis (First name) (Last name), who attended this birth, is Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Burton E. Ferguson Signature
1126 Federal St. Bend Ore. P. O. Address

Subscribed and sworn to before me this 17th day of January, 19 42

(SEAL) Jack Davis Notary Public, residing at Bend, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGON
My Commission Expires Jan. 20, 1945.

Received for filing on JAN 26 1942 by Mark H. Miller, Registrar.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-206-001-217 FEB 5 1942 331388

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331388
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Bessie Helen Jensen

5. Date of Birth of Child (Month, day, year) April 6, 1906

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jacob Jensen
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Stock Man
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alma Margaret Saxton
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Paw Paw (City or town) Michigan (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for 35 years, and that Mamatha Dalton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Alma Jensen Signature

..... P. O. Address

Subscribed and sworn to before me this 24 day of January, 19 42

(SEAL) M. E. Healy Notary Public residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1942 by ..... Registrar.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

177-130 044 FEB 6 1942 331406

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 6 1942

State File No. 331406
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. State St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. State St.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Walter Raymond Applegate

5. Date of Birth of Child (Month, day, year) Jan. 30, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Owen Todd Applegate
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Weiser (City or town) Idaho (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Evelyn Sawtelle
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Eagleville, California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that Mrs. Verback, grandmother who attended this birth now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Evelyn Applegate Signature
507 Chicago St., Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of February, 19 42.

(SEAL) Emma E. Thompson Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

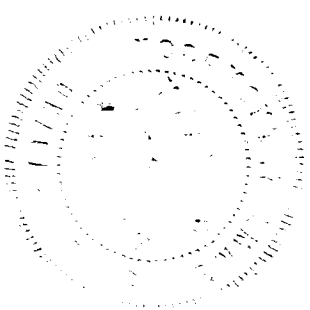
Received for filing on FEB 6 1942 by ____, Registrar.

FEB 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



236-12 4 02-314 331409

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 6 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331409
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Lorenzo
(c) Street Address or R.F.D. No. 1, Annis Precinct
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lorenzo, Annis Precinct,
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Lorenzo, Idaho

4. FULL NAME OF CHILD Ernest Ephraim Scott

5. Date of Birth of Child (Month, day, year) Oct. 24, 1906

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Robert Scott
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Mills Creek (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Luella Campbell
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Pleasant Grove, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive 5 and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Jefferson }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 35 years, and that Elizabeth Rose (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Luella Campbell Scott Signature
Lorenzo Route "1" Idaho. P. O. Address

Subscribed and sworn to before me this 4th day of February, 19 42

(SEAL) Lenge M. Larsen Notary Public, residing at Menan, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1942 by ..... Registrar.

FEB 6 1942

JUL 2 4 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-205001-319 331430

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331430
Local Reg. No.
Reg. Dist. No.

FEB 7 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1310 N 5th St.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years -- months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1310 N 5th St.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Ida

4. FULL NAME OF CHILD LAURAINE VALETTA STEWART

5. Date of Birth of Child (Month, day, year) Aug. 5, 1906

6. Sex female
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Karl E. Stewart
11. Color or Race W
12. Age at time of THIS birth 24 yrs.
13. Birthplace (near) Woodston, Rooks Cty., Kansas USA (City or town) (State or foreign country)
14. Exact Occupation Cabinet maker or Millman
15. Industry or Business Carpenter Shop.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** WINNIFRED PEARL CARTER
17. Color or Race W
18. Age at time of THIS birth 19 yrs.
19. Birthplace Shoshone, Idaho, USA (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% ag NO3 sol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1:10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Karl E. Stewart (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature John Bank M.D. ~~Midwife~~ Address Boise Ida Date —

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 7 1942 by Mary E. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1942

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

697-209 035 669

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Nez Perce

City of Lewiston, Idaho. JAN 26 1942

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

331456

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Braulek, Catherine Nixon.

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 3	6. Premature ..... Full term X	7. Legitimate?	8. Date of birth Nov 9, 1906 (Month, Day, Year)

FATHER

9. Full name Howard Orville Nixon.

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho.

11. Color or race W. | 12. Age at last birthday ..... (years)

13. Birthplace (city or place) (State or Country) Idaho. Ranger Maine.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sherer Mens Store Lewiston Ida.

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work —

MOTHER

18. Full maiden name Ida Worden.

19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston, Idaho

20. Color or race W. | 21. Age at last birthday ..... (years)

22. Birthplace (city or place) (State or Country) Idaho. Lewiston,

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4. (At time of this birth and including this child) (a) Born alive and now living 4. (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks

30. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) ..... M. D.

or ..... Midwife

Address .....

(Date of) Filed JAN 26 1942, 193. M. J. Hyde

Registrar. Registrar.

FEB 5 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

× Mrs Thomas Barrow being first duly sworn says that She is the sister (Relationship of child)* of Beaulah Catherine Moon born November 9 - 1906 (Date of birth) at Lewiston, Idaho, whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Beaulah Catherine Moon, hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ....., M. D., was the Midwife medical attendant at the birth of said ..... and that the said medical attendant is ..... (Now deceased (or) cannot be located)

Name of Affiant × Mrs Thomas Barrow

P. O. Address × 5716 - 16 N E Seattle Wash.

Subscribed and sworn to before me this [redacted] 30th day of December, 1941

G E Evans
Notary Public.

Residing at Seattle Wash, ~~Idaho~~.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

FEB 5 1942

117706 035714

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331515
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perse (b) City Peck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perse
(c) City Peck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Peck Ida

4. FULL NAME OF CHILD Daniel Colvin Jaggers

5. Date of Birth of Child (Month, day, year) Oct. 6, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Thomas Jaggers
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Mackowa (City or town) Ill. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lavisa Alice James
17. Color or Race White
18. Age at time of THIS birth 90 yrs.
19. Birthplace Dallas (City or town) Texas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Curry } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 35 years, and that Sarah Atterbury (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Faye Stanhurst Signature
Brookings Ore P. O. Address

Subscribed and sworn to before me this 22nd day of January, 1942
(SEAL) Harriet E. Payne Notary Public, residing at Harbor Oregon
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Mabel F. Elder, Registrar.

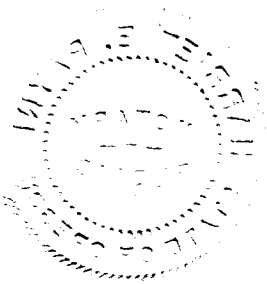
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



959 129 035 757

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331520
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Culdesac
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 4 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Culdesac
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Culdesac Ida

4. FULL NAME OF CHILD George Elwyn Kenneth Reid

5. Date of Birth of Child (Month, day, year) Sept. 29, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Huber Dell Reid
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Bryan (City or town) Ohio (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Culdesac Hardware Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace E. Peabody
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Baldwin (City or town) Wisconsin (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Wisconsin
County of Wood } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 35 years, and that Dr. (First name) Burke (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Notary Public in and for Wood County, State of Wisconsin
My Commission Expires May 16, 1943

Mrs. Huber D. Reid
Mrs. Huber D. Reid Signature
Marshfield, Wisconsin. P. O. Address

Subscribed and sworn to before me this 22 day of January, 19 42

(SEAL) ..... Notary Public, residing at Marshfield Wisc

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by ..... Registrar.

FEB 5 1942

FEB 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413 211 035 795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331567
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Nez Perce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elma Lucile Mattox

5. Date of Birth of Child (Month, day, year) Dec. 11, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Full

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Calvin Mattox
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Alice Prest
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Bessie (First name) Frost (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 35 years, and that Mrs. Troutman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Frost Signature
324 Riverside St. Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of January, 1942
(SEAL) Elsa Salskov Notary Public, residing at Emmett
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

262 111 01662

331581

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 27 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Malta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Malta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Malta, Idaho

4. FULL NAME OF CHILD Robert Farrell Kossman

5. Date of Birth of Child (Month, day, year) July 11, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward William Kossman
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Albion, Cassia Co., Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Jane Wake
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Willard, Boxelder Co., Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Benton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 35 years, and that Mrs. Emma Smith (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise Jane Kossman Signature
Benton City, Washington P. O. Address

Subscribed and sworn to before me this 22nd day of January, 19 42

(SEAL) Oscar Jackson Notary Public, residing at Benton City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1942 by Mabel Belden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253 109 025 845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 29 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331601
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? none yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Carl Keller

5. Date of Birth of Child (Month, day, year) 4-9-92

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Alexander Keller
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Vincennes (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruhamie Hunt
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Halltown (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was [illegible] (Born alive, stillborn) at [illegible] M. on the date and at the place stated above, and that personal particulars were furnished by [illegible] (First name) [illegible] (Last name), who is related to this child as [illegible] (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 49 years, and that Mary (First name) Smith (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lewis Smith Signature

Route 2, Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 26 day of Jan., 1942

(SEAL) E D Platts Notary Public, residing at Lewiston Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238 210008 - 396

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 27 1942

State File No. 331613
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City No. Sweet 9 mi.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Ranch 9 mi. No., Sweet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) 9 mi. No. Sweet, Idaho

4. FULL NAME OF CHILD BEULAH EVALINE SCHOLES

5. Date of Birth of Child (Month, day, year) April 10, 1907

6. Sex Demale **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Lane Scholes
11. Color or Race White **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Doncaster, (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Elizabeth Crook
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Hecker, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Annie Elizabeth Scholes (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 34 years, and that Rebecca Liston (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Elizabeth Scholes Signature
430 Pueblo St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of January, 19 42

(SEAL) [signature] Notary Public, residing at Meridian, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm. Expires: 12/1/43

Received for filing on JAN 27 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

213 122044-145

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331621
Local Reg. No.
Reg. Dist. No.

JAN 28 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No:
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 5 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale, Idaho

4. FULL NAME OF CHILD Floyd Sanford Sallee

5. Date of Birth of Child (Month, day, year) August 22, 1905

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Sanford Davis Sallee

11. Color or Race white

12. Age at time of THIS birth 32 yrs.

13. Birthplace Oskaloosa (City or town) Kansas (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Elmira Francis Ader

17. Color or Race white

18. Age at time of THIS birth 27 yrs.

19. Birthplace Ravanna (City or town) Missouri (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argerol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Elmira (First name) Francis Sallee (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Ella Linder M.D. Midwife Address Midvale, Idaho Date

State of Idaho } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this 27 day of January, 19 42

(SEAL) ..... Notary Public, residing at Midvale Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263 104 001 451

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331629
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Five Mile
(d) Name of Hospital or Maternity Home: At Nancy Dealy's Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City Boise
(d) Street Address or R.F.D. No. Five Mile
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** EARL CHARLES BOLLINGER

5. Date of Birth of Child (Month, day, year) OCT 4 1896

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harvey Mauris Bollinger
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Altoona (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Melvina Dealy
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Warm Springs (City or town) Wyoming (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of IDAHO } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 45 years, and that Nancy J. Dealy (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Melvina Bollinger Signature
1211 S.E. Belmont St. Portland Ore. P. O. Address

Subscribed and sworn to before me this 22nd day of January, 19 42

(SEAL) ____ Notary Public, residing at Portland Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES MAY 5, 1945

Received for filing on JAN 29 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1942

FEB 28 1951 OCT 20 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-227036-313

331630

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 29 1942

1. PLACE OF BIRTH
(a) County ONEIDA (b) City GWENFORD
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: BORN AT OWN RESIDENCE
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County ONEIDA
(c) City GWENFORD
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Last yrs.
(f) Mother's mailing address MALAD - IDAHO

3. RESIDENCE of FATHER (city, state) DEAD

4. FULL NAME OF CHILD Eleanor Jones

5. Date of Birth (Month, day, year) June 27 1906

6. Sex FEMALE

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9 mo. 9. Legitimate? NO.

FATHER OF CHILD

10. FULL NAME John Thomas Jones
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Hyrum - Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARGARET-ELIZABETH-CALDWELL
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace MALAD - IDAHO (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 11 (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 29 1942 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of IDAHO } ss.
County of ONEIDA }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Caldwell Jones, being first duly sworn, say that I am related to (Related to (or) acquainted with) Eleanor Jones (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J. M. Kearns, M.D. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Margaret Caldwell Jones Signature

Malad City, Idaho P. O. Address

Subscribed and sworn to before me on this 27 day of January, 1942

(SEAL) Jean Reese Notary Public, residing at Ocean Park Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1942

SEP 13 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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457705035-284

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331636
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Craigmont
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Resident
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Lewis~~ Nez Perce
(c) City Craigmont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Lewis Irel Megenity

5. Date of Birth of Child (Month, day, year) Apr. 5 -99

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 m.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Armenius R. Megenity

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace North Platte Neb. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business same

MOTHER OF CHILD

16. FULL MAIDEN NAME Etha Alice Simmons Megenity

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Indianola Iowa (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7.00 A M. on the date and at the place stated above, and that personal particulars were furnished by Lucinda Jackson (First name) (Last name), who is related to this child as Great Aunt (Mother, etc.)

25. Attendant's **OWN** signature Lucinda Jackson M.D. Midwife Address Craigmont Idaho Date Jan. 24-42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho, County of Lewis } ss.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

Craigmont Idaho ..... P. O. Address

Subscribed and sworn to before me this 24 day of Jan., 19 42

(SEAL) ..... Notary Public, residing at Craigmont Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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964 226014-753

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331642
Local Reg. No.
Reg. Dist. No.

FEB 5 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. Kennedy ave
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. Kennedy Ave
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Idaho

4. **FULL NAME OF CHILD** Anna May Rodabaugh

5. Date of Birth of Child (Month, day, year) Jan. 26th 1906

6. Sex F M.

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John W Rodabaugh
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Williamstown Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Peterson
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Joliet (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Washington }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 36 years, and that Dr. (First name) Avey (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Rodabaugh Signature

Weiser Idaho P. O. Address

Subscribed and sworn to before me this 7th day of February, 1942

(SEAL) A. B. Floyd Notary Public, residing at Weiser Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1942 by Mabel Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1942

SEP 14 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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319-105036-364

331647

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 8
Reg. Dist. No. 540

1. **PLACE OF BIRTH:**
   (a) County Oneida (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Oneida
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Denzel C. Larsen

5. **DATE OF BIRTH** (Month, day, year) April 5, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lamartin Larsen

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Logan Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Francis Comish

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Franklin Idaho
(City or Town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Lamartin Larsen (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) 1-28-1942 (Date received) (b) G. W. Stales (Registrar's signature)

25. Attendant's **OWN signature** G. W. Stales M.D. (D.O., Midwife, etc.)
and address ..... Date .....

27. Given name added on ..... by ..... (Registrar's signature)

Use only ... ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

7 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

FEB 12 1964

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

942-116044942

331729

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Adams~~ (b) City Council, Ida. Washington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 10 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Adams~~
(c) City Council Wash.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address McCall, Idaho

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Floyd Harmon Russell

5. Date of Birth (Month, day year) Sept. 16, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME George Talton Russell

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Otoe Co., Nebr.
(City or town) (State or foreign country)

14. Exact Occupation Farming & Saw Mill Operator

15. Industry or Business ~~XXXXX~~ Lumbering

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Alice Russell

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Baker City, Ore.
(City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 31 1942 (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Valley } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Alice Russell, being first duly sworn, say that I am mother. (Related to (or) acquainted with)
Floyd H Russell (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Shearer (Name of attendant at birth) who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Alice Russell Signature
McCall P. O. Address

Subscribed and sworn to before me on this 20 day of Jan 1942

(SEAL)

Notary Public, residing at McCall

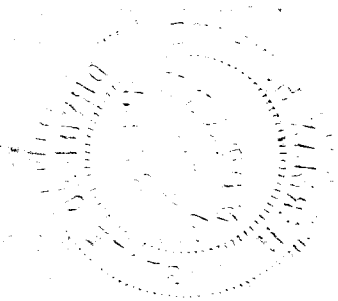
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1942.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



966-112 008 415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 31 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 33173t
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Roseberry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Roseberry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? about 35 years till her death yrs.

3. RESIDENCE OF FATHER (city, state) same deceased

4. FULL NAME OF CHILD Emory M. Rowland

5. Date of Birth of Child (Month, day, year) Mar. 12, 1906

6. Sex Male

7. Twin or Triplet no no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arthur L. Rowland
11. Color or Race white American
12. Age at time of THIS birth 41 yrs.
13. Birthplace Gilpin County, Colorado (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie B. Davis
17. Color or Race White American
18. Age at time of THIS birth 31 yrs.
19. Birthplace Phillips County, Kansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Valley } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 35 years, and that the Mother and Father (First name) (Last name), who attended this birth are now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles A. Miller Signature
Roseberry Idaho P. O. Address

Subscribed and sworn to before me this 28th day of January, 1942

(SEAL) W. T. Loydstine Notary Public, residing at McCall, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 31 1942 by Mabel F. Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

464-12-035-613

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 31 1942

State File No. 331736
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At my own Home.
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Marysville Calif

4. FULL NAME OF CHILD Ernest Wail Douglass

5. Date of Birth of Child (Month, day, year) Jan. 24-1906

6. Sex Male.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Absalom Douglass

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Dayton Wash. (City or town) (State or foreign country)

14. Exact Occupation Clerk.

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura E. Watts

17. Color or Race White

18. Age at time of THIS birth 18 yrs.

19. Birthplace Lenclen Mo. (City or town) (State or foreign country)

20. Exact Occupation Waitress

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child. One (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Benewah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 35 years, and that S. A. Rae (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura E McNeese Signature

St. Maries, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of January, 1942

(SEAL) Paul E. Kuhn Notary Public, residing at St. Maries, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 31 1942 by Mabel Kelley, Registrar.

FEB 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-112-228-168

United States
Department of Commerce
Bureau of the Census Kootenai

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331746
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Bonner~~ (b) City Sand Point, Ida.
(c) Street Address or R.F.D. No. Corinth, Ida.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Bonner~~ Kootenai
(c) City Sand Point
(d) Street Address or R.F.D. No. Corinth
(e) How long has **MOTHER** lived in Idaho? Two yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Vern Stanley Cook

5. Date of Birth of Child (Month, day, year) Nov. 12th 1906

6. Sex Male

7. Twin or Triplet ---- If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Zeb Vance Cook
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Sugar Grove (City or town) N.C. (State or foreign country)
14. Exact Occupation Lumbering
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Delia Johnson
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Sugar Grove (City or town) N.C. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Yellowstone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 35 years, and that Dr. Stanley Prindle (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Delia Cook Signature
Billings, Montana P. O. Address

Subscribed and sworn to before me this 29th day of January, 1942.

(SEAL) Fredric Moulton Notary Public, residing at Billings, Mont.
Commission expires June 25, 1943.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may~~ be received ~~and filed by~~ the local registrar ~~for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-12-044-845

United States
Department of Commerce
Bureau of the Census

JAN 29 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331748
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County WASHINGTON (b) City WEISER
   (c) Street Address or R.F.D. No. 618 E. MAIN
   (d) Name of Hospital or Maternity Home: JOSEPHINE HOSPITAL
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County WASHINGTON
   (c) City WEISER
   (d) Street Address or R.F.D. No. 618 E. MAIN
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) WEISER-IDA

4. **FULL NAME OF CHILD** WILLIAM GRINSHAW FORD

5. Date of Birth of Child (Month, day, year) APR 21-1906

6. Sex MALE

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** SIMEON W. FORD
11. Color or Race WHITE
12. Age at time of THIS birth 36 yrs.
13. Birthplace LA CROSSE (City or town) WIS. (State or foreign country)
14. Exact Occupation MINING
15. Industry or Business GOLD MINING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JESSIE HUNT
17. Color or Race WHITE
18. Age at time of THIS birth 29 yrs.
19. Birthplace MINNEAPOLIS (City or town) MINN. (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 6:15 P.M. on the date and at the place stated above, and that personal particulars were furnished by JESSIE H. FORD (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Joseph R. Numbers M.D. ~~Midwife~~ Address Boise Date 1-27-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by Mildred Keeler, Registrar.

FEB 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-121-004-213

331756

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 3 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. ?
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 10 months 19 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. ?
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Edward Lloyd Brown

5. Date of Birth of Child (Month, day, year) July 21, 1906

6. Sex Male

7. Twin or Triplet — ___ If so—born 1st, 2nd, 3rd ___

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Sherman Lloyd Brown
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Near Salem Arkansas (City or town) (State or foreign country)
14. Exact Occupation Hostler Helper R.R.
15. Industry or Business ----------

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margrett Emma Bates
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Jonesburg, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife & Seamstress
21. Industry or Business ----------

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know about this
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Baker } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for over 35 years, and that E. (First name) Guyon (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

I was present and attend this mother when he was born.

Lula Burns Signature
Box 63 - Baker, Oregon P. O. Address

Subscribed and sworn to before me this 31st day of January, 1942.

(SEAL) C. J. Godwin, Notary Public, ~~residing at~~ for Oregon - Res = Baker, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Maud F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 0 1942

FEB 5 1963

MAY 8 1968

APR 20 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-131-033-819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331764
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Sugar City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Sugar City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Harmon Jay Davis

5. Date of Birth of Child (Month, day, year) Dec. 31, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Leroy Davis
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Battle Mountain, Nevada (City or town) (State or foreign country)
14. Exact Occupation Banker
15. Industry or Business Banking

MOTHER OF CHILD

16. FULL MAIDEN NAME Alvaretta Harmon
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Clarkston, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Banking

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 36 years, and that Dr. George E. Hyde (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alvaretta Harmon Davis Signature

P.O. Box 322, Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of January, 1942

(SEAL) ____ Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by Mark Hales, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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313-128-020-364 331788

United States
Department of Commerce
Bureau of the Census

FEB 9 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331788
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ELMORE (b) City MTN HOME
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: IN OWN HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 10 months 27 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ELMORE
(c) City MOUNTAIN HOME
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ALMOST 2 yrs.

3. RESIDENCE OF FATHER (city, state) MTN HOME Ido

4. FULL NAME OF CHILD SPENCER COULTHARD CALDWELL

5. Date of Birth of Child (Month, day, year) Oct. 28 1906

6. Sex MALE

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN WILLIAM CALDWELL
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace NEWTON-LE-WILLOWS (City or town) ENGLAND (State or foreign country)
14. Exact ~~Occupation~~ HARDWARE - LUMBER
15. ~~Industry~~ or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELLA GEORGENA COULTHARD
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace GLENCOE (City or town) ONTARIO CANADA (State or foreign country)
20. Exact Occupation HOUSEWIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 35 years, and that Dr B.W. Mather (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Georgena Caldwell Signature
Mountain Home, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of February, 19 42.
(SEAL) C. E. Morell Notary Public, residing at Mtn. Home, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1942

FEB 23 1944

JUL 22 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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692-108-0 35-358 331798

331798

FEB 10 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 6 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Nez Perce
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nez Perce Idaho

4. **FULL NAME OF CHILD** A Ray Fike

5. Date of Birth of Child (Month, day, year) 10-8-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Abraham Ray Fike
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Waterloo (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Adell Lehman
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Defiance (City or town) Ohio (State or foreign country)
20. Exact Occupation House work
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 59 years of age, that I have known this person for 34 years, and that Dr Lenty (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Abraham Ray Fike Signature

526 N Main St Moscow Idaho P. O. Address

Subscribed and sworn to before me this 12th day of February, 1942

(SEAL) Myrna L. Brewer Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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515-102-014 693 331802

United States Department of Commerce Bureau of the Census

FEB 10 1942 (Be sure the information is as of date of birth of THIS child)

331802 State File No. 331802

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City New Plymouth
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: L.A. Van Natta Residance
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City New Plymouth
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) New Plymouth Idaho

4. FULL NAME OF CHILD Willard Harley Van Natta

5. Date of Birth of Child (Month, day, year) Oct. 2-1906

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Levi Alonzo Van Natta
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Madison (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Alice Wilson
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace St Louis (City or town) Missouri (State or foreign country)
20. Exact Occupation Wife & Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature W T Dunsdale / M.D. Midwife Address Wood. River U.S. Fed. Adm. Date 1-16-42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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155728-028 612

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

331835

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Harrison
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 5 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No. Star Rt. #2
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Harrison, Ida.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** William K. Jensen

5. Date of Birth (Month, day, year) Jan. 28, 1905

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Rasmus S. Jensen
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business General Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Fabricius
17. Color or Race white
18. Age at time of THIS birth 33 years
19. Birthplace (City or town) Denmark (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 2 1942 (Date received) Mabel F. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rasmus S. Jensen, being first duly sworn, say that I am related (Related to (or) acquainted with) William K. Jensen (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Busby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Rasmus S. Jensen Name
St Maries Idaho P. O. Address

Subscribed and sworn to before me on this 21st day of October 1940

(SEAL) [signature] Notary Public, residing at St Maries Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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.695-213 029-253

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 331854
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Troy
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county yrs years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Troy, Idaho

3. RESIDENCE of FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD Irene Emily French

5. Date of Birth (Month, day year) Sept. 13, 1906

6. Sex Female

7. Twin or Triplet ?

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Carlton Anderson French

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Delphi (City or town) Indiana (State or foreign country)

14. Exact Occupation School teaching

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Etta Bellamy

17. Color or Race White

18. Age at time of THIS birth 16 yrs

19. Birthplace Huttonsville, W. Va. (City or town) (State or foreign country)

20. Exact Occupation House keeping

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended ~~the birth of this child~~, who was born (born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Emma Etta French (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JAN 14 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Emma Etta French mother M.D. (D.O., Midwife, etc.)
and address 236 S. Fourth St. Montebello, Cal. Date Feb. 3, 1942

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Etta French, being first duly sworn, say that I am related to (Related to (or) acquainted with) Irene Emily French (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hinkle (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma Etta French Signature

236 S. Fourth St. Montebello, Calif. P. O. Address

Subscribed and sworn to before me on this 3rd day of February, 19 42

(SEAL) [signature] Notary Public, residing at Pico, Calif.

My commission expires May 4, 1942

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

619701-006-466

United States
Department of Commerce
Bureau of the Census Bingham

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331859
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Bonneville~~ (b) City Idaho Falls
(c) Street Address or R.F.D. No. R.F.D #1
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Bonneville~~ Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. R.F.D #1
(e) How long has **MOTHER** lived in Idaho? ..... yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Charles Ursal Farnsworth

5. Date of Birth of Child (Month, day, year) May-1-1906

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wallace Franklin Farnsworth
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Joseph City (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Contractor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Etta Moore
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Wanship (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for LIFE years, and that x (First name) Rocherry (Last name), who attended this birth Is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary Farnsworth Signature
538 Vine St. Glendale Calif. Address

Subscribed and sworn to before me this 23 day of January, 1942

(SEAL) [signature] Notary Public, residing at 417 So Central Glendale Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1942

APR 24 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

~~Where the birth of a child born prior to the effective date of~~ Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469126 022434

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331866
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Earnest Alvin Dorcheus.

5. Date of Birth of Child (Month, day, year) Sept. 26. 1906.

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Thomson, Dorcheus.
11. Color or Race White
12. Age at time of THIS birth 63 yrs.
13. Birthplace Copenhagen (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary McDonald.
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Auchinron (City or town) Scotland (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, ~~stillborn~~) at 9 40 a M. on the date and at the place stated above, and that personal particulars were furnished by Myself (First name) (Last name), who is related to this child as Sister. (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 35 years, and that I (First name) (Last name), ~~who~~ attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth A. Dorcheus Cox Signature
P. O. Address

Subscribed and sworn to before me this 29th day of January, 1942
(SEAL) Ben G. Bagley Notary Public, residing at Midvale, Utah.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-226-007-792

331874

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Mary Angeline Mantey

5. Date of Birth (Month, day year) Aug. 26, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Frederick Mantey
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Milwaukee (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Mary Gibson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Eureka (City or town) Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2
(c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho } ss.
County of Blaine }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Kissick Gibson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mary Angeline Mantey (Name of person on certificate above) as uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. J. Allen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Kissick Gibson Signature

Hailey, Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of February, 1942.

(SEAL) ..... Notary Public, residing at Hailey, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

499 1/14 014459 FEB 13 1942 331960

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331960
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City New Plymouth
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Payette
   (c) City New Plymouth
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Cecil James Driscoll

5. Date of Birth of Child (Month, day, year) June 14, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James F. Driscoll
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Vale, Iowa (City or town) (State or foreign country)
14. Exact Occupation Plasterer
15. Industry or Business Plasterer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Mechan
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Wayne Co. Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of Idaho } ss.
County of Payette }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 6 2 years of age, that I have known this person for 3 6 years, and that Midwife (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Driscoll Signature
New Plymouth, Idaho P. O. Address

Subscribed and sworn to before me this 7 day of February, 1942

(SEAL) E. D. Day Notary Public, residing at New Plymouth Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by ....., Registrar.

FEB 13 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-112 029 393

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332020
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Our home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 8 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD Raymond George Kelly

5. Date of Birth of Child (Month, day, year) Sept 12-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME George B. Kelly
11. Color or Race White **12.** Age at time of THIS birth 48 yrs.
13. Birthplace Macomb (City or town) Illinois (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business now deceased

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie C. Littlefield
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Potter (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Colorado
County of Weld } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 35 years, and that Dr Clark (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie C. Kelly Signature

Fort Lupton, Colo. P. O. Address

Subscribed and sworn to before me this 1st day of February, 1942

(SEAL) William G. Hubbell Notary Public, residing at Ft. Lupton Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

WILLIAM G. HUBBELL, Notary Public
Weld County, Colorado
My Commission expires August 9, 1943

Received for filing on FEB 3 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-217-029-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 5 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

332028

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years 6 months 7 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.
(f) Mother's mailing address Moscow Ida.

3. **RESIDENCE OF FATHER** (city, state) Moscow Idaho

4. **FULL NAME OF CHILD** Evelyn Styner

5. Date of Birth (Month, day, year) Sept 17 - 1906

6. Sex. Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwin Otis Styner
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Knap Station Wis U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Mechanical Repairman
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet A McLaughlin
17. Color or Race White
18. Age at time of THIS birth 36 years
19. Birthplace Paisley Ont. Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) FEB 5 1942 (Date received) (b) Mairl F Elder (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Latah

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, E L Styner, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Evelyn Styner (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Adair (Name of attendant at birth), who attended said birth, Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

E L Styner Name

303 Styner Ave., Moscow, Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of February, 1942

(SEAL) HARRY A. THATCHER, Ex-Officio Auditor and Recorder, Notary Public, residing at Moscow, Idaho.

By Rose E. Rawson Deputy.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

DEC 2 1966

SEP 29 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-223035-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332057
Local Reg. No.
Reg. Dist. No.

Typed

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay BEFORE delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce RFD Nezperce
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Nezperce, Ida

4. FULL NAME OF CHILD Rose Christine Elsbeth Brasch(now Hadley)

5. Date of Birth of Child (Month, day, year) April. 23, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Theodore Brasch
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Katie Thode
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Lewis }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for since birth years, and that Martha Brasch (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katie Brasch Signature

Nezperce, Idaho P. O. Address

Subscribed and sworn to before me this 31 day of January, 19 42

(SEAL) ____ Notary Public, residing at Nezperce, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1942 by Mabel Hedden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433 105 006 818

United States Department of Commerce Bureau of the Census Bingham

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332062
Local Reg. No.
Reg. Dist. No.

FEB 4 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Leonard Logan McCowin

5. Date of Birth of Child (Month, day, year) Jan. 5, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Tius Elmer McCowin

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Council Bluffs, Iowa (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Priscilla Anne Hayes

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Manchester England (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Bonneville } ss.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 36 years, and that not known (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Burgie Signature

Route #3, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of February, 1942.

(SEAL) ____ Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

964-126-008-466

332123

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 5 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Garden Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 37 years 7 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Garden Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 72 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD George Joseph Rodemack

5. Date of Birth of Child (Month, day, year) 12-26-1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Rodemack
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Montgomery County, Penn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm owner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Adeline Moore
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Placerville, Idaho (City or town) (State or foreign country)
20. Exact Occupation Home Maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Boise } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 35 years, and that Mrs. [illegible] Mills, Sr. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

S. W. Rodemack Signature
Crouch, Idaho P. O. Address

Subscribed and sworn to before me this 22 day of January, 1942.

(SEAL) [signature] Notary Public, residing at Emmett, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires advance payment of fifty cents, money order or coin.

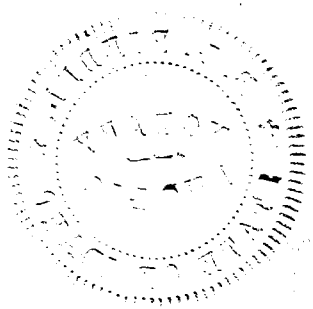
FEB 13 1942

AUG 27 1970
NOV 4 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



253-213-003-816

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 5 1942 CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. 332126
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or [illegible].

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. No number
(d) Name of Hospital or Maternity Home: At mother's home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 11 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello

4. FULL NAME OF CHILD Kathryne Lena Kelly

5. Date of Birth of Child (Month, day, year) Aug. 13, 1906

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd /

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Wesley Kelly

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Pamina, No. Dakota (City or town) (State or foreign country)

[redacted] Boilermaker

Business Oregon Short Line

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Kathryne Ujort

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Logan, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum /

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address Not living Date

State of Utah } ss.
County of Weber }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 35 years, and that Mrs Bird, (First name) midwife, (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Wesley Kelly Signature

432 21st Street, Ogden, Utah. P. O. Address

Subscribed and sworn to before me this 22nd day of January, 19 42.

(SEAL) Olin A. Kennedy Notary Public, residing at Ogden, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 [illegible] by [illegible], Registrar.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar of record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-126-022-792

United States
Department of Commerce
Bureau of the Census Fremont

(Be sure the information is as of date of birth of THIS child)

FEB 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332151
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Madison~~ (b) City Salem
(c) Street Address or R.F.D. No. R.F.D. 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Madison~~ Fremont
(c) City Salem
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Wendell Dille

5. Date of Birth of Child (Month, day, year) May 26, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Dille
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Adell Gibbs
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Brigham City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that ..... (First name) Lindsman (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adell Gibbs Dille Signature
R 3 Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of February, 1942
(SEAL) C. H. Taylor Notary Public, residing at Weiser, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-113-D 14 845 FEB 14 1942 332203

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332203
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 4 mi SW of City
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City vicinity of Nampa
(d) Street Address or R.F.D. No. 4 mi SW of City
(e) How long has **MOTHER** lived in Idaho? 11 yrs. 10 mos. yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Ernest Clyde Ward

5. Date of Birth of Child (Month, day, year) May 13, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William R. Ward
11. Color or Race Caucasian
12. Age at time of THIS birth 26 yrs.
13. Birthplace Jefferson County (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Edith Huntley
17. Color or Race Caucasian
18. Age at time of THIS birth 20 yrs.
19. Birthplace Rooks County (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 a. M. on the date and at the place stated above, and that personal particulars were furnished by Julia (First name) Ward (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's **OWN** signature J H Mullay M.D. Midwife Address Nampa, Idaho Date 2/13/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 28 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

463-22-7001-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332251
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Warren + Colorado
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 10 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise (South Boise then)
(d) Street Address or R.F.D. No. Warren + Colorado
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Hazel Leona Dotson

5. Date of Birth of Child (Month, day, year) February 29, 1906

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John F. Dotson
11. Color or Race white **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Virginia (City or town) (State or foreign country)
14. Exact Occupation Motorman on street car
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Hannah Johnson
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Sumas Valley, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None required
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3:15 A M. on the date and at the place stated above, and that personal particulars were furnished by Clara Dotson (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature L. M. Taylor M.D. ~~Midwife~~ Address Boise, Idaho Date Feb. 5-1943

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 7 1958

JUN 20 1962

MAR 22 2001

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

749-225-022-156

United States Department of Commerce
Bureau of the Census

FEB 9 1942 Fremont

CERTIFICATE OF BIRTH
STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child)

State File No. 332259
Local Reg. No. 6
Reg. Dist. No. 6-41

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. 2, Clark Ward
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Jefferson~~ Fremont
(c) City Rigby, Clark Ward Fremont
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Verla Purser

5. Date of Birth of Child (Month, day, year) June 25th 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clifford Purser
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Benson Ward Cache Co. (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Amelia Louisa Jeffs
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Evanston, Wyoming (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living one.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Amelia (First name) Adams (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's **OWN** signature Helen P. Tait Midwife Address Rigby Ida Date Jan 28 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 26 1942 by Mrs. A. B. Eckersell, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-129-025-281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332272
Local Reg. No.
Reg. Dist. No.

JAN 28 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: Geo. Benj. Baker
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Howard Porter Baker

5. Date of Birth of Child (Month, day, year) April 29-1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Benjamin Baker
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Clinton, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian May Shadduck
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Clinton, Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 A.M. on the date and at the place stated above and that personal particulars were furnished by Geo. Benj. Baker (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 35 years, and that Dr. G.S. Stockton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Benjamin Baker Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of January, 19 42

(SEAL) J Ben Lucas Notary Public, residing at Grangeville, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

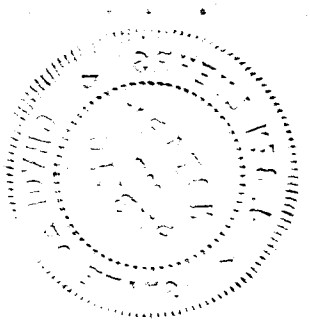
FEB 1 6 19

APR 6 1971.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



789-214-006-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332286
Local Reg. No.
Reg. Dist. No.

Bingham FEB 2 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Bonneville~~ (b) City Ammon
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Bonneville~~
(c) City Ammon Bingham
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Velma Lois Phillips

5. Date of Birth of Child (Month, day, year) Jan. 14, 1906

6. Sex female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Charles Phillips
11. Color or Race white
12. Age at time of THIS birth 59 yrs.
13. Birthplace Gloucester (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Jane Jones
17. Color or Race white
18. Age at time of THIS birth 44 yrs.
19. Birthplace Peterson (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. ~~Name prophylactic used to prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 36 years, and that Sarah Nowberry (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie Emily Phillips Signature
128 Whither St Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of January, 1942

(SEAL) [signature] Notary Public, residing at Notary Public for the State of Idaho. Residence, Idaho Falls, Idaho, My Commission Expires Nov 8, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-116-035-259

332316

United States Department of Commerce Bureau of Census — (Be sure the information is as of date of birth of THIS child) — **CERTIFICATE OF BIRTH** STATE OF IDAHO — State File No. / Local Reg. No. / Reg. Dist. No.

FEB 2 1942

1. PLACE OF BIRTH
(a) County ~~Lewis~~ Nez Perce (b) City Craigmont
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: 0
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN **THIS** county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Lewis~~ Nez Perce
(c) City Craigmont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Craigmont, Ida.

3. RESIDENCE of FATHER (city, state) Craigmont, Ida

4. FULL NAME OF CHILD RAYMOND NORRIS WESTFALL

5. Date of Birth (Month, day year) April 16, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Wright Westfall

11. Color or Race W

12. Age at time of THIS birth 30 yrs.

13. Birthplace Keokuk County, Iowa (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Henrietta Kerl

17. Color or Race W

18. Age at time of THIS birth 26 yrs.

19. Birthplace Butler County, Pennsylvania (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 2 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Idaho } ss.
County of Washington }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Margaret H. Westfall, being first duly sworn, say that I am related to (Related to (or) acquainted with) Raymond Norris Westfall (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Lenze (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret H Westfall Signature
Cambridge, Idaho P. O. Address

Subscribed and sworn to before me on this 20th day of January, 1942.
(SEAL) Margaret Vogel Notary Public, residing at Cambridge, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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125-230-022-449

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1942 CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 332338
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D.No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 10 years month 25 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony
   (d) Street Address or R.F.D.No. 1
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.
   (f) Mother's mailing address St. Anthony Idaho R#1

3. **RESIDENCE of FATHER** (city, state) St. Anthony R#1

4. **FULL NAME OF CHILD** Blanche Helen Abegglen

5. Date of Birth (Month, day year) June 30 - 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Conrad Abegglen
11. Color or Race white
12. Age at time of THIS birth 49 yrs.
13. Birthplace Ewendrischwand (City or town) Switzerland (State or foreign country)
14. Exact Occupation Truck gardening
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Magdalena Murri
17. Color or Race White
18. Age at time of THIS birth 40 yrs
19. Birthplace Scherli Bern (City or town) Switzerland (State or foreign country)
20. Exact Occupation housewife & mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 10 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 27 1942 (Date received) (b) Magdalena Abegglen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

28. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Magdalena Abegglen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Blanche Helen Abegglen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Bell Riggs (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Magdalena Abegglen Signature

St Anthony Idaho R.F.D. 1 P. O. Address

Subscribed and sworn to before me on this 24 day of January, 1942

(SEAL) Ex Officio Probate Judge Notary Public, residing at .....

JUL 2 0 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

125-12-022-515

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 332356

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 11 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Lewisville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lewisville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Lewisville, Ida.

4. FULL NAME OF CHILD Fred Joseph Abercrombie

5. Date of Birth of Child (Month, day, year) Nov. 24, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 6th

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Johnathan L. Abercrombie
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Springdale, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Blacksmithing
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Van Leuten
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Richfield, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for Life years, and that Dr. Tucker (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Abercrombie Signature

Idaho Falls, Ida. 301 W. 17th St. P. O. Address

Subscribed and sworn to before me this 9th day of February, 19 42

(SEAL) Notary Public, residing at Idaho Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 11 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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485 - 108 - 014 - 213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 6 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332363
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Notus
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Notus
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Eight yrs.

3. RESIDENCE OF FATHER (city, state) Notus, Idaho.

4. FULL NAME OF CHILD Albert Loyd Myers

5. Date of Birth of Child (Month, day, year) Sept. 8, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Henry Myers
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Caldwell (City or town) Idaho. (State or foreign country)
14. Exact Occupation Farm Laborer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Estella Ballard
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Dighton (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 8 A.M. on the date and at the place stated above, and that personal particulars were furnished by Effie Estella (First name) Parrish (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of IDAHO
County of CANYON } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 35 years, and that Mrs (First name) Harriett Conway (Last name), who attended this birth Is Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Estella Parrish Signature
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of January, 19 42
(SEAL) Emma E. Thompson Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1942 by Mary Hedden, Registrar.

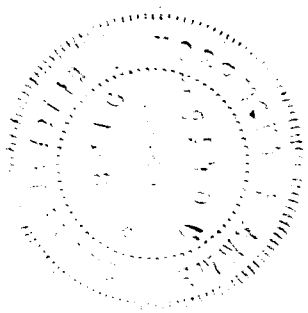
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may~~ be ~~received~~ and ~~filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



335-117-029-419

332386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 11 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Earl Clem

5. Date of Birth of Child (Month, day, year) Aug. 17, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ernest Lee Clem
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Belphrie (City or town) Ohio (State or foreign country)
14. Exact Occupation Housepainter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Mae Martin
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Carleton (City or town) Nebraska (State or foreign country)
20. Exact Occupation Practical nursing
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

Physician is dead.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 37 years, and that Dr. (First name) Rothwell (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nellie Mae Clem ..... Signature
Clarkston, Washington, 111 Elm ..... P. O. Address

Subscribed and sworn to before me this 10th day of February, 19 42

(SEAL) John C Appleton ..... Notary Public, residing at Asotin, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 11 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-102-014-493

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 6 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 33241b
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Parma, Idaho

4. FULL NAME OF CHILD Charles Bates

5. Date of Birth of Child (Month, day, year) Feb. 2, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Marcus Ayres Bates

11. Color or Race White

12. Age at time of THIS birth 42 yrs.

13. Birthplace Saline County, Missouri (City or town) (State or foreign country)

14. Exact Occupation Publisher

15. Industry or Business Newspaper

MOTHER OF CHILD

16. FULL MAIDEN NAME Daisy J. Mitchell

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace — — Iowa (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Valley }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 36 years, and that R.J. Cluen M.D. (First name) (Last name), who attended this birth, is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

M A Bates Signature

McCall, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of February, 1942.

(SEAL) E G Hendren Notary Public, residing at McCall, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1942 by Mark Hyde, Registrar.

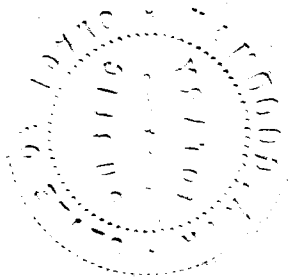
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



· 993 -116-006- 391

332420

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....

Local Reg. No.....

Reg. Dist. No.....

FEB 6 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Idaho Falls

(c) Street Address or R.F.D. No. Idaho Falls, Gen Del

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years 5 months 29 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham

(c) City Idaho Falls

(d) Street Address or R.F.D. No. Idaho Falls, Gen Del

(e) How long has **MOTHER** lived in Idaho? 16 ½ yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Marion Tracy Ritchie

5. Date of Birth of Child (Month, day, year) Feb. 16, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Ritchie

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Ogden (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Naomi Tracy

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Ogden (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 35 years, and that Franklin D (First name) La Rue (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Naomi Ritchie Signature

560 H. St., Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of February, 1942

(SEAL) ..... Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 6 1942 by Mark Fetzer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168-120-036-493

United States Department of Commerce Bureau of the Census Oneida

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 13 1942

State File No. 332436
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Franklin~~ (b) City Treasureton
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home: Born in home of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 32 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD EDWARD M. JOHNSON

5. Date of Birth of Child (Month, day, year) Aug. 20, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ephraim Johnson
11. Color or Race White
12. Age at time of THIS birth Died before birth yrs.
13. Birthplace Hyde Park, Utah (City or town) (State or foreign country)
14. Exact Occupation General laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Betsy Millington
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Treasureton, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11 P. M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Betsy Cherry (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Treasureton, Ida Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 35 years, and that Mrs. Lundgreen (First name) (Last name), who attended this birth ~~[illegible]~~ at ~~Treasureton~~ Idaho (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Betsy Cherry Signature
Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of February, 1942

(SEAL) Frank L. Stephan Notary Public, residing at Twin Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by Mabel F. Elder, Registrar.

FEB 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-124-014-664 332456

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332456
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 1315 Dearborn
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 3 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State ~~Cal~~ Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 1315 Dearborn
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Idaho.

4. FULL NAME OF CHILD Richard Hilbert Sterling

5. Date of Birth of Child (Month, day, year) Oct. 24, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William Thomas Sterling
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Viroqua (City or town), Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Ann Foust
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Cedar County (City or town), Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 35 years, and that Dr. (First name) Hamilton (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Ann Sterling Signature
P. O. Address

Subscribed and sworn to before me this 17th day of February, 1942
(SEAL) Lidy C. Rudisill Notary Public, residing at Star
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires 7-17-44

Received for filing on FEB 17 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1942

APR 11 1946

JAN 26 1966

AUG 11 1972

JUL 14 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-129-201-255

332474

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

FEB 17 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332474
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1125 Lee St.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1125 Lee St.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Cecil Herbert Marshall

5. Date of Birth of Child (Month, day, year) 11-29-06

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Herbert Lobengier Marshall
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Lawrence, Kansas (City or town) (State or foreign country)
14. Exact Occupation Bookkeeper
15. Industry or Business Farm Produce

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Ann Kennedy
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Kerney, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that Dr. (First name) Bowers (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Herbert Lobengier Marshall Signature
Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of February, 1942

(SEAL) Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

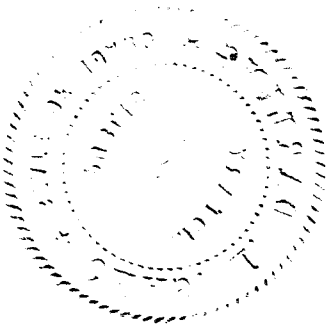
Received for filing on FEB 17 1942 by ..... Registrar.

FEB 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



779-226 006-253

332515

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO FEB 16 1942

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BINGHAM (b) City IDAHO FALLS
(c) Street Address or R.F.D. No. NO NUMBERS
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county 5 years 2 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City IDAHO FALLS
(d) Street Address or R.F.D. No. NO NUMBERS
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO FALLS IDA

4. FULL NAME OF CHILD THEMIS LUCILLE GRIM

5. Date of Birth of Child (Month, day, year) MAR. 26-1906

6. Sex FEMALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME ROY ALLAN GRIM

11. Color or Race WHITE

12. Age at time of THIS birth 27 yrs.

13. Birthplace TOULON (City or town) ILLINOIS (State or foreign country)

14. Exact Occupation MANAGER TELEPHONE-EXCG

15. Industry or Business BELL TELEPHONE CO.

MOTHER OF CHILD

16. FULL MAIDEN NAME SUSAN-ELIZABETH BELL

17. Color or Race WHITE

18. Age at time of THIS birth 26 yrs.

19. Birthplace LEON (City or town) IOWA (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California } ss.
County of San Diego }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that Mr. FRANKLIN-LARUE (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susan Elizabeth Grim Signature

4785 VOLTAIRE-OCEAN BEACH CAL. P. O. Address

Subscribed and sworn to before me this 5-2 day of February, 1942

(SEAL) Agnes M. Ellis Notary Public, residing at San Diego, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by Mabel Hyde, Registrar.

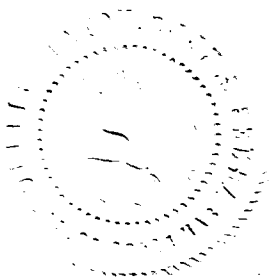
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16 1942

State File No. 332519
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Edwin Casper Hill

5. Date of Birth of Child (Month, day, year) 11/6/06

6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Nelson Hill
11. Color or Race white 12. Age at time of THIS birth 24 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elma Whittle
17. Color or Race white 18. Age at time of THIS birth 18 yrs.
19. Birthplace Richmond (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 2 years, and that Dr. W. E. Young M.D. (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elma Whittle Hill Signature
Ashton, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of February, 1942
(SEAL) Paul P. Stone Notary Public, residing at Ashton, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO FEB 9 1942

State File No. 332527
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years 2 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Wash (b) County Whitman
(c) City Farmington
(d) Street Address or R.F.D. No. R. 2.
(e) How long has **MOTHER** lived in Idaho? 1-4 mo yrs.
(f) Mother's mailing address Farmington

3. RESIDENCE of FATHER (city, state) not known

4. FULL NAME OF CHILD William Alvin Charbonneau

5. Date of Birth (Month, day year) Oct 9, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME William L. B. Charbonneau

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Kankakee (City or town) Ill. (State or foreign country)

14. Exact Occupation Cook & waiter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Maryann Lewis

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Fulton (City or town) Kentucky (State or foreign country)

20. Exact Occupation Housework

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12-15 a.m. on the date and at the place stated above, and that personal particulars were furnished by Nora Elder (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) FEB 9 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mary Mary Lindsley M.D. (D.O., Midwife, etc.)
and address 304-5 Ray St. Spokane Wash Date Feb 3 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1942

MAY 23 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 7 1942

State File No. 332531
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Teton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Teton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Harvey James Ashcroft

5. Date of Birth of Child (Month, day, year) 3-2-1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Enoch Ashcroft
11. Color or Race American **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Teton (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Purser
17. Color or Race Welsh **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Wales (City or town) (State or foreign country)
20. Exact Occupation Home wife.
21. Industry or Business

22. Name prophylactic used to ~~prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Canyon }

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 24, above, that I am now 41 years of age, that I have known this person for 36 years, and that Sarah Baker (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Pomph Signature
Box 724, Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of February, 1942.
(SEAL) W. Russell Notary Public, residing at Nampa, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 7 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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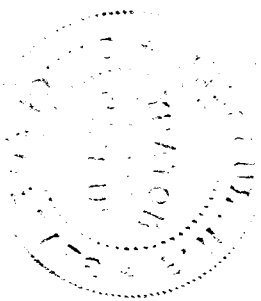

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United States
Department of Commerce
Bureau of the Census Fremont

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 7 1942

State File No. 332549
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Grant
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Parents Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Grant Ft Fremont
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Grant Ida.

4. FULL NAME OF CHILD Otis Levi Bate

5. Date of Birth of Child (Month, day, year) Sept 13, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 ms

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William E. Bate
11. Color or Race White
12. Age at time of THIS birth 60 yrs.
13. Birthplace Hanley (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Merchant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Jennette Nell
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Milleacs (City or town) Minnesota (State or foreign country)
20. Exact Occupation Mother & housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the Guardian (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 35 years, and that Mrs Olive Lapton (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet E. Bate ..... Signature
Bountiful Utah ..... P. O. Address

Subscribed and sworn to before me this 23 day of January, 1942

(SEAL) Leland H. Sessions Notary Public, residing at Bountiful, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 7 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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699-209 028-443

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 14 1942

State File No. 332584
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Spirit Lake, Idaho
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Spirit Lake Id

4. **FULL NAME OF CHILD** Lillian Almira Wright

5. Date of Birth of Child (Month, day, year) Aug 9-1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Joseph Wright
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace New York City (City or town) (State or foreign country)
14. Exact Occupation piano business
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Hester Muller
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 35 years, and that Mrs. Crandal (First name) (Last name), who attended this birth Can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude A. Craft Signature
1507 So. Hoover St. P. O. Address

My Commission Expires Oct. 22, 1945

Subscribed and sworn to before me this 11th day of February, 1942

(SEAL) Fannie R. Nishijima Notary Public, residing at 1808 D Brand Blvd.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

FEB 14 1942

Received for filing on ..... by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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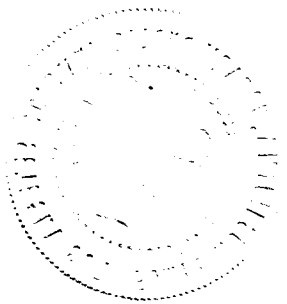

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332587
Local Reg. No.
Reg. Dist. No.

FEB 9 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at our home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months 26 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville

4. FULL NAME OF CHILD James Raymond McGee

5. Date of Birth of Child (Month, day, year) May 8, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo. **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Henderson McGee
11. Color or Race white **12.** Age at time of THIS birth 29 yrs.
13. Birthplace farm near Coin (City or town) Iowa (State or foreign country)
14. Exact Occupation store clerk
15. Industry or Business drygoods store

MOTHER OF CHILD

16. FULL MAIDEN NAME Olive Wing
17. Color or Race white **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Robert's Island, California (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 2 ---A M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Olive Wing McGee (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Olive Wing McGee M.D. Midwife Address 114-S. College, La Habra, Calif. Date Feb. 4th, 1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California
County of Orange } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for over 35 years, and that Doctor Stockton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive Wing McGee Signature

My Commission Expires May 7th 1942

114-S. College, La Habra, California P. O. Address

Subscribed and sworn to before me this 4th day of February, 19 42

(SEAL) Mabel M. Lee Notary Public, residing at 828 E. Central, La Habra, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Mabel Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB

APR 1 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-107-029-799

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO FEB 10 1942

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Latah (b) City Potlatch
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ____ days.
   IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Potlatch
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.
   (f) Mother's mailing address Route #1

3. **RESIDENCE of FATHER** (city, state) R#1, Potlatch Idaho

4. **FULL NAME OF CHILD** Marion Lafayette Muncey

5. Date of Birth (Month, day, year) Sept. 7th 1906

6. Sex Male

7. Twin or Triplet Neither

If so—born 1st, 2nd, 3rd 7th

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Marion F. Muncey
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Blythdale (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elizabeth Griner
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Pittsburgh (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ----

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living Yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) FEB 10 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Marion F. Muncey, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Marion Lafayette Muncey (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Her Mother (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Marion F. Muncey Signature

Route # 5 Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 28th day of November, 19 41

(SEAL) W. L. Brewrink, Clerk of ~~XXXXXXXXX~~ Notary Public, residing at Idaho Falls, Idaho

The District Court - By Grace McIntosh, Deputy.

FEB 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 1 0 1942 558-118-022963

332628

United States Department of Commerce Bureau of Census — Fremont

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 332628
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County [redacted] (b) City Roberts
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county . years 8 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Roberts
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Roberts, Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Grant Florian Neyman

5. Date of Birth (Month, day year) Sept. 18, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Wesley Neyman

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Bloomfield [redacted] Ind. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Theresa Rother

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace ? (City or town) Germany (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum [redacted]

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at [redacted] P.M. on the date and at the place stated above, and that personal particulars were furnished by Cora Calvert Erickson (First name) (Last name) who is related to this child as Attendant (Mother, etc.)

26. (a) JAN 13 1942 (Date received) (b) [redacted] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Cora Calvert Erickson (D.O., Midwife, etc.)
and address Ririe, Idaho Date Dec. 11, 1941

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that [redacted] (Name of attendant at birth) who attended said birth [redacted] (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 12 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-231 016-218

332635

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 9 1942
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Standrod
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Standrod
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Standrod, Ida.

4. FULL NAME OF CHILD Sarah Serena Brewerton

5. Date of Birth of Child (Month, day, year) May 31 1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Herbert Legay Brewerton
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Willard (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Della Bayliss
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 11-45 P.M. on the date and at the place stated above, and that personal particulars were furnished by Hella Brewerton Brown (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mabel Brewerton Stevens M.D. Midwife Address Pocatello Idaho Date Feb 1, 1942

State of ~~Idaho~~
County of ~~Minidoka~~ } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 36 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed by the local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-215019-265

332646

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 9 1942

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Custer (b) City Sunbeam
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Sunbeam
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? .....yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Nina Irene Hammer

5. Date of Birth (Month, day year) June 15-1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ralph Augustus Hammer
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Willow Creek (City or town) Oregon (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Carol Lena Koeninger
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Kalamazoo (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was .....(born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by .....(First name) (Last name), who is related to this child as .....(Mother etc.)

26. (a) FEB 9 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on .....by .....(Registrar's signature)

25. Attendant's **OWN** signature .....M.D. (D.O., Midwife, etc.)
and address Date

State of Montana } ss.
County of Flathead }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs Keith Denton, being first duly sworn, say that I am Sister (Related to (or) acquainted with) Nina Irene Hammer (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none (Name of attendant at birth), who attended said birth .....(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Keith Denton Signature

.....P. O. Address

Subscribed and sworn to before me on this 3rd day of February, 19 42

(SEAL) [signature] Notary Public, residing at .....

43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

438-110009613 332658

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 332658

Local Reg. No.

Reg. Dist. No.

FEB 16 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BONNER (b) City SANDPOINT
   (c) Street Address or R.F.D. No. 717 RUTH AVE.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BONNER
   (c) City SANDPOINT
   (d) Street Address or R.F.D. No. 717 RUTH
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** FRANK FRANCIS MCHUGH

5. Date of Birth of Child (Month, day, year) 11, 10, 1906

6. Sex MALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** THOMAS SENNETT MCHUGH
11. Color or Race WHITE
12. Age at time of THIS birth 40 yrs.
13. Birthplace STEVENPOINT (City or town) WIS. (State or foreign country)
14. Exact Occupation LABOR
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CATHERINE DAISY WALSH
17. Color or Race WHITE
18. Age at time of THIS birth 29 yrs.
19. Birthplace STEVENPOINT (City or town) WIS. (State or foreign country)
20. Exact Occupation WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonner }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 35 years, and that OLF (First name) PAGE (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas Sennett McHugh Signature

717 Ruth Ave. Sandpoint Idaho P. O. Address

Subscribed and sworn to before me this 14th day of February, 1942

(SEAL) Arthur R. Bowden Notary Public residing at Sandpoint Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by Maud F. Elden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

467110 035 666

332679

332679

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 9 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Lewis~~ (b) City Nezperce,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home,
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Lewis~~ Nezperce
(c) City Nezperce,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Same,

4. FULL NAME OF CHILD Cecil Winning Doggett,

5. Date of Birth of Child (Month, day, year) Nov. 10, 1906

6. Sex: Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Sidney Johnson, Doggett,
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace California, (City or town) (State or foreign country)
14. Exact Occupation Blacksmith,
15. Industry or Business same,

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Alue Woodward,
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Ash Grove, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife,
21. Industry or Business same,

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of California, } ss.
County of Contra Costa, }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the elder sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 35 years, and that Dr. Cooper (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lula mae Doggett, Lyon, Signature
5219 Panama Ave., Richmond, Calif., P. O. Address

Subscribed and sworn to before me this 2d day of February, 1942.

(SEAL) Lillian W. Chase Notary Public, residing at Contra Costa, Co. Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Mary E. Logan, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

FEB 19 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 19 1942 968110 001 851 332683

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332683
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 607 N. 9th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 607 N. 9th St.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Ross John Rohrer

5. Date of Birth of Child (Month, day, year) July 10, 1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ira A. Rohrer
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace ? (City or town) Indiana (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Tent & Awning

MOTHER OF CHILD

16. FULL MAIDEN NAME Della Hearne
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Van Buren Co., Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born aliva (Born alive, stillborn) 7:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Della Hearne Rohrer (First name) (Last name), who is related to this child as mother. (Mother, etc.)

25. Attendant's **OWN** signature John Boeck M.D. Address Boise, Idaho Date 2/ /42

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that John Boeck, M. D., (First name) (Last name), who attended this birth is alive. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Della H. Rohrer Signature
408 Idaho St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of February, 1942

(SEAL) Frank E. Keeler Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by Maud E. Keeler, Registrar.

Send To Mrs Della Rohrer 408 Idaho St Boise Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-111-007349

332694

United States FEB 20 1942 (Be sure the information is as of date of birth of THIS child) State File No. 332694

Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.

Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey Ida

4. FULL NAME OF CHILD Paul Albert Wines

5. Date of Birth of Child (Month, day, year) 8-11-06

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Vernon Wines
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Elko (City or town) Nevada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eda Elizabeth Turner
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Clarinda (City or town) Iowa (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Ida
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 36 years, and that Midwife (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Verner Wines Signature

3801 Overland Road P. O. Address

Subscribed and sworn to before me this 20th day of Feb., 1942.

(SEAL) [illegible] Notary Public, residing at Boise Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires May 15, 1944

Received for filing on FEB 20 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753 209 023-9/8 332697

United States Department of Commerce Bureau of the Census

FEB 20 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332697
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett

4. FULL NAME OF CHILD Edna Florence Petty

5. Date of Birth of Child (Month, day, year) March 9, 1906

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William David Petty
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Emmett (City or town) Idaho (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rena Alice Ray
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Joseph (City or town) Oregon (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 35-9 years of age, that I have known this person for 35 years, and that Sarah Ray (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Rena Petty Signature

P. O. Address

Subscribed and sworn to before me this 20th day of February, 1942

(SEAL) Marian E. Orr Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 20 1942

State File No. 332701
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. # 405 Idaho St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello Ida

4. FULL NAME OF CHILD Ben Erwin Keyes

5. Date of Birth of Child (Month, day, year) April 29 1906

6. Sex Male **7.** Twin or Triplet **8.** If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Stillman James Keyes
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Ottawa (City or town) Kansas (State or foreign country)
14. Exact Occupation Baker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lulu Frank Biggerstaff
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Prophylactic used by Dr Beck
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 2 a M. on the date and at the place stated above, and that personal particulars were furnished by Stillman J. Keyes (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Dr Beck (John) Midwife Address non decend Date

State of Louisiana
County of Orleans } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that Doctor (First name) Beck (Last name), who attended this birth ✓ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stillman James Keyes Signature
504 Arabella St. P.O. Address

Subscribed and sworn to before me this 13th day of February, 19 42

(SEAL) Notary Public residing at New Orleans La

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-928, Idaho Code Annotated)

Received for filing on FEB 20 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census Nezpince

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 11 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Woodside
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Woodside Nezpeece
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Lester Clifford McCracken

5. Date of Birth of Child (Month, day, year) 5/31/06

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ralph L. McCracken
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Silverton, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Virginia Elizabeth Polley
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Silverton, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana } ss.
County of Lincoln }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 71 years of age, that I have known this person for 35 years, and that Grandmother (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ralph L. McCracken Signature

P. O. Address

Subscribed and sworn to before me this 4th day of February, 1942

(SEAL) None Notary Public, residing at Libby Mont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by Mark Hteden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 332714

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 11 1942

Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Soldier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sublett Idaho

4. **FULL NAME OF CHILD** Mary Adeline Johnson

5. Date of Birth of Child (Month, day, year) [redacted]

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joel Johnson

11. Color or Race White

12. Age at time of THIS birth 42 yrs.

13. Birthplace Denver (City or town) Colorado (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie DeJoe

17. Color or Race White

18. Age at time of THIS birth about 30 yrs.

19. Birthplace Duluth (City or town) Minnesota (State or foreign country)

20. Exact Occupation house-wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Camas }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the grand-uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 32 years, and that Jennie Peck (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George F. Johnson Signature

Fairfield Idaho P. O. Address

Subscribed and sworn to before me this 11th day of Dec 1941

(SEAL)

Tom Roberson Notary Public, residing at Fairfield Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332736
Local Reg. No.
Reg. Dist. No.

Kootenai

FEB 11 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNER (b) City GRANITE
(c) Street Address or R.F.D. No. 25
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay BEFORE delivery: IN THIS county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNER, Kootenai
(c) City GRANITE
(d) Street Address or R.F.D. No. 25
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD CARROLL JAMES NATVIG

5. Date of Birth of Child (Month, day, year) 7/21/1906

6. Sex MALE

7. ~~Twin~~ or Triplet ~~If so—born~~ 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME JAMES C NATVIG

11. Color or Race WHITE **12.** Age at time of THIS birth 36 yrs.

13. Birthplace SAUDE (City or town) IOWA (State or foreign country)

14. Exact Occupation GENERAL MERCHANDISE

15. Industry or Business BUSINESS

MOTHER OF CHILD HUGHES

16. FULL MAIDEN NAME MARY GRACE NATVIG

17. Color or Race WHITE **18.** Age at time of THIS birth 32 yrs.

19. Birthplace UTICA (City or town) NEW YORK (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including ~~this~~ child 2. (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 69 years of age, that I have known this person for ____ years, and that Dr. D.D. DRENNEN (First name) (Last name), who attended this birth DECEASED. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X James C. Natvig Signature

Coolin Idaho P. O. Address

Subscribed and sworn to before me this 9th day of February, 1942

(SEAL)

Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by ____ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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215-109-006-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332738
Local Reg. No.
Reg. Dist. No.

FEB 11 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BINGHAM (b) City SHELLEY
   (c) Street Address or R.F.D. No. NONE
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 10 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BINGHAM
   (c) City SHELLEY
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) SHELLEY IDA

4. **FULL NAME OF CHILD** DAYLE ALDON SANDERSON

5. Date of Birth of Child (Month, day, year) MAY-9-1906

6. Sex BOY

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd NO

8. No. months of Pregnacy 8

9. Legitimate? YES.

FATHER OF CHILD

10. **FULL NAME** DONALD EDGAR SANDERSON
11. Color or Race WHITE
12. Age at time of THIS birth 29 yrs.
13. Birthplace GENTILE-VALLEY IDAHO (City or town) (State or foreign country)
14. Exact Occupation STATION AGENT
15. Industry or Business OREGON SHORT LINE R.R. Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** HATTIE MAUDE CARRIER
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace ROCKWELL CITY IOWA (City or town) (State or foreign country)
20. Exact Occupation SCHOOL TEACHER HOUSE WIFE
21. Industry or Business PUBLIC SCHOOL

22. Name prophylactic used to prevent Ophthalmia Neonatorum DO NOT KNOW
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of IDAHO
County of BONNEVILLE } ss.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 35+ years, and that DR M. BRUNDAGE (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the cerfificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires June 26th, 1943.

Maude C. Sanderson Signature
RFD No. 4 IDAHO FALLS IDAHO P. O. Address

Subscribed and sworn to before me this 10th day of February, 1942

(SEAL) Myrtle N. Saunders Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by Mark Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

JUL 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

664 203 040 913

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16 1942

State File No. 332752
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. 407 Pine St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. 407 Pine St.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Wallace, Ida.

4. FULL NAME OF CHILD Mary Margaret Wourms

5. Date of Birth of Child (Month, day, year) May 3, 1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Henry Wourms
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Mercer County, Ohio (City or town) (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Pauline Anna Rath
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Clackamas County, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1 a. M. on the date and at the place stated above and that personal particulars were furnished by Pauline Anna Wourms (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Charles B Sears M.D. ~~Midwife~~ Address Medical Arts Bldg Date Feb. 8, 1942

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by Mark Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285 215 029 415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 11 1942

State File No. 33275
Local Reg. No. 332756
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county Latah years 18 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Troy Idaho

4. FULL NAME OF CHILD Lula Pearl Byers 15 Sept

5. Date of Birth of Child (Month, day, year) 1906

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Enos Frederick Byers
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Richland township Iowa Keokuk (City or town) (State or foreign country)
14. Exact Occupation woods worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Etta Davis
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Rossville Kansas (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Flathead } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 63 years, and that Rose Byers (First name) (Last name) who attended this birth Cannot locate (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Notary Public for the State of Montana
Residing at Kalispell, Montana
My Commission Expires June 1, 1944.

Rosa Etta Byers Signature
215 2nd Ave W Kalispell, Mont. P. O. Address

Subscribed and sworn to before me this 6th day of Feb 1942

(SEAL) Johnsgard Notary Public, residing at Kalispell, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by Mabel F. Elder, Registrar.

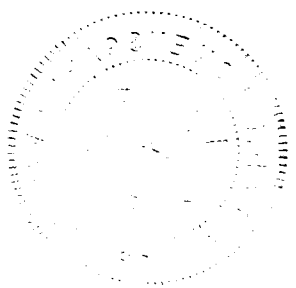
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



391 1207040-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) State File No. 332767

CERTIFICATE OF BIRTH FEB 11 1942

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state): Wardner Ida

4. **FULL NAME OF CHILD** Richard Bernard Crane

5. Date of Birth (Month, day, year) May 20 1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Thomas Francis Crane
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Boston (City or town) Mass (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ann Roberts
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace (City or town) Wales (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Ann Lenhard (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN signature** T. R. Mason, M.D. (D.O., Midwife, etc.)
and address Kellogg Ida Date 4/6-42

26. (a) FEB 11 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16 1942

State File No. 332776
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. R. A. Lamb
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Floyd Wilson Miller

5. Date of Birth of Child (Month, day, year) Feb. 3 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Orvill Miller
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Palouse (City or town) Wash. (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dana Lucretia Wilson Miller
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Harvard (City or town) Nebraska (State or foreign country)
20. Exact Occupation homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 36 years, and that Dr. C. L. Gritman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937, Session Laws of the State of Idaho

Dana Lucretia Miller ..... Signature

Route 2, Moscow, Idaho ..... P. O. Address

Subscribed and sworn to before me this 14th day of February, 19 42

(SEAL) Lawrence E. Hart ..... Notary Public, residing at Moscow, Idaho

Notary Public in and for the State of Idaho
Residing at Moscow, Idaho
My Commission Expires Dec. 19, 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by Mabel Heiden, Registrar.

FEB 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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365-09-0009-455

332793

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 11 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bonner (b) City Morton
(c) Street Address or R.F.D. No. One [redacted]
(d) Name of Hospital or Maternity Ho[redacted]
at Family Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county Bonner years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Morton
(d) Street Address or R.F.D. No. Farm
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Deceased

3. **RESIDENCE of FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Harold Lowel Long.

5. Date of Birth (Month, day, year) 1-9-06

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 8th child

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Amis Long.

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Des Moines (City or town) Iowa (State or foreign country)

14. Exact Occupation Farmer.

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Ellen Deeter

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Des Moines (City or town) Iowa (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not Know.

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4 (c) Born alive and now dead 5 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 11 1942 (Date received) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Bonner }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Roy Long, being first duly sworn, say that I am Related (Related to (or) acquainted with) to Harold Long (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor (Name of attendant at birth), who attended said birth is now Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Roy Long Signature

Eagle Ida P. O. Address

Subscribed and sworn to before me on this 10th day of Feb & 19 42

(SEAL) Ricka McLean Notary Public, residing at Priest River Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332794
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. State & Galloway
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery: IN THIS county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. State & Galloway
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Harry Alexander Gordon

5. Date of Birth of Child (Month, day, year) April 4 - 1906

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Alanson Connell Gordon
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Saranac (City or town) Michigan (State or foreign country)
14. Exact Occupation Brick Maker
15. Industry or Business Brick Manufacture

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Bell Hamilton
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Denver (City or town) Colo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 62 years of age, that I have known this person for 35 years, and that Dr. C. B. Shirley (First name) (Last name), who attended this birth, now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Bell Gordon Signature
1219 No 24 Boise Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of February, 1942
(SEAL) Ernest Ottey Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by ..... Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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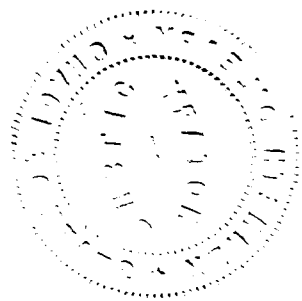

BOTH DELAYED

dup of 1906 - DSC-0035

268 715 001-281

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 13 1942

STATE OF IDAHO

State File No. 332820

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise.

(c) Street Address or R.F.D. No. *

(d) Name of Hospital or Maternity Home: At home.

(e) Mother's stay **BEFORE** delivery: IN **THIS** county Ada years 0 months • days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada

(c) City Boise

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gerald Lucien Boyenger.

5. Date of Birth of Child (Month, day, year) Feb. 15--1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Gilbert L. Boyenger.

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Holland, Mich. (City or town) (State or foreign country)

14. Exact Occupation Farming.

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Shafer.

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Neb. (City or town) (State or foreign country)

20. Exact Occupation House Wife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~was~~ born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Gilbert (First name) Boyenger (Last name), who is related to this child as Mo Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 36 years, and that Dr. L. Dutton (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gilbert L. Boyenger Signature

Emmett, Ida. P. O. Address

Subscribed and sworn to before me this 11th day of February, 1942

(SEAL) Elsa Salaker Notary Public, residing at Emmett, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569-105020-281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332884
FEB 14 1942
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 4 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Mtn. Home, Ida.

4. FULL NAME OF CHILD Byron Mitchell Norell

5. Date of Birth of Child (Month, day, year) July 5, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Oliver E. Norell
11. Color or Race Am. White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Welch (City or town), Minnesota (State or foreign country)
14. Exact Occupation Real Estate & Insurance
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriett V. Shaner
17. Color or Race Am. White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Salem (City or town), Penn. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Keeping House

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Elmore }

AFFIDAVIT
to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 35 years, and that Dr. B. W. Mather (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriett V. Norell Signature
Mountain Home, Idaho. P. O. Address

Subscribed and sworn to before me this 22nd day of December, 1941.
(SEAL) Notary Public, residing at Mtn. Home, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

State File No. 332893
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 5 months 22 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley, Idaho

4. FULL NAME OF CHILD Arthur Herman Anderson

5. Date of Birth of Child (Month, day, year) May 12, 1906

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Anderson
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Ephraim (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Cathreina Trauntvein
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Mt. Pleasant (City or town) Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Iron } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 35 years, and that Clark (First name) Mrs (Last name), who attended this birth is now deceased, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Cathreina Anderson Signature

368 S. 2nd East, Cedar City, Utah, P. O. Address

Subscribed and sworn to before me this 16th day of Feb., 19 42

(SEAL) Hillman Dalley Notary Public, residing at Cedar City, Utah,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. exp. 3/10/45

Received for filing on FEB 18 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 13 1942

State File No. 332901
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: --
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Theodore (Ted) Charles Miller

5. Date of Birth of Child (Month, day, year) Oct. 26, 1906

6. Sex male

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Miller
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Paletine of Rhine, Germany (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Evelyn Johnson
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Mona (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 35 years, and that Dr. (First name) Davis (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Evelyn Miller Signature
34 E. Southgate Ave., South Salt Lake P.O. Address

Subscribed and sworn to before me this 11th day of February, 19 42

(SEAL) Eileen D. Stewart Notary Public, residing at Town Clerk
South Salt Lake, Ut.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated

Received for filing on FEB 13 1942 by ____, Registrar.

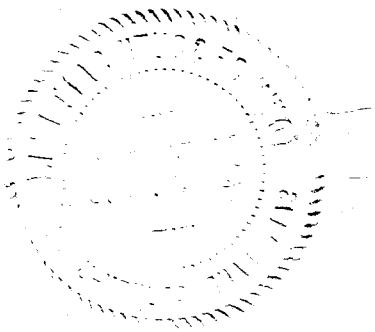
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16 1942

State File No. 332912
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Manchester Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Manchester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Manchester Idaho

4. **FULL NAME OF CHILD** GLEN CLARENCE BUTLER

5. Date of Birth of Child (Month, day, year) Nov. 26, 1906

6. Sex male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** CLINTON SLAUGHTER BUTLER
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Salem (City or town) Missouri (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MILLIE KING
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Salem (City or town) Missouri (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 35 years, and that Nancy (First name) King (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Millie Butler Signature

P. O. Address

Subscribed and sworn to before me this 14th day of February, 1942

(SEAL)

Notary Public, residing at Spokane Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by Registrar.

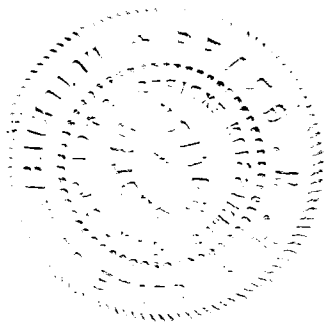
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

State File No. 332974
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months 25 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Irma Ethel Washburn

5. Date of Birth of Child (Month, day, year) Oct. 8. 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Hayes Washburn
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Smithland, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Ethel Aldridh
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Smithland, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ida (First name) Washburn (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 35 years, and that Dr. Campbell (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Ethel Washburn Signature

Bonners Ferry, Ida ho P. O. Address

Subscribed and sworn to before me this 14th day of February, 19 42

(SEAL) A. M. Macnamara Notary Public, residing at Bonners Ferry

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 21 1942

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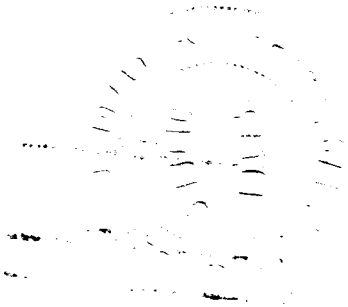
DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be reeeived and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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332988

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 14 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 5 months —— days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 5 Yrs. yrs.

3. **RESIDENCE OF FATHER** (city, state) Hailey Idaho

4. **FULL NAME OF CHILD** Harriet Cecilia Duffy

5. Date of Birth of Child (Month, day, year) 2-25th-06

6. Sex Female

7. Twin or Triplet No

If so born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Michael O'Leary Duffy
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Coal Mines, New Brunswick, Can. (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Miner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mertie Dell Hursh
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Caseyville, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California } ss.
County of San Francisco }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 77 years of age, that I have known this person for 35 years, and that Dr. Dail (First name) (Last name), who attended this birth I am informed deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mertie Dell Duffy Signature

My Commission Expires Nov. 23, 1944 2540-16th Ave., San Francisco, Calif. P. O. Address

Subscribed and sworn to before me this 11th day of February, 1942

(SEAL) ____ Notary Public, residing at San Francisco

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: in parents' home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Harriet Cecelia Duffy

5. Date of Birth of Child (Month, day, year) Feb. 25 – 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Michael O'Leary Duffy
11. Color or Race Irish
12. Age at time of THIS birth 52 yrs.
13. Birthplace Coal Mines, New Brunswick (City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mertie Dell Hursh
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Caseyville, Illinoise (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business homekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of San Francisco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 36 years, and that Dr. Raft (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mertie Dell, Hursh, Duffy Signature

P. O. Address

Subscribed and sworn to before me this 4th day of March 1943

(SEAL) Antoinette Donohue Notary Public, residing in and for the City and County of San Francisco, State of California

NOTARY PUBLIC
My Commission Expires Feb. 12, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689 119 035-255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 332997

CERTIFICATE OF BIRTH FEB 16 1942

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperce (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) 8 yrs.

4. **FULL NAME OF CHILD** Glenn Clarence White

5. Date of Birth of Child (Month, day, year) Sept. 19, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ora Dexter White
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Syracuse (City or town) New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Etta Beekly
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 34 years, and that (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vere Irvine White Signature

8052 17th Ave NW Seattle Wash P. O. Address

Subscribed and sworn to before me this 11th day of February, 1942

(SEAL) Evelyn Berglin Notary Public, residing at Seattle Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-230001863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16 1942

State File No. 333000
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: At The Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 11 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Meridian, Ida

4. FULL NAME OF CHILD Dorothy Anne Villiams

5. Date of Birth of Child (Month, day, year) Oct. 30, 1906

6. Sex Female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd no **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Elmer Villeims
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Green Camp, (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Elizabeth Holmes
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Kenton, (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Gem }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 71 years of age, that I have known this person for 35 years, and that The Doctor (First name) (Last name), who attended this birth, Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora E. Williams Signature
425 N. Cardwell Ave., Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of February, 19 42.

(SEAL) [signature] Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by [signature], Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

545-219 036-545

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333014
Local Reg. No. 43
Reg. Dist. No. 541

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston, Ida

4. **FULL NAME OF CHILD** Zelda Emery

5. Date of Birth of Child (Month, day, year) June 19, 1906

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Guy B Emery

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Corinth Maine (City or town) (State or foreign country)

14. Exact Occupation Physician

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa VanWinkle

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Sturgis, Iowa (City or town) (State or foreign country)

20. Exact Occupation Home wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Louisa Emery (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature G. W. Slater M.D. Midwife Address Preston Idaho Date 2-17-42

State of Wisconsin } ss.
County of Milwaukee }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 35 years, and that Gilbert (First name) Slater (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Guy B Emery Signature

P. O. Address

Subscribed and sworn to before me this 17th day of Dec, 1941

(SEAL) Notary Public, residing at Hood River

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Feb. 25 19[illegible]

Received for filing on FEB 2 1942 by G. W. Slater, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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333048

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 24 1942

State File No. **333048**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Pearl
(c) Street Address or R.F.D. No. [illegible]
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Pearl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD CARL O. DANIELSON

5. Date of Birth of Child (Month, day, year) SEPT. 14, 1906

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME CHARLES A. DANIELSON
11. Color or Race W
12. Age at time of THIS birth 43 yrs.
13. Birthplace (City or town) SWEDEN (State or foreign country)
14. Exact Occupation MINER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY S HOLLANDER
17. Color or Race W
18. Age at time of THIS birth 31 yrs.
19. Birthplace Hancyan (City or town) Finland (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 35 years, and that ALFRED SKIPPEN (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary S Danielson Signature

Boise Idaho P. O. Address

Subscribed and sworn to before me this 20th day of February, 1942

(SEAL) [illegible] Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

635-130-008-493 FEB 25 1942 333068

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333068
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs. yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Harold Duane Fleharty

5. Date of Birth of Child (Month, day, year) July 30, 1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse Cullison Fleharty
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Ogallala (City or town) Nebraska (State or foreign country)
14. Exact Occupation Printer
15. Industry or Business Newspaper Publishing

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Duanna Mitchell
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Washington, (City or town) D.C. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Ag NO3 Sol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature John Bouk M.D. Midwife Address Boise Ida Date 2-23-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mavel F Elder, Registrar.

send to geo Fleharty Capitol news - Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133 205 (001 FEB 25 1942 333073 333073

United States 231
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. R.F.D 2
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho.

4. FULL NAME OF CHILD Frances Louise Allen

5. Date of Birth of Child (Month, day, year) July 5 1906

6. Sex f **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ben F Allen
11. Color or Race W **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer & Carpenter
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella M. Slaker
17. Color or Race W **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by Bent Allen (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature John Baach M.D. Midwife Address Boise Ida Date 2-20-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

758 129 234 438

333076

FEB 25 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333076
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Heyburn
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ~~years~~ 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Heyburn
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 6 mos ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Heyburn Ida.

4. FULL NAME OF CHILD Philip Edwin Snyder

5. Date of Birth of Child (Month, day, year) May 29-1906

6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Melvin Snyder
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Des Moines (City or town) Iowa (State or foreign country)
14. Exact Occupation Cashier
15. Industry or Business Heyburn State Bank

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Adeline McQuiston
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Des Moines (City or town) Iowa (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 35 yrs. 3 mos years, and that Dr. V.R. Killen (First name) (Last name), who attended this birth ✓ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Frank M. Snyder Signature
508 — Hays - Street P. O. Address

Subscribed and sworn to before me this 25th day of February, 1942.

(SEAL) [signature] Notary Public, residing at Boise Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Mission Express May 15, 1941

FEB 25 1942

MAY 14 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

244 201 016-299

333096

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Oakley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Marion Valera Cummins

5. Date of Birth of Child (Month, day, year) April 1 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Francis Marion Cummins
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Grantsville Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lou Bailey Briggs
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Hagerman Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of New York
County of Queens } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Lou B. Cummins (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 57 years of age, that I have known this person for 35 years, and that Doctor Emerson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marion Valera Cummins Signature
628 2 Saunders Ave P. O. Address

Subscribed and sworn to before me this 14 day of Feb., 19 42 Rego Park

(SEAL) Edith M. Miller Notary Public, residing at 94-15 63 Ave 2

(Note: Perjury is punishable as a felony in addition to [illegible] 914, Idaho Code Annotated.)

EDITH M. MILLER
NOTARY PUBLIC, Queens County
County Clk's No. 3052, Reg. No. 4304
Term Expires March 30, 1943

Received for filing on FEB 18 1942, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

JAN 18 1977

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864-105 022-413

333141

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO FEB 20 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Lewisville
(c) Street Address or R.F.D. No. no
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Lewisville Fremont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Lewisville, Idaho

4. FULL NAME OF CHILD LOUIS LENORD YOUNG.

5. Date of Birth of Child (Month, day, year) March 5th, 1906.

6. Sex male **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Eric Abel Young
11. Color or Race white **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Sweden. (City or town) (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business carpenter

MOTHER OF CHILD

16. FULL MAIDEN NAME Selma Matilda Mattson
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace North Dakota, Bowbells (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Jefferson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now by 62 years of age, that I have known this person for 36 years, and that Dr. P.D. Tucker (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eric Abel Young Signature

Rigby, Idaho P. O. Address

Subscribed and sworn to before me this 19 day of February, 19 42

(SEAL) Hazel K. Bennett Notary Public, residing at Rigby, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Hilary Ellefsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669 205 016 719

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 333181
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ____ days.
   IN **THIS** county 31 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Ruby Margaret Worthington

5. Date of Birth (Month, day, year) December 5, 1906

6. Sex Female Twin or Triplet ? If so—born 1st, 2nd, 3rd ?

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Worthington
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Grandsville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Parke
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Bountiful, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) FEB 24 1942 (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James Worthington, being first duly sworn, say that I am Father (Related to (or) acquainted with) Ruby Margaret Worthington (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Emerson (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

James Worthington Signature

P. O. Address

Subscribed and sworn to before me on this 11 day of Feb, 1942

(SEAL) ____ Notary Public, residing at Spokane Wash.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

134 110025-293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333211
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Whitebird
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Whitebird
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Whitebird Ida

4. **FULL NAME OF CHILD** Charles Elby Aldrich

5. Date of Birth of Child (Month, day, year) March 10, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Nephi Aldrich
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace (City or town) Oregon (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elitha M. Sills
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) Viola, Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Klickitat } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 35 years, and that Dr. Wallace Foskett (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elitha M. Aldrich Signature
P. O. Address

Subscribed and sworn to before me this 18th day of February, 1942
(SEAL) A. T. Byars Notary Public, residing at Goldendale Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437-131 029134

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 20 1942

State File No. 333243
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Juliaetta
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Juliaetta
   (d) Street Address or R.F.D. No. ~~40 yr~~
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Gene McGlynn

5. Date of Birth of Child (Month, day, year) 12-31-06

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Daniel F. McGlynn
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Hazelton (City or town) Penn (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Aldrich McGlynn
17. Color or Race
18. Age at time of THIS birth 35 yrs.
19. Birthplace Austin (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for years, and that Dr. Hunter (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Aldrich McGlynn Signature

P. O. Address

Subscribed and sworn to before me this 18 day of February, 19 42

(SEAL) [illegible] Notary Public residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by [illegible], Registrar.

JUN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-107-044-243

333258

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Wash (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: in our farm home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Council
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Council Ida

4. FULL NAME OF CHILD Oliver Julian Morrison

5. Date of Birth of Child (Month, day, year) Apr 7 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Van Morrison
11. Color or Race White
12. Age at time of THIS birth 35½ yrs.
13. Birthplace Girard Co Kansas (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Dissiah Gult
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Wilson Co Kansas (City or town) (State or foreign country)
20. Exact Occupation Wife and Mother
21. Industry or Business Farmers Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Castile Soap and Borax Acid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that Mrs Hickins (First name) (Last name), who attended this birth ✓ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Morrison Cole Signature
Springfield Oregon P.O. Address

Subscribed and sworn to before me this 18th day of February, 1942

(SEAL) Myrna L. Brewer Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by [illegible], Registrar.

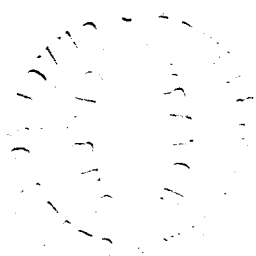
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



142 165 037 (1) 333276

United States Department of Commerce Bureau of the Census

FEB 27 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333276
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County OWYhee (b) City WILSON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County OWyhee
(c) City WILSON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) WILSON Idaho

4. **FULL NAME OF CHILD** Clifford LINCOLN AUSTIN

5. Date of Birth of Child (Month, day, year) Sept. 5, 1906

6. Sex MALE

7. ~~Twin or Triplet~~ ~~If so born 1st, 2nd,~~

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** CHARLES LINCOLN AUSTIN
11. Color or Race WHITE
12. Age at time of THIS birth 43 yrs.
13. Birthplace CHINA (City or town) MAINE (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie CHLOE WARD
17. Color or Race WHITE
18. Age at time of THIS birth 34 yrs.
19. Birthplace POLO (City or town) MISSOURI (State or foreign country)
20. Exact Occupation House WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 35 years, and that MRS. WILLIAM GARDNER (First name) (Last name), who attended this birth Cannot Be Located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie [illegible] Austin Signature
2315 Regan St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of February, 1942

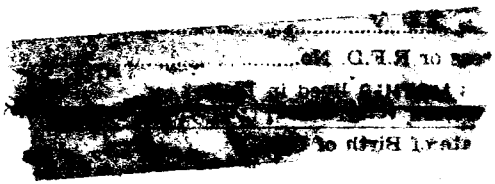
(SEAL) Mabel B. Warnick Notary Public, residing at Boise, Idaho

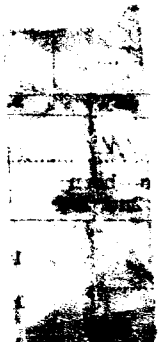
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. exp 1-22-45

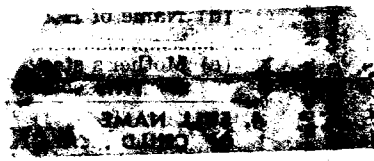
Received for filing on FEB 27 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942



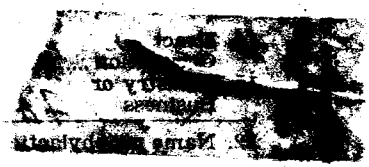


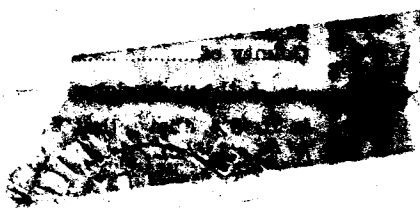


DELAYE[illegible]TION LAW

(1937 Session [illegible]er 139, Section 4)

Where the birth of a [illegible]rior to the effective date of Chapter 191, 1911 Session [illegible]t been recorded, or in case of failure to report any birth [illegible] occurred subsequent to such date, such report may be r[illegible]iled by the local registrar for record in the Bureau of V[illegible]s for the purposes and uses prescribed in Chapter 2, Title 38, [illegible] Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.





259-212-029464 333305

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333305
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Vera Firn Berreman

5. Date of Birth of Child (Month, day, year) Jan. 12, 1906

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Geo. Ola Berreman
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kittie Douglas
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Solano } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for all her/ life years, and that Dr. Stoneburner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kittie Douglas Berreman Signature
1835 Indiana St., Vallejo, California P. O. Address

Subscribed and sworn to before me this 17th day of February, 1942
(SEAL) Homer Percy Notary Public, residing at Solano County, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Commission Expires November 6, 1945

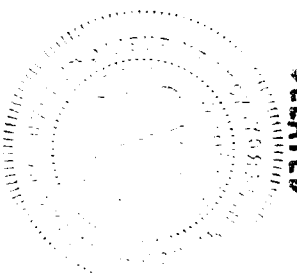
Received for filing on FEB 26 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



792-217-003 816

United States
Department of Commerce
Bureau of the Census

FEB 18 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334280
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 803 N. Grant Ave.
(d) Name of Hospital or Maternity Home: Born at our residence 803 Grant Ave.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county about ~~years~~ 5 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Utah (b) County Cache
(c) City Logan
(d) Street Address or R.F.D. No. 356 West Center
(e) How long has **MOTHER** lived in Idaho? 1 3/4 yrs.

3. RESIDENCE OF FATHER (city, state) Logan, Utah.

4. FULL NAME OF CHILD Leora Eliza Gibbs

5. Date of Birth of Child (Month, day, year) Feb. 17th 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edmond Rodolph Gibbs
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace West Portage (City or town) Utah (State or foreign country)
14. Exact Occupation Rail Road Coach Painter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Hawkes
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none ~~this~~ (was not used at this time)
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 36 years, and that Ann W. Bird (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth H. Gibbs Signature
55 S. 2nd West Logan Utah P. O. Address

Subscribed and sworn to before me this 10 day of February, 1942

Eom. (SEAL) Ep 5/10/45 Joseph E. Cardon Notary Public, residing at Logan-Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 [illegible]

FEB 18 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-107 036-312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334337
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Rockland
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Ivan Earnest Barr

5. Date of Birth of Child (Month, day, year) 7/9/1906

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Earnest Barr
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Lucinda Lasley
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Rockland Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Polk }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 35 years, and that Mrs Sarah Lasley (First name) (Last name), who attended this birth As Now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Sarah Scott Signature
112 Third St Independence Ore P. O. Address

Subscribed and sworn to before me this 19 day of February, 1942

(SEAL) Mrs Esther Ward Notary Public, residing at Independence

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mabel H. Leffler, Registrar.

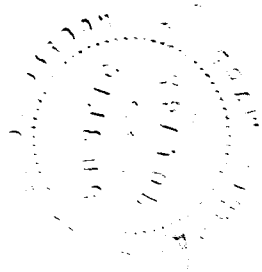
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



319-122-028-385

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334341
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur D'Alene
(c) Street Address or R.F.D. No. 1020 Sherman
(d) Name of Hospital or Maternity Home: home 1020 Sherman
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur D'Alene
(d) Street Address or R.F.D. No. 1020 Sherman
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Robert S. Carnahan

5. Date of Birth of Child (Month, day, year) Aug. 22nd 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Carnahan
11. Color or Race White
12. Age at time of THIS birth 59 yrs.
13. Birthplace Philadelphia (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Judith Ann Cheatham
17. Color or Race White
18. Age at time of THIS birth 52 yrs.
19. Birthplace Gillam (City or town) Missouri (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, ~~stillborn~~) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature John Wood M.D. Midwife Address Coeur D'Alene · Ida Date Feb. 21, 42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 6 1942

MAY 18 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381 204 036 414

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 21 1942

State File No. 334355
Local Reg. No. 51
Reg. Dist. No. 540

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Aleda Chadwick

5. Date of Birth of Child (Month, day, year) 10-4-1906

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** S.Clarence Chadwick
11. Color or Race white 12. Age at time of THIS birth 37 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Della Maughan
17. Color or Race white 18. Age at time of THIS birth 38 yrs.
19. Birthplace Wellsville (City or town) Utah (State or foreign country)
20. Exact Occupation H.W.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9:A. M. on the date and at the place stated above, and that personal particulars were furnished by Della Chadwick (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 35 years, and that Fannie M. Queen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Della Maughan Chadwick Signature
184 East Oneida St Preston Ida. P. O. Address

Subscribed and sworn to before me this 19 day of Feb., 1942
(SEAL) [signature] Notary Public, residing at Preston Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 2-19-42 by G W Stutes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 21 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. Box 333
(d) Name of Hospital or Maternity Home: Parents home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 32 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad Box 333
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Malad Idaho

4. FULL NAME OF CHILD Benjamin A. Richards

5. Date of Birth of Child (Month, day, year) April 19, 1941

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fredrick James Richards
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Jane Adams
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Jane Richards (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho }
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 35 years, and that Mary Ann Adams (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Sarah Jane Richards Signature

Malad Idaho P. O. Address

Subscribed and sworn to before me this 19th day of February, 1942

(SEAL) ..... Notary Public, residing at Malad Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO FEB 20 1942

State File No. 334376

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Madison (b) City Sugar

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: Family residence

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Madison

(c) City Sugar City

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD LESLIE STONE

5. Date of Birth of Child (Month, day, year) Aug. 26, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James C. Stone

11. Color or Race white

12. Age at time of THIS birth 28 yrs.

13. Birthplace Salem, Utah (City or town) (State or foreign country)

14. Exact Occupation Carpenter-Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Dredge

17. Color or Race white

18. Age at time of THIS birth 26 yrs.

19. Birthplace Malad, Idaho (City or town) (State or foreign country)

20. Exact Occupation Farming

21. Industry or Business farming

22. **Name prophylactic** used to prevent Ophthalmia Neonatorum

23. **Number of children** of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 36 years, and that George E. Hyde, M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Hettie Lusk Signature

Sugar City, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of February, 19 42

(SEAL) Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money or

FEB 27 1942

MAY 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 20 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? from 1905 to 1933 time of her death yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Sidney Clarence Dugger

5. Date of Birth of Child (Month, day, year) April 20, 1906

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Patterson Dugger
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Butler, (City or town) Tennesee (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Christine Hadley
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Butler, Tennesee (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Lewis }

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 35 years, and that Dr. Hunkle (First name) (Last name), who attended this birth, is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

[redacted] Signature

Forest, Idaho. P. O. Address

Subscribed and sworn to before me this 16 day of February, 1942

(SEAL) [redacted] Notary Public, residing at Craigmont, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by [redacted], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 19 1942

State File No. 334424
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County WASH (b) City Bambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash
(c) City Bambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9mo yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Lyman Monroe Walrus

5. Date of Birth of Child (Month, day, year) June 13-1906

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charley Dallas Walrus
11. Color or Race white **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Marion (City or town) Grant Wash (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ira May Johnson
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Weston (City or town) Ore (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for life years, and that Dr Smith (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ira May Walrus Signature
2424 E 58th Ave Spokane Wash P. O. Address

Subscribed and sworn to before me this 23rd day of February, 1942

(SEAL) [signature] Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by [signature], Registrar.

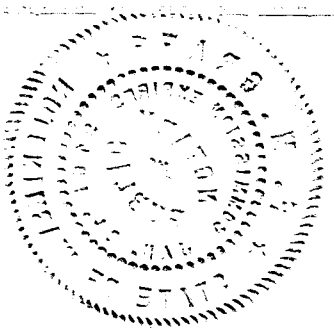
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334437
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LATAH (b) City JULIAETTA, IDA.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: HOME RESIDENCE
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LATAH
   (c) City JULIAETTA
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) JULIAETTA, IDA.

4. **FULL NAME OF CHILD** EVERETT EARNEST MILLARD

5. Date of Birth of Child (Month, day, year) DEC. 31, 1906

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JAMES HERBERT MILLARD
11. Color or Race WHITE
12. Age at time of THIS birth 21 yrs.
13. Birthplace COLERIDGE (City or town) NEBRASKA (State or foreign country)
14. Exact Occupation WAREHOUSEMAN
15. Industry or Business GRAIN

MOTHER OF CHILD

16. **FULL MAIDEN NAME** GEORGIA ANNA KITE
17. Color or Race WHITE
18. Age at time of THIS birth 21 yrs.
19. Birthplace JOHNSON (City or town) WASHINGTON (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business SAME

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO } ss.
County of LATAH }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 36 years, and that Georgia M. Kite (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Georgia Anna Millard Signature

JULIAETTA, IDAHO P. O. Address

Subscribed and sworn to before me this 21st day of Feb. 1942

(SEAL) Notary Public, residing at Troy Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mark E. Holden, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 30

State File No. 334438
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state) 42

4. FULL NAME OF CHILD Roy Joseph Rasmussen

5. Date of Birth of Child (Month, day, year) Dec 18 - 1906

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD Dead.

10. **FULL NAME** Joseph Rasmussen
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Bloomington (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD Dead

16. **FULL MAIDEN NAME** Annie Christine Jensen
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace (City or town) Denmark (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE Doctor dead. midwife Dead,

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Oldee (First name) Sister (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature Don Poynter Mrs Bardella Thornock M.D. Address 2911 Pennsylvania San Diego Cal Date 2-18-42

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 35 years, and that Dr. Poynter (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

LEVI ALAND
NOTARY PUBLIC
MONTPELIER, IDAHO
MY COMMISSION EXPIRES
DECEMBER 15, 1942

Mrs Bardella Thornock Signature
Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 28 day of January, 1942

(SEAL) Levi Aland Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Mabel F. Eldefen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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334440

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rockford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Kootenai
(c) City P.O. Rockford Bay
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) 5 yrs.

4. FULL NAME OF CHILD Charles George Marshall

5. Date of Birth of Child (Month, day, year) Sept 14, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME PhillipP. Marshall

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Unknown (City or town) Missouri (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Turner

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Unknown (City or town) Missouri (State or foreign country)

20. Exact Occupation House Wife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Foster-sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 34 years, and that John Busby M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Helen Fuller Signature

R.F.D.1, Coeur d Alene, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of February, 19 42

(SEAL) ____ Notary Public, residing at Coeur d Alene, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-912, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by ____, Registrar.

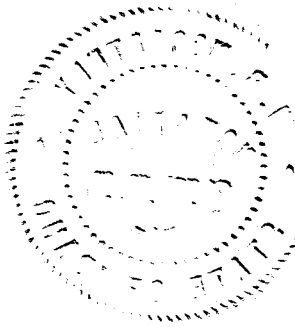
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



154-228 029-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334470
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Norma Christine Andersen

5. Date of Birth of Child (Month, day, year) Aug. 28-1906

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd no

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Carl August Andersen
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Holmestrand (City or town) Norway (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amanda Sofie Peterson
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Grandt (City or town) S. Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Dead

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that Mrs. Caroline Thompson (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carl August Andersen Signature
533 North Adams Moscow P. O. Address

Subscribed and sworn to before me this 24th day of February, 1942

(SEAL) Alvina Carlson Notary Public, residing at Moscow, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mabel H. Eliason, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: 1005 Front
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1005 Front
(e) How long has MOTHER lived in Idaho? 18 yrs yrs.
(f) Mother's mailing address 1028 Sherman Coeur d'Alene, Idaho
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Amalee St. Denis Preston
5. Date of Birth (Month, day, year) August 22, 1906
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Gilbert Easton Preston
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Bracebridge, Michigan (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Timber Scaler

MOTHER OF CHILD

16. FULL MAIDEN NAME Nary Christina ~~Preston~~ Thomson
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Winnipeg, Manitoba (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. G. E. Preston (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 5 1942 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. G. E. Preston, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Amalee St. Denis Preston (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dwyer (J. C.) (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. G. E. Preston Signature
1028 Sherman Coeur d'Alene Ida. P.O. Address

Subscribed and sworn to before me on this 4th day of February, 1941
(SEAL) [signature] Notary Public, residing at Coeur d'Alene Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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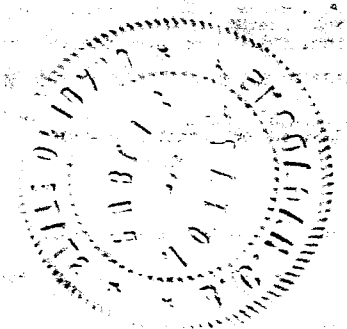

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DELAYED BIRTH CERTIFICATE

334489

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

DELAYED

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 37
Reg. Dist. No. 3-331

1. **PLACE OF BIRTH:**
   (a) County CANYON (b) City FRUITLAND
   (c) Street Address or R.F.D. No. ----------
   (d) Name of Hospital or Maternity Home: NONE
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home 0 days.
   In **THIS** county 2 years 6 months -- days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State IDAHO (b) County CANYON
   (c) City FRUITLAND
   (d) Street Address or R.F.D. No. --------
   (e) How long has **MOTHER** lived in Idaho? 21/2 yrs.
   (f) Mother's mailing address (For registration notice): EMMA E GRIMES, FRUITLAND, IDAHO
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) DEAD

4. **FULL NAME OF CHILD** CHARLIE MARVIN COLLEY

5. Date of Birth (Month, day, year) JUNE 6, 1906

6. Sex MALE

7. Twin or Triplet ----- If so—born 1st, 2nd, 3rd -----

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** JOSEPH COLLEY

11. Color or Race WHITE

12. Age at time of THIS birth 53 yrs.

13. Birthplace -------- (City or Town) MISSOURI (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EMMA ELIZABETH FRANKENBERG

17. Color or Race WHITE

18. Age at time of THIS birth 37 yrs.

19. Birthplace CAMDEN COUNTY, MISSOURI (City or Town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business HOMEMAKING

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% SILVER NITRATE

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 3 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ------ M. on the date Frankenberg
and at the place stated above, and that personal particulars were furnished by Emma Elizabeth (First name) (Last name), who is
related to this child as Mother (Mother, etc.)

26. (a) 2/20/1942 (Date received) (b) J. C. Woodward (Registrar's signature)

25. Attendant's OWN signature J. C. Woodward M.D. (D.O., Midwife, etc.)
and address PAYETTE, IDAHO Date 2/20/1942

27. Given name added on ----- by ----- (Registrar's Signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

MAR 6 19

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of NONE

(b) Labor: Complications: NONE

Induced? NO.

(c) Was there an operation for delivery? NO

State all operations: NONE

(d) Did baby have any:

(1) Congenital Malformation? NONE

Describe: -----

(2) Birth Injury? NONE

Describe: -----

(3) Was mother given a Wasserman before delivery? NO.

(4) Signature of Physician: J. C. Woodward, M.D.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334534
Local Reg. No.
Reg. Dist. No.

FEB 21 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Basalt
   (c) Street Address or R.F.D. No. R.F.D.#2
   (d) Name of Hospital or Maternity Home: Birth was at parents' home.
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 7 months 26 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho, (b) County Bingham
   (c) City Basalt
   (d) Street Address or R.F.D. No. R.F.D.#2
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Basalt, Idaho

4. **FULL NAME OF CHILD** HYRUM PASKETT CROFTS.

5. Date of Birth of Child (Month, day, year) April 21, 1906.

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9.

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Hyrum Thomas Crofts.
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Porterville, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Charlotte Paskett.
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Henefer. (City or town) (State or foreign country)
20. Exact Occupation House-wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho, County of Bannock, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the older sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for all his life over 35 years, and that not known (First name) (Last name), who attended this birth and can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie A Crofts Wilkinson Signature
389 Pershing Ave., Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of February, 19 42.

(SEAL) ..... Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1942 by Mabel Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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FEB 20 1942

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 934536

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Idaho (b) City Winona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 6 years 9 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Winona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Winona, Idaho.

3. RESIDENCE of FATHER (city, state) Winona, Idaho

4. FULL NAME OF CHILD Esther Agnes Smith

5. Date of Birth (Month, day year) Aug. 10, 1906.

6. Sex female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jacob Henry Smith

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Freedom (City or town) Pennsylvania (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Eudocia Esther Hammer

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Independence, (City or town) Oregon (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Wash. } ss.
County of Okanogan }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Aurel V. Smith Hale, being first duly sworn, say that I am related to (Related to (or) acquainted with) Esther Agnes Smith (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stockton (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

(Probably is deceased)

Aurel V. Smith Hale Signature

Moses Lake, Wash. P. O. Address

Subscribed and sworn to before me on this ..... day of Feb. 19 42

(SEAL) ..... Notary Public, residing at Mason City, Wn.

MAR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334552
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Indian Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 20 years 3 months 25 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Indian Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Dandridge Kelsey Hutchison

5. Date of Birth of Child (Month, day, year) 9-14-06

6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 1st.
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Hutchison
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Park (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola Pearl Hutchison
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Indian Valley (City or town) Idho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Whatcom } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 35 years, and that Mrs. Shaw (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Pearl Hutchison Signature
x 1011 Iowa St Bellingham Wash. P. O. Address

Subscribed and sworn to before me this 9th day of February, 1942
(SEAL) Ray Chamberlain Notary Public, residing at Bellingham
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mabel F. Elder, Registrar.

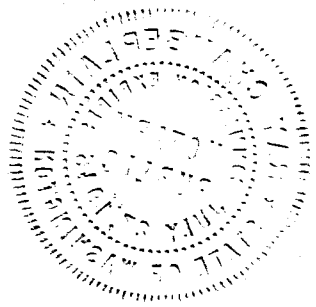
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



819-130014-313

334587

United States Department of Commerce Bureau of the Census

MAR 1 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334587
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No. R.F.D.#1
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: IN THIS county 19 years 5 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cayon
(c) City Middleton
(d) Street Address or R.F.D. No. R.F.D.#1
(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Elbert Elza Harvey

5. Date of Birth of Child (Month, day, year) 1/30/1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Harvey

11. Color or Race White

12. Age at time of THIS birth 51 yrs.

13. Birthplace Chicago (City or town) ILLINOIS (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret May Calhoun

17. Color or Race White

18. Age at time of THIS birth 38 yrs.

19. Birthplace Iowa City (City or town) Iowa (State or foreign country)

20. Exact Occupation Homemaker

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 12. (b) Born alive and now living 90

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Canyon }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for birth since years, and that Dr. Mabry (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret May Harvey Signature

RFD 1, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of February, 19 42

(SEAL) Leona E. Thompson Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 1 1942 by Mary E. Eddie, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-218-003-291

334636

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

State File No. **334636**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 311 S. Eleventh
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 311 S. Eleventh
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida

4. FULL NAME OF CHILD Ellen Bruhn Brandt

5. Date of Birth of Child (Month, day, year) July, 18, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Conrad Brandt
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Nunbourg, Denmark (City or town) (State or foreign country)
14. Exact Occupation Foreman, R.R. Store Dept.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Thora Elizabeth Brandt
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Clinton Co. Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho }
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Family friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 25 years, and that Dr. J. H. Bean (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Inga Annie Hagan ..... Signature

..... P. O. Address

Subscribed and sworn to before me this 16 day of Feb., 1942

(SEAL) Allen Grant ..... Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by Mary E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-202035 439

334657

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Lewis~~ Nez Perce (b) City Nezperse
(c) Street Address or R.F.D. No. R. F. D. No. 1
(d) Name of Hospital or Maternity Home: At parents home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Lewis~~ Nez Perce
(c) City Nezperse
(d) Street Address or R.F.D. No. R. F. D. No. 1
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Nezperse, Idaho

4. FULL NAME OF CHILD Mary Etta Bowman

5. Date of Birth of Child (Month, day, year) February 2, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Bowman
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Dayton (City or town) Washington (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming for self

MOTHER OF CHILD

16. FULL MAIDEN NAME Goldie Ulin
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Covello (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for her life years, and that Mrs. Mary E. Bowman (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christina Ingersoll Signature
2201½ Robinson St., Redondo Beach, Calif. P.O. Address

Subscribed and sworn to before me this 25th day of February, 19 42

(SEAL) Notary Public, residing at Redondo Beach, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

256-214-029-464

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 26 1942
STATE OF IDAHO

State File No. 334699
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Near Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 4 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Near Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow Idaho

4. **FULL NAME OF CHILD** EDNA ALICE SNOEN

5. Date of Birth of Child (Month, day, year) August 14, 1906

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elling Hans Snoen
11. Color or Race White
12. Age at time of THIS birth 4[illegible] yrs.
13. Birthplace Oslo (City or town) Norway (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Dambue
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Oslo (City or town) Norway (State or foreign country)
20. Exact Occupation Homebuilder
21. Industry or Business Her Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 35 years, and that Mrs Luvaas (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wolness Mark — Elling Hans Snoen — Signature
Mrs Edna Sumner — Troy Idaho Mark — P. O. Address

Subscribed and sworn to before me this 26 day of February, 1942

(SEAL) L. Brooke — Notary Public, residing at Troy Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mabel [illegible], Registrar.

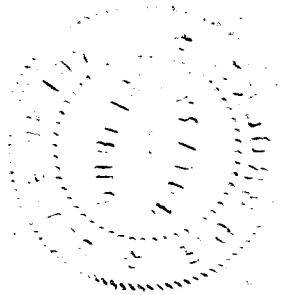
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

WAP S 942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



914 114 012-249

334803

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 24 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Butte (b) City Arco
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Arco,

4. FULL NAME OF CHILD David Nathan Radford

5. Date of Birth of Child 9-14-1906 (Month, day, year)

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Nathan Radford
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Little Rock, Arkansaw (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Smith
17. Color or Race White 18. Age at time of THIS birth yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Chelan } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David Nathan Radford Signature
Wenatchee, Wash. P. O. Address

Subscribed and sworn to before me this 20th day of February, 1942
(SEAL) Helen M. Bryson Notary Public, residing at Wenatchee
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4
JUN 3 1942
FEB 3 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331 221-014 6/3

334811

United States
Department of Commerce
Bureau of the Census Canyon

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 7 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) Canyon
(a) County ~~Payette~~ (b) City ~~Payette~~
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Payette~~ Canyon
(c) City Payette
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Idaho

4. FULL NAME OF CHILD Susie Edna Claiborn

5. Date of Birth of Child (Month, day, year) July 21, 1906

6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Claiborn
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Marysville (City or town) California (State or foreign country)
14. Exact Occupation Retired farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susie Margaret Walker
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. ~~Name prophylactic used to prevent~~ Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Edward Claiborn (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature J R Woodward M.D. ~~Midwife~~ Address Payette Ida Date 2/27/42

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 35 years, and that Dr. Woodrad (First name) (Last name), who attended this birth ~~is now deceased~~ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC
In and for the County of Los Angeles, State of California

X Edward Claiborn Signature
210 So. Bright Ave - Whittier, Cal P. O. Address

Subscribed and sworn to before me this 4 day of February, 1942

(SEAL) E Hauk Notary Public, residing at Whittier, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 7 1942 by Mabel F Elder, Registrar.

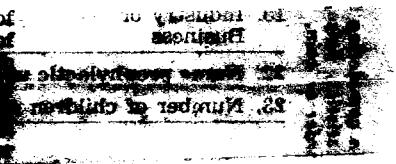
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report~~ may be received and filed by the local registrar of record in the Bureau of Vital Statistics for the purposes and fees prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249 101 043 349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 20 1942

State File No. 334836
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City McCall
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City McCall
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) McCall, Idaho

4. FULL NAME OF CHILD Charley Benjamin Smith

5. Date of Birth of Child (Month, day, year) July 1, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel William Smith
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Sacramento, (City or town) California (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lenora Maude Curtis
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Springfield, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 35 years, and that Mrs. R. M. (First name) Curtis (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lenora Smith Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of February, 1942

(SEAL) Irvin C. Greif Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Mabel F. Elefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

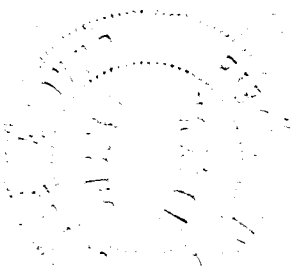
JUN 29 1967

MAR 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



245-216-025-245

334838

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 21 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State 7 years (b) County 7 years
(c) City none
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Cottonwood

4. FULL NAME OF CHILD Jewell Cecelia Buettner

5. Date of Birth of Child (Month, day, year) Sept. 16, 1906

6. Sex Female

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Buettner
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace New Holstein (City or town), Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Kuehl
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace New Holstein (City or town), Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California
County of Santa Clara } ss.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 36 years, and that Margaret Kuehl (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Buettner Signature
37 S. Buena Vista, San Jose, Calif. P. O. Address

Subscribed and sworn to before me this 13th day of February, 1942

(SEAL) Lucia Wool Notary Public, residing at San Jose, Santa Clara Co., Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1942 by Mabel Keelin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 21 1942

STATE OF IDAHO

State File No. 334841
Local Reg. No. 31
Reg. Dist. No. 17-1

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Mullan
   (c) Street Address or R.F.D. No. Copper St.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Mullan
   (d) Street Address or R.F.D. No. Copper St.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mullan, Idaho

4. **FULL NAME OF CHILD** Allan Ernest Crawford

5. Date of Birth of Child (Month, day, year) 7-4-1906

6. Sex Male

7. Twin or Triplet ~~Twin~~ If so—born ~~1st, 2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Willie William Crawford
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Topeka, (City or town) Kansas (State or foreign country)
14. Exact Occupation Cook
15. Industry or Business Restaurant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Bertha Davis
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Eugene, (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 35 years, and that Daniel (First name) E Keyes (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henrietta Davis Signature

Box 245 Mullan, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of Feb, 19 42

(SEAL) Elizabeth E. Ward Notary Public, residing at Wallace Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb 18-42 by John A Burin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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391 104 040-415

334842

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 22
Reg. Dist. No. 141

FEB 21 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No. Cooper St.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No. Copper St.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Mullan, Idaho

4. FULL NAME OF CHILD William Clair Crawford

5. Date of Birth of Child (Month, day, year) 7-4-1906

6. Sex Male

7. Twin or Triplet Twin If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Willie William Crawford
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Topeka (City or town) Kansas (State or foreign country)
14. Exact Occupation Cook
15. Industry or Business Restaurant

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Bertha Davis
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Eugene, (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 35 years, and that Daniel e Keyes (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henrietta Davis Signature

Box 445 Mullan, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of Feb., 1942

(SEAL) Elizabeth E. Ward Notary Public, residing at Wallace

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb 18-42 by Johna Brown, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693107001-365 334873

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 5 1942

State File No. 334873
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Alphonsus Hospital
(e) Mother's stay BEFORE delivery: IN THIS county years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Placerville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Placerville, Ida

4. FULL NAME OF CHILD Harold Richard Williams

5. Date of Birth of Child (Month, day, year) 11-7-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William R. Williams
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace -- (City or town) Wisconsin (State or foreign country)
14. Exact Occupation School teacher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Teresa Cannaughton
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Granite Creek, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 35 years, and that Dr. Collister of Boise (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine Teresa Williams Signature
Riverside, Route #1, Boise, Idaho Address

Subscribed and sworn to before me this 5th day of March, 19 42

(SEAL) W.B. Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Maud F Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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437-109001-192 MAR 5 1942 334879 334879

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD George Loyd McGrath

5. Date of Birth of Child (Month, day, year) Sept 9 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Samuel McGrath

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Philadelphia (City or town) Kansas (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Arbaugh

17. Color or Race white

18. Age at time of THIS birth 23 yrs.

19. Birthplace Medale (City or town) Iowa (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Minnie McGrath (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature G. E. Shawhan M.D. ~~Midwife~~ Address Nampa Idaho Date 2-26-42

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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216-105 MAR 6 1942
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334895

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334895
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Sand Point
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City (formerly Kootenai Co.) Sand Point
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sand Point, Id.

4. **FULL NAME OF CHILD** Raymond Safford
5. Date of Birth of Child (Month, day, year) December 5, 1906
6. Sex male
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd no
8. No. months of Pregnacy normal
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Austin Safford
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace State of Iowa (City or town) (State or foreign country)
14. Exact Occupation butcher
15. Industry or Business butcher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Workman
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Lane County, West Virginia (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that Dr. Page (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Burby Signature
1111 N. Normandie St. Spokane, Wash P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1942
(SEAL) Charles T. Goodsell Notary Public, residing at Spokane, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mary F. Elder, Registrar.

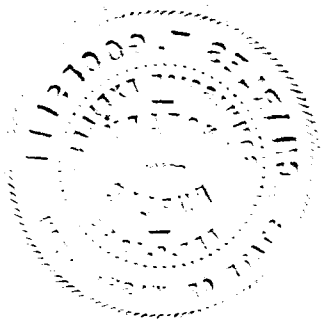
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



869-718 025 791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 2 1942

State File No. 334906
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Loy Edward York

5. Date of Birth of Child (Month, day, year) Dec. 18, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry York
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Ind. (City or town) U. S. A. (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Bell Grant
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Mo. (City or town) U. S. A. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10:15 AM. on the date and at the place stated above, and that personal particulars were furnished by William H. York (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of San Joaquin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that Dr. (First name) Stockton (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Bell Grant York Signature
B-8-B345 P. O. Address

Subscribed and sworn to before me this 26th day of Feb. Lodi Calif., 1942
(SEAL) E. B. Montgomery Notary Public, residing at 11 S. School St.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mabel F. Elsfer, Registrar.

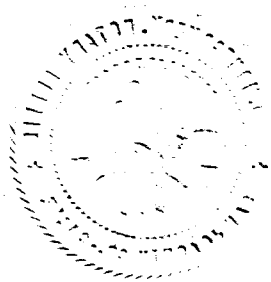
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



365 108 006 155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334930
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Rt. #2
(d) Name of Hospital or Maternity Home: born at parent's home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. RT. #2
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot Ida

4. FULL NAME OF CHILD Clyde Thomas Conklin

5. Date of Birth of Child (Month, day, year) May 8, 1906.

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Charles Conklin
11. Color or Race white
12. Age at time of THIS birth 51 yrs.
13. Birthplace Milwakie (City or town) Wisconsin (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business Blackfoot, Idaho Rt. #2

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Victoria Averill
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Dixon, (City or town) Illinois. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Blackfoot, Idaho. Rt. #2

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Eva Victoria Conklin (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature F. W Mitchell M.D. Midwife Address Blackfoot Date Feb 27/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-208 006 652

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. So. Stout St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 18 1942

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 334953

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Olene Wilson
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		YES	May (Month) 8 (Day) 1906 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 10% Argyrol

Number of child of this mother, including present birth 1st (a) Born alive and now living 1

Born alive but now dead None Stillborn None

FATHER	MOTHER
FULL NAME Samuel Wood Wilson	FULL MAIDEN NAME Mattie Evalyn West
Residence (Usual place of abode) Idaho — Blackfoot	Residence (Usual place of abode) Blackfoot, Idaho
If nonresident, give place and State	If nonresident, give place and State
Color or race White Age at last Birthday 36 (Years)	Color or race White Age at last Birthday 31 (Years)
Birthplace Rimmersburg, Pa. (City and State or Country)	Birthplace Grand Island, Nebraska (City and State or Country)
Occupation Merchant	Occupation Teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 3:40 a.M. on the date above stated.

(Signature) F. W. Mitchell

(Physician or ~~midwife~~)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed Feb 1942 [signature] Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1941

393-201 007 913

FEB 25 1942 334962

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Hailey, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Myrtle Faye Little

5. Date of Birth (Month, day year) 3-I-1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Hope Little

11. Color or Race White

12. Age at time of THIS birth ✓ yrs.

13. Birthplace Buffalo, New York. (City or town) (State or foreign country)

14. Exact Occupation Miner- and Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Ralls

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Edina (City or town) Missouri (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 2%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5 (c) Born alive and now dead 3 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho } ss.
County of Blaine }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Minnie Little Crowley, being first duly sworn, say that I am related to (Related to (or) acquainted with) Myrtle Faye Little (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O. J. Allen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Minnie Little Crowley — Signature

Hailey, Idaho — P. O. Address

Subscribed and sworn to before me on this 17th day of November, 19 41

(SEAL) Joseph M Bald — Notary Public, residing at Hailey, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

945-205028968

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Hortense Bertha Runyon

5. Date of Birth of Child (Month, day, year) June 5 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Francis Logan Runyon
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace North Liberty. Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elda Rohrig
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Solon. Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 66 years, and that Dr. Frank Wenz (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Elda Runyon, Signature
Rathdrum. Idaho. P. O. Address

Subscribed and sworn to before me this 27th day of February, 1942

(SEAL) [signature] Notary Public, residing at Rathdrum. Idaho

RESIDING AT RATHDRUM, IDAHO.
MY COMMISSION EXPIRES OCT. 11, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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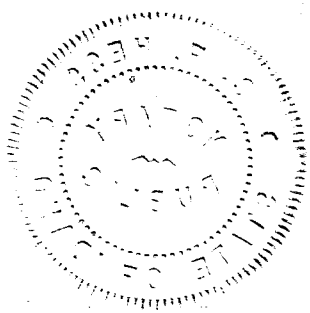
MAR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



386-224 036-415

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334976
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho.

4. FULL NAME OF CHILD Eliza Thomas

5. Date of Birth of Child (Month, day, year) 9/24/1906

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William M. Thomas
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Malad City, Idaho. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lavina Daniels
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Malad City Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Missouri } ss.
County of Jackson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 63 years of age, that I have known this person for 36 years, and that Rachel (First name) Williams (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lavina Thomas Signature
2128 Chrysler St. Independence Mo. P. O. Address

Subscribed and sworn to before me this 20 day of Feb, 1942

(SEAL) B. J. Scott Notary Public, residing at Independence Mo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mark H Heller, Registrar.

MAR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

543110022-331

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335056
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Clawson Ward
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Clawson Ward
(d) Street Address or R.F.D. No. Hayden
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Clawson Ward, Idaho.

4. FULL NAME OF CHILD Edlef Clark Edlefsen

5. Date of Birth of Child (Month, day, year) Feb. 10, 1906

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edlef Backsenblohm Edlefsen
11. Color or Race white **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Odensena (City or town) Denmark (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Angeline Clark
17. Color or Race white **18.** Age at time of THIS birth 41 yrs.
19. Birthplace Clarkston (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 36 years, and that Margaret E. Clark (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret A. Edlefsen Signature
Sugar City, Idaho, Route #1, P. O. Address

Subscribed and sworn to before me this 21st day of February, 1942

(SEAL) Mary Smith Notary Public, residing at Rexburg, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by Mabel K. Edlefsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-230-020-849

335065

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Glenns Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenns Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Glenns Ferry, Id

4. FULL NAME OF CHILD Rita Gretchen Conway

5. Date of Birth of Child (Month, day, year) Sept. 30, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arthur Conway
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Erie, Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Fireman
15. Industry or Business Railroad (O.S.L)

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Quigley
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Eureka Springs, Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oklahoma } ss.
County of Tulsa }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 35 years, and that Midwife (Name not known) (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My commission Expires Nov 29-1945

Mary Conway Signature

707 North Wheeling, Tulsa, Oklahoma P. O. Address

Subscribed and sworn to before me this 20th day of February, 1942

(SEAL) M. DeBell Notary Public, residing at Tulsa, Okla

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by [signature], Registrar.

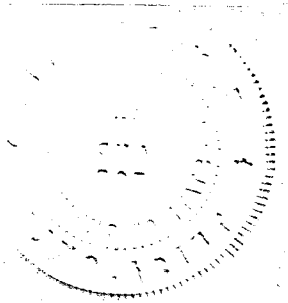
JUL 15 1971

MAR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249 104 003-967 335083 334083

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 7 1942

State File No. 334083
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 319 No. Hayes
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 319 No. Hayes
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Poc. Idaho

4. FULL NAME OF CHILD Charles Sumner Smith.

5. Date of Birth of Child (Month, day, year) Jan. 4, 1906

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Walter William Smith
11. Color or Race White **12.** Age at time of THIS birth 19 yrs.
13. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
14. Exact Occupation Railroad Brakeman
15. Industry or Business O. S. L. R. R.

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Marie Rogstad
17. Color or Race white **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid solution
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

to be completed when the attendant does not sign in Item 25.

State of California
County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 35 years, and that Dr. James Bean (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires April 7, 1944

X Pansy Ethel E. Lorson Signature
X 5743 Shull St. Bell Calif. Address

Subscribed and sworn to before me this 3rd day of January, 1942.

(SEAL) Anna G. Kindler Notary Public, residing at 370 C Beach Ave Bell-Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 7 1962

Charles Simms Smith
1969 W 27 St
Los Angeles
Cal.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343-101-008-698

MAR 7 1942

335085

335085

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Horseshoe Bend
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Woodard's Sale Mill Harris Creek
(e) Mother's stay BEFORE delivery: IN THIS county —— years 3 months —— days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) ~~Street Address~~ or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD John Charles Lucht

5. Date of Birth of Child (Month, day, year) February 1, 1906

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Martin Lucht
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Middletown (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lois Beatrice Fry
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Lucas (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2 o'clock A.M. on the date and at the place stated above, and that personal particulars were furnished by Laura A. Fry (First name) (Last name), who is related to this child as Grandmother (Mother, etc.).

25. Attendant's OWN signature Laura Ann Fry M.D. Midwife Address Horseshoe Bend Date 2/28 42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1942 by Maud F. Felger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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219-231030-275 335090 334090

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

MAR 7 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Gibbonsville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 65 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mildred May Barber

5. Date of Birth of Child (Month, day, year) Mar. 31, 1906

6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Thomas Jefferson Barber
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Nashville (City or town) Penn (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Sperry
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Rough & Redding Calif. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, [illegible]) at 11.55 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. W. K. Stanley (First name) (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 36 years, and that DR WHIPPLE OF SALMON IDA (First name) (Last name) who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. W. K. Stanley Signature
8551 Densmore P. O. Address

Subscribed and sworn to before me this 3rd day of MARCH, 1942
(SEAL) Wm. T. Poynter Notary Public, residing at SEATTLE, WASH.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1942 by Maud Leeder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 112-001 493

335099

335099

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

MAR 7 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335099
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 604 N 14th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 3 months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 604 14th St.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Luther Brown Wickersham

5. Date of Birth of Child (Month, day, year) Feb. 12, 1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Henry Wickersham
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Idaho City, Idaho (City or town) (State or foreign country)
14. Exact Occupation Stenography & Life Insurance
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Dickinson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Chicago Illinois. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 36 years, and that Dr. Jesse K. Dubois (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James O Wickersham Signature

..... P. O. Address

Subscribed and sworn to before me this 9 day of March, 19 42

(SEAL) ..... Notary Public, residing at Boise Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1942 by Mark Feltner, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

128-121 001 4/3 335102

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 9 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335102
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 4 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Fred Ashley

5. Date of Birth of Child (Month, day, year) Dec. 21, 1906

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward L Ashley
11. Color or Race White **12.** Age at time of THIS birth 45 yrs.
13. Birthplace Euegene Oregon (City or town) (State or foreign country)
14. Exact Occupation Well Driller
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Caladonia Macomb
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Littlerock Ark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate* Normal Saline Yes

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 12 Noon M. on the date and at the place stated above, and that personal particulars were furnished by Mrs H.K.Barker (First name) (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 35 years, and that Mrs Chas Eichelberger (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caladonia Ashley Signature

1112 N 19th Boise Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1942

(SEAL) G Gardner Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mary F Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 434 108 010-168

335149

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Lincoln
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: Born in residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county – years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Lincoln
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ellis Willard McMullin

5. Date of Birth of Child (Month, day, year) Feb. 8, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Willard Eli McMullin
11. Color or Race American
12. Age at time of THIS birth 21 yrs.
13. Birthplace Harrisburg (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Henrietta Johnson
17. Color or Race American
18. Age at time of THIS birth 19 yrs.
19. Birthplace Lehi (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living none

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 36 years, and that Mrs. Rowberry (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Willard Eli McMullin Signature

Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of February, 19 42

(SEAL) ..... Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or check.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893 210-022-533

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 335187
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rigby
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rigby
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Thelma Elnora Hill

5. Date of Birth of Child (Month, day, year) Feb. 10-06

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Hill

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Agricultural

MOTHER OF CHILD

16. FULL MAIDEN NAME Elnora Ann Ellis

17. Color or Race White

18. Age at time of THIS birth 18 yrs.

19. Birthplace LaBelle, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 35 ~~5~~ years, and that Dr. C. C. Paxton (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elnora Ann Hill Signature

C/o Bear Creek Ranch, Irwin, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of January 1942

(SEAL) John A. Eben Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

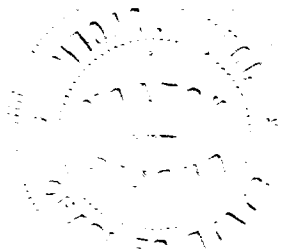
JUL 16 1974

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



155-231 025-212

335202

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Sucile
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At my home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 7 months 30 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Sucile
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) 13

4. FULL NAME OF CHILD Lily Emma Jenkins

5. Date of Birth of Child (Month, day, year) Dec 31st 1906

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 months **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Byron Morris Jenkins
11. Color or Race white **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Silverton (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Anna Baker
17. Color or Race white **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Linn Creek (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum boracic acid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living all 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 o'clock P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Jenkins (Last name), who is related to this child as Mother of child (Mother, etc.)

25. Attendant's **OWN** signature ~~M.D.~~ Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Idaho }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 55 years of age, that I have known this person for 35 years, and that Josephine (First name) Baker (Last name), who attended this birth Blind now (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jenkins Whetstine Signature
Stites Ida. P. O. Address

Subscribed and sworn to before me this 20 day of February, 1942

(SEAL) J. B. Anderson Notary Public, residing at Stites, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by Mabel Hyden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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819 107 028-269

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335245
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Family Home
(e) Mother's stay **BEFORE** delivery: **IN THIS** county / years / months / days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Post Falls,

4. FULL NAME OF CHILD DARWIN ELTON HARSHMAN

5. Date of Birth of Child (Month, day, year) July 7 1906

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? X

FATHER OF CHILD

10. FULL NAME Daniel D. Harshman
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Printer
15. Industry or Business Self.

MOTHER OF CHILD

16. FULL MAIDEN NAME Lessie E. Swisher
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Canada (City or town) Iowa (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5 P.M. on the date and at the place stated above, and that personal particulars were furnished by Lessie Harshman Waggoner (First name) (Last name), who is related to this child as [redacted] (Mother, etc.)

25. Attendant's **OWN** signature Mrs J. H. Schlack M.D. Midwife Address Post Falls Ida Date Feb. 21-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mar 2, 1942 by [redacted] Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1942

MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249/25 029/653

335269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 26 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. Elm St
   (d) Name of Hospital or Maternity Home: Home residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No. Elm St
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Harold Wethered Smith

5. Date of Birth of Child (Month, day, year) June 25, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo. 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Sumner Smith
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Moscow (City or town) Idaho (State or foreign country)
14. Exact Occupation Laundryman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Wethered
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Montana Mo. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at eleven A.M. on the date and at the place stated above, and that personal particulars were furnished by Nellie W. Smith (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California } ss.
County of Orange }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 35 + years, and that Dr. Carithers (First name) (Last name), who attended this birth, is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie W. Smith Signature

742 N. Grandview St P. O. Address

Subscribed and sworn to before me this 16 day of February, 1942

(SEAL) Mary E. Coons Notary Public, residing at Anaheim Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mabel Weber, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

244-229-006-217

335270

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Taylor
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Taylor
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Taylor

4. FULL NAME OF CHILD Lottie Mae Summers

5. Date of Birth of Child (Month, day, year) Oct. 29, 1906

6. Sex f. **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph George Summers
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace American Fork, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Evelyn Bagley
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Charleston, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for since birth years, and that Mrs. Hyatt (midwife) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Evelyn Summers Signature

P. O. Address

Subscribed and sworn to before me this 25th day of February, 19 42.

(SEAL) Notary Public, residing at Shelley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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613713-040-715

335280

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mace, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: no - Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Mace, Idaho

4. FULL NAME OF CHILD Donovan B. Walz

5. Date of Birth of Child (Month, day, year) 4-13-1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd 1

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles A. Walz
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace White County (City or town) Illinois (State or foreign country)
14. Exact Occupation Lead Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lida Pankey
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Saline Co. (City or town) Illinois (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unable to State

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Michigan
County of Oakland } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 63 years of age, that I have known this person for Since Birth 36 years, and that Dillie Meisner (First name) (Last name), who attended this birth Cannot Be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lida Noonan, Signature
#4 Ramona Terrace Pontiac Mich P. O. Address

Subscribed and sworn to before me this 4 day of March, 1942

(SEAL) Leo P. Atkins Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

LEO P. ATKINS
Notary Public, Oakland County, Mich.
My Commission Expires March 31, 1943

Received for filing on MAR 5 1942 by Mary F. Elder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1943 JUL 6

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855120 022414

335313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 4 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Lillion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lillion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Virgil Fremont Hendrickson

5. Date of Birth of Child (Month, day, year) Apr 20 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Iver Christian Hendrickson
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Gunnison Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Christena Madsen
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Nstrup Denmark (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Family record (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 35 years, and that Emily Ferrin (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Jahnsen Signature
P. O. Address

Subscribed and sworn to before me this 2 day of March, 1942
(SEAL) [signature] Notary Public, residing at Preston Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1939

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281-22-1028-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335333
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Grace Funston Shaffer

5. Date of Birth of Child (Month, day, year) June 21 1906

6. Sex Female

7. Twin or Triplet ... If so—born 1st, 2nd, 3rd: single

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wayne Shaffer
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Van Wert (City or town) Ohio (State or foreign country)
14. Exact Occupation Mill worker
15. Industry or Business Lumber Mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Sarah Robbins
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Sparta (City or town) Wisconsin (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... (Born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by ... (First name) (Last name), who is related to this child as ... (Mother, etc.)

25. Attendant's **OWN** signature ... M.D. / Midwife ... Address ... Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the older brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 35 years, and that John (First name) Bush (Last name) M.D., who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank F. Shaffer ... Signature
Rose Lake Idaho ... P. O. Address

Subscribed and sworn to before me this 2 day of March 1942.

(SEAL) Jas. D. Foster Clerk of the District Court By Beulah Bakke Deputy
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mary Foster, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws, has not been recorded,~~ or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-125-016-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335337
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oakley, Id.

4. **FULL NAME OF CHILD** Elden Alva Tanner

5. Date of Birth of Child (Month, day, year) 25 Jan. 1906

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 4

8. No. months of Pregnacy Reg.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Raphael Alva Tanner
11. Color or Race Wh.
12. Age at time of THIS birth 32 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Etta McLaws
17. Color or Race Wh.
18. Age at time of THIS birth 28 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date: Dr. E/. P. Oldham deceased now.

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 36 years, and that Dr. E. P. Oldham (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Etta McLaws Tanner — Signature
Oakley, Idaho. — P. O. Address

Subscribed and sworn to before me this 3 day of March, 19 42

(SEAL) Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

951 119 008-689

335343

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 7 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Thunder City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Thunder City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James Milton Ready

5. Date of Birth of Child (Month, day, year) Jan 19 - 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 2

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John George Ready
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Ocala (City or town) Ontario Canada (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Saw Mill

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann K. Lute
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Kansas (City or town) Kansas (State or foreign country)
20. Exact Occupation House work
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 4 P.M. on the date and at the place stated above, and that personal particulars were furnished by John (First name) Ready (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Ella D. Cromwell M.D. Midwife Address Cascade Date March 1st 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Milton Ready		2. Date Of Birth (month) (day) (year): April 19 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Thunder City Idaho; b. City or Town of Birth: Boise County
FATHER	6. Full Name of Father: John George Ready		7. State or Country of Father's Birth: Almonte Ontario Canada
MOTHER	8. Full Maiden Name of Mother: Mollie White		9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Milton Ready	11. Present Address of Registrant: New Meadows Idaho
NOTARY (Seal)	Subscribed and sworn to before me on MAY 19 1952 19 ___	12. Signature of Notary: Carl [illegible]	13. Notary Commission expires MY COMMISSION EXPIRES JAN. 20, 1953. MY COMMISSION EXPIRES JAN. 20, 1953. 19 ___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
Class* _____	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
Class _____	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
Class _____	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Evidence reviewed by	Date Filed

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 21 1952

918 123008-613

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 335345

Local Reg. No.

Reg. Dist. No.

MAR 6 1942

1. PLACE OF BIRTH
(a) County Ada (b) City Horseshoe Bend
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Horseshoe Bend
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Walter Eugene Ray

5. Date of Birth (Month, day year) July 23 1906

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Eugene Ray

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Iowa (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Gladys Watson

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Brownsville Oregon (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 6 1942 (Date Received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of ~~Boise~~ Ada }

I, Susan G. Ray, being first duly sworn, say that I am related (Related to (or) acquainted with) to Walter Eugene Ray (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Skeen (Name of attendant at birth), who attended said birth is now Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Susan G Ray Signature

P.O. Box 202 3206 Anderson P. O. Address

Subscribed and sworn to before me on this 6th day of March, 1942

(SEAL) [signature] Notary Public, residing at Boise Ida.

FEB 2 1 6
MAR 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAY 1 3 1949

289-217-003-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 4 1942

State File No. 35346
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 1055 So. 2nd
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 1055 So. 2nd Ave.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida.

4. FULL NAME OF CHILD Jacqueline Baby Byrd

5. Date of Birth of Child (Month, day, year) Dec. 17th, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Fillmore Byrd
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Russelville East Tenn. (City or town) (State or foreign country)
14. Exact Occupation Dairyman
15. Industry or Business Dairy

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Jane Mc Conkay
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Corning. (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~10% Argyrol~~ 1% Ag NO3

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:55 P. M. on the date and at the place stated above, and that personal particulars were furnished by Emma Jane (First name) Byrd (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature William F. Howard M.D. ~~Midwife~~ Address Pocatello Idaho Date 2/24/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 19, 1942 MAR 4 1942 by Jacqueline Byrd, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 3 1955

JAN 15 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-109-041-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335387

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gaston James Garlick (Garlock)			2. Date Of Birth (month) September (day) 9 (year) 1906	
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Teton	b. City or Town of Birth: Victor	
FATHER	6. Full Name of Father: David Garlick			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Mary Campbell			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Gaston James Garlock	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 3 1970		12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record of birth		By whom issued and signed: L.D.S. Church	Date Issued: Jul 8,1970	Date Orig. Entry: Recorded Dec.17,1906
	Date of Birth: Sept.9,1906	Birth Place: Victor, Idaho	Full Name of Mother: Mary Campbell	Name of Father: David Garlick	
SUPPORTING RECORD 2.	Type of Document: Family Record		By whom issued and signed: Family	Date Issued: ----	Date Orig. Entry: Obviously old
	Date of Birth: Sept.9,1906	Birth Place: Victor, Idaho	Full Name of Mother: Mary Campbell	Name of Father: Dave Garlick	
SUPPORTING RECORD 3.	Type of Document: Census Record		By whom issued and signed: U.S.Dept.of Commerce	Date Issued: Apr.15,1910	Date Orig. Entry: Census taken Apr.15,1910
	Date of Birth: Age 3	Birth Place: Idaho	Full Name of Mother: Mary Garlick	Name of Father: David Garlick	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	August 3, 1970

FORM BH 56067

corr. 335387 in office 6-12-70 gml

335387

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 11 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335387
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County TETON (b) City VICTOR
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 6 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County TETON
(c) City Victor
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Victor, Idaho

4. FULL NAME OF CHILD JAMES GASTON GARLOCK

5. Date of Birth of Child (Month, day, year) September 9, (1909

6. Sex Male

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME DAVE GARLOCK
11. Color or Race White **12.** Age at time of THIS birth 47 yrs.
13. Birthplace Fairview, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business own farm

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY CAMPBELL
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace American Fork, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of IDAHO
County of ADA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 33 years, and that Susan Jones (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Garlock Signature

809 Lemp Street, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of March, 1942.

(SEAL) D. F. Montandon Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Mary F. Eldon, Registrar.

AUG 4 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466 110-00-619 335403

335403

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

MAR 12 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence 912 Franklin St
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 912 Franklin
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Thomas Henry Downs

5. Date of Birth of Child (Month, day, year) Jan 10 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Patrick Henry Downs
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Balina (City or town) Ireland (State or foreign country)
14. Exact Occupation Timber Cruiser
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Ward
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Lansing (City or town) Michigan (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 36 years, and that Dr Warren Springer (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Patrick Henry Downs Signature
Box 1153 Boise Ida P. O. Address

Subscribed and sworn to before me this 11th day of March, 1942
(SEAL) Peterson Notary Public, residing at Boise Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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893-222-025863

335435

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335435
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Westmond
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 4 years months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Westmond
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, st Westmond, Idaho

4. **FULL NAME OF CHILD** Darothy Elizabath Hickman

5. Date of Birth of Child (Month, day, year) May 22, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Henry Hickman
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Knapp (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary (or Mellie) Ellen Helmes
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Ludington (City or town), Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 35 years, and that Mary (First name) Summers (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Henry Hickman Signature

715 Indiana Ave., Coeur d'Alene, Idaho Address

Subscribed and sworn to before me this 2nd day of February, 1942

(SEAL) Notary Public, residing at COEUR D'ALENE, IDAHO FOR THE STATE OF IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code. Amended) COMMISSION EXPIRES SEPT. 20, 1945

Received for filing on MAR 6 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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296-122 026-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335454
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Annis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Annis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Annis, Idaho

4. FULL NAME OF CHILD Rulon Matson Browning

5. Date of Birth of Child (Month, day, year) Oct. 22-1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Andrew Browning
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Christina Matson
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Upsala, Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 35 years, and that Mrs. Elizabeth Rose (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Christina Matson Signature
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 2 day of March, 1942

(SEAL) E J Rumsey by K Coff Clerk of District Court, Notary Public, residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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S27.204.001-653

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335488
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Opal May Esga te

5. Date of Birth of Child (Month, day, year) Dec. 4 1906

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Chester Arthur Esgate
11. Color or Race white Americ
12. Age at time of THIS birth 29 yrs.
13. Birthplace Chester, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Blanche Estella Wells
17. Color or Race white Amer.
18. Age at time of THIS birth 24 yrs.
19. Birthplace Rosalia, Colorado (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 14

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Klamath } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 35 years, and that Dr ------ (First name) Lewis (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Blanche Estella Wells Esgate Signature
3949 Shasta Way, Klamath Falls, Ore. P. O. Address

Subscribed and sworn to before me this 27 day of Feb. 19 42

(SEAL) Ida M. Oglesby NOTARY PUBLIC FOR ORE. Notary Public, residing at Klamath Falls Ore

MY COMMISSION EXPIRES MAR 29 1944

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1942 by [signature] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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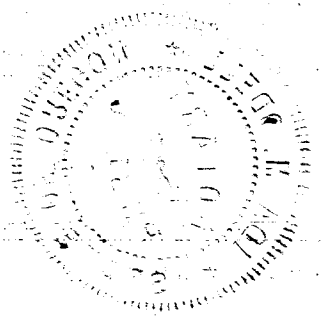

556.220 00/389

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335490
Local Reg. No.
FEB 19 1942 Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. So. 13th St.
(d) Name of Hospital or Maternity Home: At own home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. So. 13th St.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Ida

4. FULL NAME OF CHILD Florence Gertrude Newcomer

5. Date of Birth of Child (Month, day, year) Oct 20, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Henry Newcomer
11. Color or Race white
12. Age at time of THIS birth 52 yrs.
13. Birthplace Bath County (City or town) Virginia (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business Own farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Maude Chittum
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Rockbridge Co. (City or town) Virginia (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know 1% Ag. Nit. Sol.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature John Beck M.D. Midwife Address Boise Ida Date 3-5-42

State of IDAHO } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 6 6 years of age, that I have known this person for 35 years, and that Dr John (First name) Beck (Last name), who attended this birth, is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Annie Maud Chittum Newcomer Signature
(My Commission Expires Feb 4. 1943) 203 So. Clementine St Oceanside Cal. P.O. Address

Subscribed and sworn to before me this 16 day of February, 1942

(SEAL) Margaret E. Beaber Notary Public, residing at Oceanside, San Diego Co. California

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1969

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

85/-215-022.451

335491

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Dubois
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Dubois
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 270 yrs.

3. RESIDENCE OF FATHER (city, state) Dubois Idaho

4. FULL NAME OF CHILD Grace May Yeamans Crow

5. Date of Birth of Child (Month, day, year) May 15, 1906

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Luther Yeamans
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Huntsville Utah (City or town) (State or foreign country)
14. Exact Occupation Restaurant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Eliza Mearns
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Ogden Utah (City or town) (State or foreign country)
20. Exact Occupation House keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Weber } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 64 years of age, that I have known this person for 36 years, and that Mrs Alma Light (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

COMMISSION EXPIRES
AUGUST 25th, 1944

Julia Eliza Mearns Yeamans Toller Signature
646 21st St. Ogden Utah P. O. Address

Subscribed and sworn to before me this 26 day of February, 1942

(SEAL) George D. Gardon Notary Public, residing at Ogden Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mabel F. Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-114-026-713

335536

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City La Belle
(c) Street Address or R.F.D. No. Lorenzo Route 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City La Belle
(d) Street Address or R.F.D. No. Lorenzo Route 1
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) La Belle, Ida.

4. FULL NAME OF CHILD Ira Wayne Schley

5. Date of Birth of Child (Month, day, year) 5-14-1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ira Amos Schley
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Aurora (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marion Gallup
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Springville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 61 36 years, and that Lydia Ann Gallup (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marion Gallup Schley Signature
Ririe Ida P. O. Address

Subscribed and sworn to before me this 28 day of February, 1942

(SEAL) Anna R. Miller Notary Public, residing at Ririe Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

623-22 4; 235-275

MAR 2 1942 235538

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Woodside
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home none days. IN **THIS** county 6 years 6 month 10 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Woodside
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Woodside, Idaho

3. RESIDENCE of FATHER (city, state) Woodside, Ieaho

4. FULL NAME OF CHILD Vera Pearl Oster

5. Date of Birth (Month, day year) March 24, 1906

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jess e C. Oster
11. Color or Race white **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Wallawalla, Washington (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Inez B. Spear
17. Color or Race white **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Inez B. Oster, being first duly sworn, say that I am related to (Related to (or) acquainted with) Vera Pearl Oster (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Lenz (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Inez B. Oster Signature
4511 Murietta Ave., Van Nuys, California P. O. Address

Subscribed and sworn to before me on this 19th day of February, 1943

(SEAL) Notary Public, residing at Long Beach, Calif.

My Commission Expires Sept. 20, 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-114006-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335542
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Presto
(c) Street Address or R.F.D. No. 1--Shelley
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Presto
(d) Street Address or R.F.D. No. 1--Shelley
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Presto, Idaho

4. FULL NAME OF CHILD Ammon Melvin Hansen

5. Date of Birth of Child (Month, day, year) Dec. 14, 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Remes Peter Hansen
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Soda Springs (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Sheepman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Amelia Hansen
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Soda Springs (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for all his life ~~years~~, and that Mrs Alice Sessions (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Amelia Hansen Signature
Shelley R.2 Idaho P. O. Address

Subscribed and sworn to before me this 13th day of February, 1942.

(SEAL) L. Hansen Notary Public, residing at Shelley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the [illegible] Chapter 191, 1911 Session Laws, has not been reco[illegible] failure to report any birth which has occurred su[illegible] date, such report may be received and filed by the [illegible] record in the Bureau of Vital Statistics for the [illegible] prescribed in Chapter 2, Title 38, Idaho Code Ann[illegible] report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-127-044-235

335556

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. Weiser
(d) Name of Hospital or Maternity Home: Born at Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 3 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. Weiser
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Earl William Morefield

5. Date of Birth of Child (Month, day, year) Jan. 27, 1906

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Jackson Morefield
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Jackson, Tennessee (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Maud Stewart
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Meadows, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by Alice (First name) Morefield (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that unknown (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Maud Morefield Signature
1411 Harding Ave Natl City Cal P. O. Address

Subscribed and sworn to before me this 24 day of February, 1942

(SEAL) Alfred Einstein Notary Public, residing at National City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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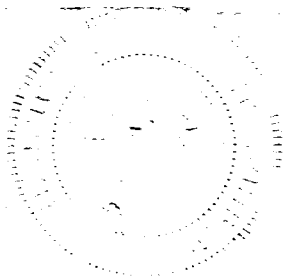

319.113-44-914

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 28 1942

State File No. 335559
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 2 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Idaho

4. FULL NAME OF CHILD Richard Eugene Larrabee

5. Date of Birth of Child (Month, day, year) May, 13th, 1906.

6. Sex male

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Daniel Benjamin Larrabee
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) West Virginia (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business Logging

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie May Ramsdell
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace (City or town) Salt Lake City (State or foreign country) Utah
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the half-brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 35 years, and that Dr. J. S. (First name) Meyer (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. C. Wardell Signature
1613 S.W.1st Ave. Portland, Oregon. P. O. Address

Subscribed and sworn to before me this 26th day of February, 1942.

(SEAL) Lester Shuley Notary Public, residing at Portland, Oregon.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My comm. expires Jan. 9 1944.

Received for filing on FEB 28 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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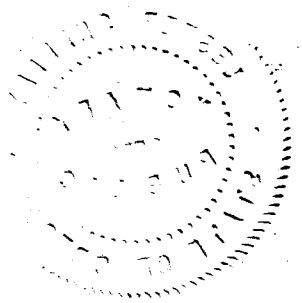


253-187-006-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 7 1942

State File No. 335579
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No. Shelley Ave
   (d) Name of Hospital or Maternity Home: at residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No. Shelley Ave
   (e) How long ~~in~~ **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) "

4. **FULL NAME OF CHILD** Gary Frederick Kelly

5. Date of Birth of Child (Month, day, year) Nov. 27 1906

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Emmet Kelly
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace De Witt (City or town) Iowa (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Elnora Cantwell
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Spencer (City or town) Indeana (State or foreign country)
20. Exact Occupation Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at 8 P. M. on the date and at the place stated above, and that personal particulars were furnished by Agnes (First name) C. Kelly (Last name), who is related to this child as X (Mother, etc.)

25. Attendant's **OWN** signature H. W Mitchell M.D. Midwife Address Blackfoot Ida. Date Feb. 7/42

State of Oregon
County of Jackson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 35 years, and that Dr. (First name) Mitchell (Last name), ~~who~~ attended this birth (Is now deceased) ~~(Address)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes C. Kelly Signature

911 Queen Anne Ave. Medford, Ore. P. O. Address

Subscribed and sworn to before me this 5 day of Feb., 1942

(SEAL) Richard Payne Notary Public, residing at Medford, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public for Oregon

My commission expires Jan. 28, 1945

Received for filing on FEB 7 1942 by Mabel Helen, Registrar.

MAR 1 2 1942

MAY 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-119.009-281

335585

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Newport
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Newport
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 Mos yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Marion Elihu Griffin

5. Date of Birth of Child (Month, day, year) 9/19/06

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Perry Elliott Griffin
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Tomah, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Section Foreman on
15. Industry or Business O. R. & M. Ry. R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Malissia Sharp
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Wayne County, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oklahoma
County of Sequoyah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that Mrs. Henrett (First name) Conrad (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Martha M Griffin Signature
Sallisaw, Oklahoma P. O. Address

Subscribed and sworn to before me this 4th day of March, 1942

(SEAL) [signature]
My Commission Exp. Jan. 17, 1944. Notary Public, residing at Sallisaw, Okla.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-12-016-643

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335602
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. townsite
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett.
(d) Street Address or R.F.D. No. townsite
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Emmitt, Idaho.

4. FULL NAME OF CHILD John Ammon, Denney

5. Date of Birth of Child (Month, day, year) Jul 24, 1906

6. Sex Male

7. Twin or Triplet Twin - If so—born 1st, 2nd, 3rd 1

8. No. months of Pregnacy 8½

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Franklin Gold Denney
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Ursula Rebecka Wilkins
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Country Alabama. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyoil.

23. Number of children of this mother: (a) At time of birth and including this child NONE (b) Born alive and now living living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Minidoka }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 36 years, and that Unknown (First name) (Last name), who attended this birth Cannot be found (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Franklin Gold Denney Signature

Paul, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of March, 1942

(SEAL) C. B. Hurley Notary Public, residing at Paul, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

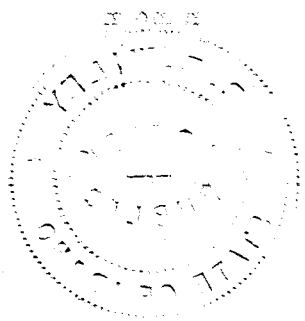
Received for filing on MAR 7 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

dup #01906-330627

455-324-814-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335603
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. townsite
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett.
(d) Street Address or R.F.D. No. townsite
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Emmitt, Idah o

4. FULL NAME OF CHILD Charles Raymond Denney

5. Date of Birth of Child (Month, day, year) Jul 24, 1906

6. Sex Male **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2 **8.** No. months of Pregnacy 8½ **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Franklin Cold Denney
11. Color or Race white **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Ursula Rebeca Wilkins
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Farm Alabama (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argoroil

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Liv.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ____ } ss.
County of ____ }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 36 years, and that Unknown (First name) ____ (Last name), who attended this birth Cannot be Found. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Franklin Cold Denney Signature
____ P. O. Address

Subscribed and sworn to before me this 5th day of March, 19 42

(SEAL) ____ Notary Public, residing at Paul, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1942 by ____, Registrar.

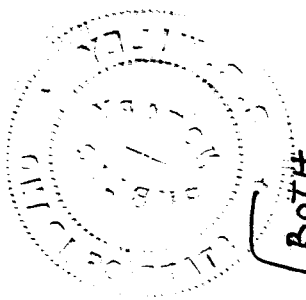
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



BOTH DELAYED

dup 02 1906-330626

433-106-019-236

335626

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Darlington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Darlington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Marcus William McClellan

5. Date of Birth of Child (Month, day, year) April 6, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Ezra McClellan
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Harrisville (City or town) Utah (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Melissa Stoddard
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Minersville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 35 years, and that Mrs. George Richardson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. J. E. McClellan Signature

Mackay, Idaho P. O. Address

Subscribed and sworn to before me this 25 day of February, 1942

(SEAL) Notary Public, residing at Mackay, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Commission Expires Aug. 1, 1945

Received for filing on FEB 27 1942 by Mabel F. Eller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789-21-2229-842

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 9 1942
State File No. 335635
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Harrison
(c) Street Address or R F D No. Box 314
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 6 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No. Box 314
(e) How long has **MOTHER** lived in Idaho? 36 yrs.
(f) Mother's mailing address Harrison Ida

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Laura Rosa Phillips

5. Date of Birth (Month, day, year) July 17. 1906

6. Sex. Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elmer Ellsworth Phillips

11. Color or Race White

12. Age at time of THIS birth 45 yrs.

13. Birthplace Youngstown Ohio (City or town) (State or foreign country)

14. Exact Occupation Millworker

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mina Huber

17. Color or Race White

18. Age at time of THIS birth 39 years

19. Birthplace Switzerland (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) ~~Born alive and now living~~ 5
(c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Physician now dead (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature midwife also dead now. M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mina Phillips, being first duly sworn, say that I am Mother (Related to (or) acquainted with)
Laura Rosa Phillips as , whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Busby, who attended (Name of attendant at birth)
said birth Deceased and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

X Mina Phillips Name
Harrison, Idaho P. O. Address

Subscribed and sworn to before me on this 6 day of March 1942.

(SEAL) M A Kiger Notary Public, residing at Harrison

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-207-026-816

335654

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Menan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: Home
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Menan
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state) Menan Idaho

4. FULL NAME OF CHILD Martha Gray

5. Date of Birth of Child (Month, day, year) April 7- 1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME George Jennerson Gray
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Glasgow Scotland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Elizabeth Hawker
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Little Cotton Wood Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the Older Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 35 years, and that Mrs Rose (First name) (Last name), who attended this birth deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MY COMMISSION EXPIRES APR. 22, 1944

Mrs Jessie Hall Signature
346 W Elm Compton Cal. P. O. Address

Subscribed and sworn to before me this 2 day of March, 1942

(SEAL) Irene McGuarrie Notary Public, residing at 141 W Compton Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

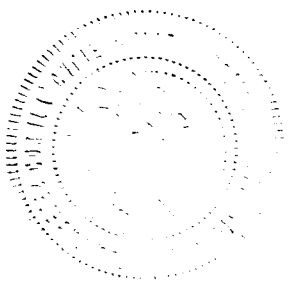
Received for filing on MAR 6 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



389-1 4-033-269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [redacted]
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Sugar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Sugar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James Franklin Christensen

5. Date of Birth of Child (Month, day, year) Mar. 14, 1906

6. Sex Male

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Franklin Christensen
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Nanti (City or town) Utah (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Georgena Andrea Sorensen
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Redmond (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Sevier } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 35 years, and that Dr. Hyde (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Georgena A. Christensen Signature
Redmond Sevier Co. Utah P. O. Address

Subscribed and sworn to before me this 25th day of Feb., 1942

(SEAL) C. M. Mickelsen Notary Public, residing at Redmond Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. Exp. Oct. 27th 1945.

Received for filing on MAR 2 1942 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

[redacted] MAR 18 194[redacted]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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189-219-069-789

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335675
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sand Point
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD violet pearl phillips

5. Date of Birth of Child (Month, day, year) 1906 Sep. 19th

6. Sex girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** George H. Phillips.
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Knowlton Wisconsin (City or town) (State or foreign country)
14. Exact Occupation work at the mill on boom.
15. Industry or Business carpenter.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** mabelle alice phillips.
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Scocia Nebr. Lincoln Co. (City or town) (State or foreign country)
20. Exact Occupation house keeping
21. Industry or Business music & church work.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Colorado
County of Mesa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 28 years, and that Miss Dale (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

mabelle alice phillips. Signature
Molina Colo P. O. Address

Subscribed and sworn to before me this 25 day of February, 1942
(SEAL) Alice L. De Camp Notary Public, residing at Molina Colo
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) my commission expires June 13 1943

Received for filing on MAR 2 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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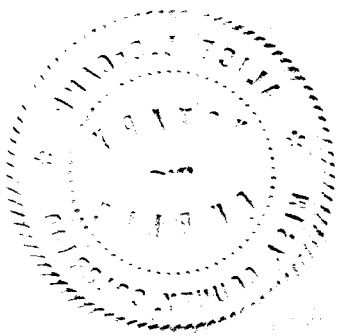

231-22-4-078-635

United States (Be sure the information is as of date of birth of THIS child) State File No. 335710
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF [redacted] items at time of birth):
(a) County [redacted] (b) City Sandpoint
(c) Street Address or R.F.D. No. [redacted]
(d) Name of Hospital or Maternity Home Mrs. Woodbury Home
(e) Mother's stay BEFORE delivery: IN THIS county years months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Lakeview
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.
3. RESIDENCE OF FATHER (city, state) Lakeview, Idaho

4. FULL NAME OF CHILD Elizabeth Emma Blackman
5. Date of Birth of Child (Month, day, year) Feb. 24, 1906
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine 9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME William Othello Blackman
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Hastings (City or town) Iowa (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Vera Alice Shewalling
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Pine Run (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonner }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Personal friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 35 years, and that Dr. Wenzel (First name) Mrs. Woodbury (Last name) attended this birth. Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Anna Wiberg Signature
Lakeview Idaho P. O. Address

Subscribed and sworn to before me this 19th day of February, 1942

(SEAL) [redacted] Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 by [redacted], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 19 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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815-106-001-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335760
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 16th and Lemp
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county — years — months — days: In home

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1717 N. 12th
(e) How long has MOTHER lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Paul Hanley

5. Date of Birth of Child (Month, day, year) January 6th 1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME James M. Hanley

11. Color or Race

12. Age at time of THIS birth 45 yrs.

13. Birthplace Marshall Mo. (City or town) (State or foreign country)

14. Exact Occupation

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Witcher

17. Color or Race

18. Age at time of THIS birth 39 yrs.

19. Birthplace Marshall Mo. (City or town) (State or foreign country)

20. Exact Occupation Home Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 35 years, and that Dr. Hanley (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Hanley Signature
1717 No. 12th Boise P. O. Address

Subscribed and sworn to before me this 9th day of March, 1942

(SEAL) Florence LaSalle Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mabel Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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IDAHO OCT 10 1945

464-202-042-631

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 3 1942

State File No. 335767
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Jerome

4. FULL NAME OF CHILD Mabel Berthine Dougherty

5. Date of Birth of Child (Month, day, year) Jan. 2nd 1906

6. Sex female 7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd 0 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Orren Wilton Dougherty
11. Color or Race white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Blainsburg (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business 0

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alvina Alice Flack
17. Color or Race white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Morod (City or town) Mo. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business 0

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 36 years, and that Dr Spaulding (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

O W Dougherty Signature
228-E-8th Ave Jerome Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1942
(SEAL) [signature] Notary Public, residing at Jerome, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 by Mabel [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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29-114-033-253

335776

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Mink Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Residence
(e) Mother's stay **BEFORE** delivery: Life years months days
IN **THIS** county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Mink Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? About 25 yrs.

3. RESIDENCE OF FATHER (city, state) Mink Creek, Ida.

4. FULL NAME OF CHILD Roland Freeman Baird

5. Date of Birth of Child (Month, day, year) April 14, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Delacy Baird
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Perry, Boxelder County, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Charlotte Alvina Keller
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Mantua, Boxelder County, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 35 years, and that ____ (First name) ____ (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. D. Baird Jr. Signature

Mink Creek Idaho P. O. Address

Subscribed and sworn to before me this 7 day of March, 1942

(SEAL) Nella M. Eastman Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 19 1942

JAN 19 1971

DELAYED REGISTRATION LAW

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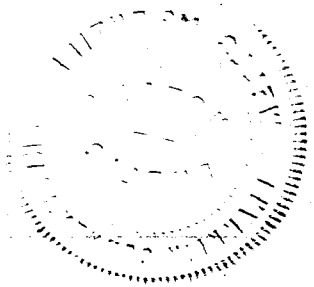

942-226-003-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335786
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 560 No Grant
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 7 years 9 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 560 No Grant
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD Thelma Lucille Rust

5. Date of Birth of Child (Month, day, year) Oct 26-1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Paul Rust
11. Color or Race Norwegian
12. Age at time of THIS birth 48 yrs.
13. Birthplace Gudbrandsdalen, Norway (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business O. S. L. R. R. Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Samyra Belle Kellum
17. Color or Race American
18. Age at time of THIS birth 39 yrs.
19. Birthplace Indianola, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 35 years, and that Dr H. A. Castle (First name) (Last name), who attended this birth Is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samyra B Rust Signature
744 No Hayes - Pocatello Idaho Address

Subscribed and sworn to before me this 27 day of February, 1942.
(SEAL) A B Chase Notary Public, residing at Pocatello Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469 130-022-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 3 1942

State File No. 335796
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City Rigby
(c) Street Address or R.F.D. No. Rigby
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 18 years — months — days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls Ida
(d) Street Address or R.F.D. No. 200-13 St
(e) How long has MOTHER lived in Idaho? 43 yrs.
(f) Mother's mailing address 200-13 St

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Harry Wayne Morgan

5. Date of Birth (Month, day, year) 12-30-1906

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Harry J Morgan

11. Color or Race White American

12. Age at time of THIS birth 24 yrs.

13. Birthplace Mill Creek Utah (City or town) (State or foreign country)

14. Exact Occupation Telephone Mgr

15. Industry or Business Telephone

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Annie Harrop

17. Color or Race White American

18. Age at time of THIS birth 18 years

19. Birthplace La Belle Idaho (City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Dr G C Paxton M.D. or ..... (D.O., Midwife, etc.) and address Deceased Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Pearl Annie Morgan, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Harry Wayne Morgan (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth Is now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Pearl Annie Morgan Name
200-13th Idaho Falls Idaho P. O. Address

MAR 3 1942

Subscribed and sworn to before me on this 20th day of February 1942.

(SEAL) Lee Walker Notary Public, residing at Notary Public for the State of Idaho Residence, Idaho Falls, Idaho, My Commission Expires May 8, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-102-028-238

335847

335847

MAR 13 1942

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335847
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Cor. 5 & Foster
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Cor. 5 & Fos.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Lloyd Byron Schmidt
5. Date of Birth (Month, day, year) March 2, 1905
6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Otto Carl Schmidt
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace ? (City or town) Germany (State or foreign country)
14. Exact Occupation manager
15. Industry or Business retail grocery

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruth Ann Schmidt
17 Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Utica (City or town) Minnesota (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 5 A.M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAR 13 1942 (Date received) (b) Carl F. Ed... (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Oregon
County of Lane } ss.

I, Ruth Ann Schmidt, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lloyd Byron Schmidt (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Watts (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ruth Ann Schmidt Signature
942 Ferry Lane Eugene, Oregon P. O. Address

Subscribed and sworn to before me on this 13th day of March, 1942

(SEAL) ____ Notary Public for Oregon, Notary Public, residing at ____
My Commission Expires January 27, 1948

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-121-035-255

335899

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City
(c) ~~Street Address~~ or R.F.D. No. Nez Perce
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City same
(d) ~~Street Address~~ or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Nez Perce, Idaho

4. FULL NAME OF CHILD Orval Wayne Brooks

5. Date of Birth of Child (Month, day, year) Mar 21-1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy full

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence Edward Brooks
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Fayetteville (City or town) Arkansas (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Lucy Beebe
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Verndale (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of King
County of California ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 35 years, and that Dr. Leach (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary L. Brooks Signature
P.O. box 363 - Corcoran Calif. P. O. Address

Subscribed and sworn to before me this 7 day of March 1942
(SEAL) O. H. McDonald Notary Public, residing at Corcoran Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-108-025944

335902

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Denver
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Denver
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Denver, Idaho.

4. FULL NAME OF CHILD Floyd Everett Decker

5. Date of Birth of Child (Month, day, year) Sept. 8, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME BERT HAYDEN DECKER

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Nebraska (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME CORA MATILDA ZUMWALT

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Drangeville (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dart Drops

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature (Deceased) M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Idaho }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for all his life ~~years~~, and that Dr. Dee S. Skelton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Matilda Decker Signature

Drangeville, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of February 1942.

(SEAL)

Notary Public, residing at Drangeville, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Mark Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

858-117-026-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 4 1942

State File No. 335930
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. no R.F.D. at this time.
(d) Name of Hospital or Maternity Home: Birth at home (on farm)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. no R.F.D.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Floyd Stanley Heyrend

5. Date of Birth of Child (Month, day, year) Dec. 17, 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas William Heyrend
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Providence, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Eliza Taylor
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Spanish Fork, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 35 years, and that Midwife (First name) Newman (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Thomas Heyrend Signature
855 E. 15th St. Idaho Falls Ida. P. O. Address

Subscribed and sworn to before me this 25th day of February, 1942.
(SEAL) D M Sweeney Notary Public, residing at Idaho Falls
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

995-106-035 954

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335945
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezpierce (b) City Lewiston
(c) Street Address or R.F.D. No. 104 C St.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezpierce
(c) City Lewiston
(d) Street Address or R.F.D. No. 104 C St.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston, Idaho

4. FULL NAME OF CHILD Charles Alwyn Ring

5. Date of Birth of Child (Month, day, year) August 6, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charley Alexander Ring
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Spirit Lake, (City or town) Iowa (State or foreign country)
14. Exact Occupation Taxidermist
15. Industry or Business Fur

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanche Melvin Inman
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Primgar, (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business At home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of California } ss.
County of Kern }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 36 years, and that Dr. J. B. Morrison (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charley Alexander Ring Signature

P. O. Box 463, Oildale, Calif. P. O. Address

Subscribed and sworn to before me this 26th day of February, 19 42

(SEAL) A. E. Walters Notary Public, residing at Oildale, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

217-220-037168

335951

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Bruneau, Ida

4. FULL NAME OF CHILD Helen Catherine Baxter

5. Date of Birth of Child (Month, day, year) Nov. 20, 1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Full term

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Patterson Baxter
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Jordan Valley, Oregon (City or town) (State or foreign country)
14. Exact Occupation Retired
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Joyce
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Silver City, Idaho. (City or town) (State or foreign country)
20. Exact Occupation Deceased
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silloid 10%

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Joseph P. Baxter (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 35 years, and that Doctor Mathers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph P Baxter Signature
Newport, Washington P. O. Address

Subscribed and sworn to before me this 14th day of March, 1942

(SEAL) [signature] Notary Public, residing at Newport.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-210-032-455

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 835971
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Richfield
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at own home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Richfield
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mable Ann McKay

5. Date of Birth of Child (Month, day, year) Apr 10, 1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alexander Frederick McKay
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Fifeshire Co. (City or town) Scotland (State or foreign country)
14. Exact Occupation Section foreman on R.R.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beatrice Devaney
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Mexico City, Mo. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I **HEREBY CERTIFY** That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho, County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 35 years, and that Alice Devaney (First name) mother (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Beatrice Devaney McKay Signature
Richfield Ida P. O. Address

Subscribed and sworn to before me this 9th day of March, 1942

(SEAL) Frances A. Locke Notary Public, residing at Gooding

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 18 19

318-215025-264

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336029
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Whitebird
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Whitebird
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Hazel Lucretia Layton

5. Date of Birth of Child (Month, day, year) Nov 15, 1906

6. Sex Female Single, Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Layton
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace (City or town) Kentucky (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Maud Boddy
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Smith Center (City or town) Kansas (State or foreign country)
20. Exact Occupation waitress
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60-7 years of age, that I have known this person for 3-4 years, and that Mary Brown (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 132, 1937 Session Laws.

Rose Maud Layton Signature

P. O. Address

Subscribed and sworn to before me this 28th day of February, 1942

(SEAL) ..... Notary Public, residing at Roseau, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

MAR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556-221-029 719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 4 336032

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. West A Street
(d) Name of Hospital or Maternity Home: William Parkins R.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 90 days.
In **THIS** county ..... years 6 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Washington (b) County Whitman
(c) City Colfax
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 2 mo. yrs.
(f) Mother's mailing address Colfax, Wash.

3. **RESIDENCE OF FATHER** (city, state) "

4. **FULL NAME OF CHILD** Floy Beatrice Newkirk

5. Date of Birth (Month, day, year) March, 21, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 ma.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nathaniel Edward Newkirk
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace (City or town) Iowa (State or foreign country)
14. Exact Occupation Farm Labor
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Blanche Parkins
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Indiola (City or town) Neb (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 a. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Mary F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Latah
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Kittie Russell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Floy Beatrice Newkirk (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. L. Gritman (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Kittie Russell Name
920 S. Logan Moscow Idaho P. O. Address

Subscribed and sworn to before me on this 2 day of March, 1942

(SEAL) Harry A. Thatcher County Auditor Notary Public, residing at Moscow, Idaho
By Bessie Babcock Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAR 7 1942

CERTIFICATE OF BIRTH

336040

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mildred Affleck (now Mildred Affleck Maxey)

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth Aug. 4, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Adam Alonzo Affleck	18. Full maiden name: Maude Frances Evans
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Ida
11. Color or race W | 12. Age at last birthday 22 (years)	20. Color or race W | 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Logan, Utah	22. Birthplace (city or place) (State or Country) Terrace, Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Singer Sewing Machine Co.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home.
16. Date (month and year) last engaged in this work August, 1906 | 17. Total time (years) spent in this work 5 yrs.	25. Date (month and year) last engaged in this work August, 1906 | 26. Total time (years) spent in this work 4 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed March, 1942 Mabel F. Elsfer

Registrar. Registrar.

166 204010-551

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO
County of BANNOCK } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

MAUDE FRANCES AFFLECK being first duly sworn says that she is the mother of Mildred Affleck - Maxey
(Relationship of child)*

born August 4, 1906 at Idaho Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Mildred Affleck-Maxey hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. LaRue M. D. was the ~~Midwife~~ medical attendant at the birth of said Mildred Affleck-Maxey and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Maude Frances Affleck

P. O. Address Woolley Aprts. Pocatello, Idaho.

Subscribed and sworn to before me this 26th day of February, 19 42

Notary Public.

Residing at Pocatello, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 20 1962

433 124 004 893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336044
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Fish Haven
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of Parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 1 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Fish Haven
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Fish Haven Id

4. FULL NAME OF CHILD George Everett McCann

5. Date of Birth of Child (Month, day, year) February 24 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Sant McCann
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Fish Haven (City or town), Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sophia Hildt
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Paris (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by George S. McCann (First name) (Last name) Father, who is related to this child as George Sant McCann (Mother, etc.) Father

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 36 years, and that Dr. G. Becker (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sophia McCann Signature
Simms Montana P. O. Address

Subscribed and sworn to before me this 9th day of March, 1942

(SEAL) R. K. West Notary Public, residing at Great Falls Monts.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has~~ occurred ~~subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

358 202 031 766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336065
Local Reg. No. 29
Reg. Dist. No. 232

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nezperce RFD
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: x
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Bertha Altany Lehr

5. Date of Birth of Child (Month, day, year) Sept 2- 1906

6. Sex fem

7. Twin or Triplet x

If so—born 1st, 2nd, 3rd x

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Phillip Lehr
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Hessey Germany (City or town) (State or foreign country)
14. Exact Occupation rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Amelia Powers
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Nebraska (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic 1 % Agno3

23. Number of [illegible] including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Bertha Lehr Ecoff (First name) (Last name) who is related to this child as herself (Mother, etc.)

25. Attendant's **OWN** signature R E Develah M.D. ~~Midwife~~ Address Craigmont Idaho Date Feb. 24-42.

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is pur[illegible]ble as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by C. E. Clovis, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in [illegible] certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Sta[illegible] Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money or[illegible]

NOV 26 1971

MAY 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and [illegible] registered of record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

895 113-044895 336076 **336076**

United States Department of Commerce Bureau of the Census MAR 14 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Salubria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 29 years months 22 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Salubria
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Salubria, Idaho

4. FULL NAME OF CHILD Erle Hinkley

5. Date of Birth of Child (Month, day, year) September 13, 1906

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred M. Hinkley
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace New York City, New York (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary L. Hinshaw
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Onaga (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 65 years of age, that I have known this person for 35 years, and that Charles Schmitz (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary L. Cahn Signature
Caldwell Idaho R.F.D. 3 P. O. Address

Subscribed and sworn to before me this 14th day of March, 1942
(SEAL) O. E. Thomas Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 14 1942

JUN 14 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-126 022-639

336085

336085

United States Department of Commerce Bureau of the Census — MAR 16 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336085
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Arnold Wendell Miller

5. Date of Birth of Child (Month, day, year) 9-26-1906

6. Sex male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Franklin A. Miller
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace St. George (City or town) Utah (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Adel Flint
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Mother died in 1916

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (mother is dead) (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for life time years, and that Dr. W. M. Harshbarger (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A. A. Miller
Signature
St. Anthony, Idaho
P. O. Address

Subscribed and sworn to before me this 14th day of March, 19 42

(SEAL) Herbert O. Beal
Notary Public, residing at St. Anthony, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by Mark Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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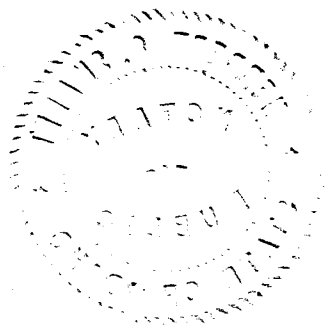

393-206-014-213 336096

United States Department of Commerce Bureau of the Census

MAR 16 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336096
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home of parents
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years 3 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Helen Elliot Little

5. Date of Birth of Child (Month, day, year) Dec. 6, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Little
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Edinburgh, (City or town) Scotland (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Sheep business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alpha Retta Ballantyne
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Ola (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Elmore, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 35 years, and that [redacted] (First name) [redacted] (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lottie K Little Signature

4 1/2 N. Warduell Emmett P. O. Address

Subscribed and sworn to before me this 14th day of March, 19 42

(SEAL) Edna L Casey Notary Public, residing at Mountain Home, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by Mabel F Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Jan 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-122-025 693 MAR 17 1942

336121

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336121
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Stites
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho Co.
(c) City Stites
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Stites, Idaho

4. FULL NAME OF CHILD Eddie Dunn

5. Date of Birth of Child (Month, day, year) May 22, 1906

6. Sex Male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Hamilton Dunn
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Marion (City or town) Missouri (State or foreign country)
14. Exact Occupation Insurance Salesman and
15. Industry or Business Minister

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Ann Wilkinson
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Decatur County (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House Keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Bonner }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 35 years, and that Myrtle (First name) Gager (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Ann Wilkinson Dunn Signature
Priest River, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of March, 19 42

(SEAL) Josephine Lindsay Notary Public, residing at Priest River, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mabel Hall, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-108-022-231

336133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH All items at time of this birth
(a) County Fremont (b) City Wilford
(c) Street Address or R.F.D. No. [redacted]
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Wilford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Sugar City, Idaho

4. FULL NAME OF CHILD Clyde Black Garner

5. Date of Birth of Child (Month, day, year) Nov. 8, 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick William Garner
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriet Erminnie Black
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Huntsville (City or town) Utah (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 35 years, and that Mary (First name) Sorensen (Last name), who attended this birth Is Now Deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet Erminnie B. Garner Signature

Sugar Idaho P. O. Address

Subscribed and sworn to before me this 5 day of Mar, 1942

(SEAL) J. W. Baker Notary Public, residing at Sugar Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Mabel Fredson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

OCT 17 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-702-011-433

336158

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 10 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years ??? months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bonners Ferry Idaho

4. **FULL NAME OF CHILD** MYLES EDWARD ANDREWS

5. Date of Birth of Child (Month, day, year) Oct. 2 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** CHARLES KYLE ANDREWS
11. Color or Race WHITE
12. Age at time of THIS birth 42 yrs.
13. Birthplace South Point (City or town) Ohio (State or foreign country)
14. Exact Occupation U.S. Deputy Marshall
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARGARET TERESA McCABE ???
17. Color or Race WHITE
18. Age at time of THIS birth 38 36 yrs.
19. Birthplace Grass Valley Calif. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7 o'clock A. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Mary (First name) McCabe Ahern (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Mary McCabe Ahern M.D. Midwife Address 316 Kidder Grass Valley Calif. Date Feb 4/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 35 years, and that ??? (First name) Dr. ? ? Grimm (Last name) FRY, who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Andrews Connell Signature
80 Retiro Way S.F. Calif. P. O. Address

Subscribed and sworn to before me this 17 day of February, 1942

(SEAL)

Notary Public, residing at San Francisco

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public City and County of San Francisco
Commission Expires

Received for filing on by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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412-21-7032-693

336159

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Rupert
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: County Home
(e) Mother's stay BEFORE delivery: IN THIS county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Rupert
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Rupert Idaho

4. FULL NAME OF CHILD Mary Ellen Makings

5. Date of Birth of Child (Month, day, year) January 9 1942

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Makings
11. Color or Race White **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Lincolnshire England (City or town) (State or foreign country)
14. Exact Occupation teamster
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Agnes Wilson
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Ogden Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Douglas }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 36 years, and that Dr. Noth (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. J.F. Dockens (Mother) Signature
Box 1111 Roseburg Oregon P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1942

(SEAL) NOTARY Public (Title of Officer) R.O. Young Notary Public, residing at Roseburg Oregon
My Commission Expires [illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mabel M. Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1965

MAR 1 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343-2D9-026-213

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 336163

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Lewisville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Lewisville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) 3years

4. **FULL NAME OF CHILD** Lulu Blanche Tucker

5. Date of Birth of Child (Month, day, year) July 9th, 1906

6. Sex female

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd 7

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Rufus Dudley Tucker
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Morgan (City or town) Tennessee (State or foreign country)
14. Exact Occupation Doctor of Medecine
15. Industry or Business Doctor of Medecine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Louis Baley
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Erwin (City or town) Tennessee (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Jefferson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the older brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 36 years, and that Dr. R.D. Tucker, my father (First name) (Last name), who attended this birth is now deceasd (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph H. Tucker Signature

Menan Ida P. O. Address

Subscribed and sworn to before me this 11 day of March, 19 42.

(SEAL) Beulah R. Bennett Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Mark Hyde, Registrar.

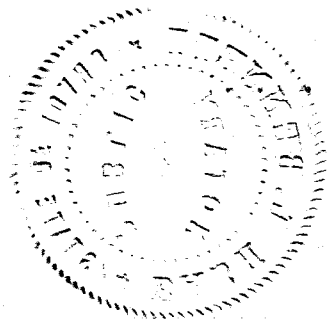
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



535-228 031 632

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City
(c) Street Address or R.F.D. No. 1 Box 49
(d) Name of Hospital or Maternity Home: on farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No. 1 Box 49
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mildred Elvira

5. Date of Birth of Child (Month, day, year) January 25 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter Clifford Olson

11. Color or Race white

12. Age at time of THIS birth 26 yrs.

13. Birthplace Red Wing (City or town) Minn. (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Cornelia Olson

17. Color or Race white

18. Age at time of THIS birth 26 yrs.

19. Birthplace Iowa (City or town) USA (State or foreign country)

20. Exact Occupation farmer's wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at M. on the date

and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for since birth years, and that Dr. (First name) Jones (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Peter Clifford Olson Signature

Nezperce, Idaho P. O. Address

Subscribed and sworn to before me this 2 day of March, 1942

(SEAL) Richard M. Mitchell Notary Public, residing at Nezperce Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mabel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-122-035-795

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 5 336229
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County NEZ PERCE (b) City MYRTLE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City JULIAETTA
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.
(f) Mother's mailing address JULIAETTAH

3. RESIDENCE of FATHER (city, state) IDAHO

4. FULL NAME OF CHILD FREDRICK DOW SCOTT
5. Date of Birth (Month, day year) Oct 22 1906
6. Sex MALE
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 4th
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** ULYSSUS DOW SCOTT
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace UREKA (City or town) CALIF. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** LYDIA PEARL PIERCE
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace MOSCOW (City or town) IDAHO (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 12 1942 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of LATAH } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, LYDIA PEARL SCOTT, being first duly sworn, say that I am Related (Related to (or) acquainted with) FREDRICK DOW SCOTT (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Marlett (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lydia Pearl Scott Signature
JULIAETTA, IDAHO P. O. Address

Subscribed and sworn to before me on this 3rd day of March 1942
(SEAL) [signature] Notary Public, residing at Kendrick

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Leland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Leland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Leland, Idaho.

4. FULL NAME OF CHILD Claude Benjamin Hodges

5. Date of Birth of Child (Month, day, year) July 28, 1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 months Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hiram S. Hodges
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Salem, Dent County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Hoffman
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Leland, Nez Perce Co, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum To best of my knowledge none used

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of TETON } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 35 years, and that Dr. Ragsdale (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hiram S. Hodges Signature
Dutton, Teton County, Montana P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1942.

(SEAL) Geo. Pallid Notary Public, residing at Dutton, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My com. expires feb. 20, 1945.

Received for filing on MAR 5 1942 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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118-23-040819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 4 1942

State File No. 336234
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Gem
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Birth took place at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Gem
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Gem Idaho

4. FULL NAME OF CHILD Hazel Vivian Jay

5. Date of Birth of Child (Month, day, year) Dec. 31, 1906

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy not known 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Richard Jay
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Cornwall (City or town) England (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Elfie Harbin
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace D. C. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~[illegible]~~ (Born alive, stillborn) at 10:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Florence Jay (First name) (Last name), who is related to this child as ~~sister~~ (Mother, etc.)

25. Attendant's **OWN** signature attendant not living M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 35 years, and that Dr Clarence (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Jay Signature
P. O. Address

Subscribed and sworn to before me this 20th day of February, 1942
(SEAL) Elly J. Jensen Notary Public, residing at Multnomah, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 4 1942 by Mabel Elfie, Registrar.

My commission expires Feb. 28 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ... 1911 Session Laws, has not been recorded, in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses provided in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or ... affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X

249-209022-914

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336241
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Wilford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Wilford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 6 yrs.

3. RESIDENCE OF FATHER (city, state) St Anthony Ida

4. FULL NAME OF CHILD Bertie Smith

5. Date of Birth of Child (Month, day, year) Mar. 9, 1906

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mo. **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Wallace Clifford Smith
11. Color or Race White **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Dissent (City or town) Utah. (State or foreign country)
14. Exact Occupation Millsite
15. Industry or Business Tourist Camp

MOTHER OF CHILD

16. FULL MAIDEN NAME Marguite Ethel Bunche
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Rupert (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Fremont }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 36 years, and that Dr. Hummel (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wallace Clifford Smith Signature
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of March, 1942.

(SEAL) E. K. Cummings Notary Public, residing at St Anthony Idaho
Clerk of District Court

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by [illegible] Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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336253

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at home, on farm
(e) Mother's stay BEFORE delivery: IN THIS county 27 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City near Genesee,
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Ida

4. FULL NAME OF CHILD Frank Edward Kempf

5. Date of Birth of Child (Month, day, year) Jan. 22, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Kempf
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Seneca, Kansas (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business for self,

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Bottjer
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace San Francisco, California (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item ~~4~~, above, that I am now 66 years of age, that I have known this person for 36 years, and that Dr. W. H. Ehlen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Edward Kempf Signature

Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of March, 19 42.

(SEAL) ____ Notary Public, residing at Genesee, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-[illegible] Idaho Code Annotated.)

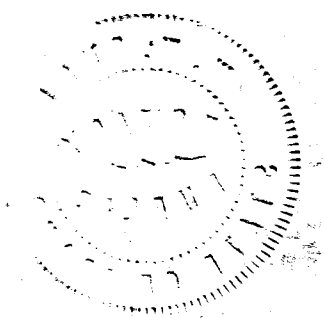
Received for filing on MAR 7 1942 by ____, Registrar.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



437-125012-751

336294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Butte (b) City Moore
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: at home
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Moore
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? since 38 yrs.

3. RESIDENCE OF FATHER (city, state) Moore Ida

4. FULL NAME OF CHILD Harry Stanton McGuire

5. Date of Birth of Child (Month, day, year) May 25, 1906

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Edwin Stanton McGuire
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Fort Steele, Wyo (City or town) (State or foreign country)
14. Exact Occupation Postmaster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Etta Pearson
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Malad, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Butte } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 35 years, and that Mary E. Mathews (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Olive Haney Signature
Moore Idaho P. O. Address

Subscribed and sworn to before me this 4th day of March, 1942

(SEAL) J. D. Martin Notary Public, residing at Arco, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

216-113-006-649

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336298
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Rockford
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Home of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Rockford
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Rockford Ida.

4. FULL NAME OF CHILD Raymond Thomas Sjostrom

5. Date of Birth of Child (Month, day, year) 5-13-1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Arthur Sjostrom
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Furniss
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Orange } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 35 years, and that Elizabeth (First name) Furniss (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jane Furniss Sjostrom Signature
Los Alamitos, Calif P. O. Address

Subscribed and sworn to before me this 9 day of March, 1942

(SEAL) Grace E. Johnson Notary Public, residing at Los Alamitos

My Commission Expires January 4, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

OCT 9 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-101 006-387

336303

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 19 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. no
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Idaho

4. FULL NAME OF CHILD Stanley Artimas Westbrook

5. Date of Birth of Child (Month, day, year) March 1st, 1906.

6. Sex male **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd 2 **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Artimus Freeman Westbrook
11. Color or Race white **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Sparta, Ohio. (City or town) (State or foreign country)
14. Exact Occupation cook
15. Industry or Business caterer.

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Christensen
17. Color or Race white **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Copenhagen, Denmark. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know, think none.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature F. W. Mitchell M.D. Midwife Address Blackfoot Date Idaho

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 36 years, and that Dr. (First name) Mitchell (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Westbrook Signature

Rigby, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of February, 19 42

(SEAL) Ralph Bennett Notary Public, residing at Rigby, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by Mabel Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

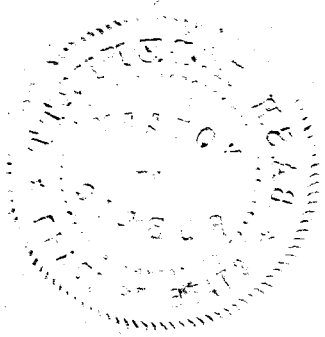
JAN 13 1970

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



S33-118-006-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336313
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Robert Edward Ellis
5. Date of Birth of Child (Month, day, year) 9-16-1906
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Jesse Wiggel Ellis
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace A Ship on Atlantic O. (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Agusta Belle Wall
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Kaysville Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOT KNOWN
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 35 years, and that Mrs F. (First name) Talbot (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. T. Emerson Signature
Moreland Idaho P. O. Address

Subscribed and sworn to before me this 21 day of January, 1942
(SEAL) W. R. Messick Notary Public, residing at Blackfoot, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-109-006-243

336315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Residence of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years / months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Idaho

4. FULL NAME OF CHILD Clarence Leroy Hill

5. Date of Birth of Child (Month, day, year) Nov. 9 - 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence Allen Hill
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Near Chicago Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Estella Sullivan
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Cascade (City or town) Iowa (State or foreign country)
20. Exact Occupation Teacher Public School
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic Acid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Klamath } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 35 years, and that Thomas Willson (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive Estella Hill Signature
Klamath Falls Ore. R.R.I. P. O. Address

Subscribed and sworn to before me this 2 day of March, 1942

(SEAL) J. D. Merritt Notary Public, residing

NOTARY PUBLIC ISLAND FOR THE STATE OF OREGON
MY COMMISSION EXPIRES JANUARY 26th, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653-215 014-256

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 336835

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. Third & Commercial
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. Third & Commercial
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Fern Knox Wells

5. Date of Birth (Month, day, year) Aug. 15, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Arthur Wells
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Decatur City (City or town) Iowa (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Knox
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Emmett (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Knox Wells (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) MAR 12 1942 (Date received) (b) Mary F. Elder (Registrar's signature)

27. Given name added on..... by..... (Registrar's signature)

25. Attendant's **OWN signature** Moses Stearns M.D. or..... (D.O., Midwife, etc.)
and address Twin Falls - Ida. Date Feb 28, 1942

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Moses Stearns, being first duly sworn, say that I am ~~acquainted with~~ (Related to (or) acquainted with) Samuel Arthur Wells (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this 28th day of February

(SEAL) John B. Robertson Notary Public, residing at Twin Falls - Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-122-025-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336344
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Winona (formerly) (Lowe)
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years no months no days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Thoedore Ernest Burns

5. Date of Birth of Child (Month, day, year) Sept-22-1906

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fredrick Everett Burns
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Eureka (City or town) California (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Myrtle Cochran
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Palouse (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 36 years, and that Mrs. (First name) La France (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice M Burns Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of March, 1942

(SEAL) [signature] Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Se

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

193714 025 547

336358

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years -- months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Lawrence John Aichlmayr

5. Date of Birth of Child (Month, day, year) Sept. 14 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Tony Aichlmayr
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Germany (City or town) Germany (State or foreign country)
14. Exact Occupation Janitor & farmer
15. Industry or Business Office Bldg

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Rose Nuxoll
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 oclock A.M. on the date and at the place stated above, and that personal particulars were furnished by Tony Aichlmayr (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Tony Aichlmayr M.D. (Dr Turner now dead) Midwife Address W 1213 Montgomery ave Date 3/5/42

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for life time 33 years, and that Dr Turner (now dead) (First name) (Last name) and myself who attended this birth Dr Turner (now dead) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Tony Aichlmayr Signature
W 1213 Montgomery ave Spokane Wash. P. O. Address

Subscribed and sworn to before me this 5th day of March, 1942
(SEAL) Hann H Phipps Notary Public, residing at Spokane Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693122 035 962

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336375
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Ranch home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elmer Ray Williams

5. Date of Birth of Child (Month, day, year) Sept 22 1906

6. Sex Son

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Williams
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Hodgson Co. Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zena H Roberts
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Dixon Co. Nebraska (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife Address Date

State of Washington
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 66 years of age, that I have known this person for 34 years, and that Mrs Nette Moore (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Zena Roberts Williams Signature

P. O. Address

Subscribed and sworn to before me this 10 day of Mar, 1942

(SEAL) Brent C Halsey Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

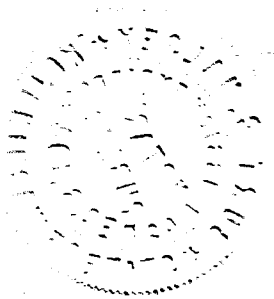
Received for filing on MAR 12 1942 by Mabel Nielsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



218 ID 1003319

336410

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336410
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Kenneth Larson Kay.

5. Date of Birth of Child (Month, day, year) Dec. 1, 1906.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hyrum Kay.
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Oslo, Norway (City or town) (State or foreign country)
14. Exact Occupation Car Repairman, O.S.L., U.P. R.R.
15. Industry or Business Rail Road

MOTHER OF CHILD

16. FULL MAIDEN NAME Henrietta Emilia Larsen
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Fredrickstad, Norway. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1

23. Number of children of this mother: (a) At time of birth and including this ch[illegible] Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of MISSOURI } ss.
County of JACKSON }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 35 years, and that Dr. H. A. Castle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carl Kay. Signature
911 Holmes, Kansas City, Mo P. O. Address

Subscribed and sworn to before me this 17th day of March, 1942

(SEAL) Sandra P. Richardson Notary Public, residing at 911 Holmes

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1942 by Mark Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 21 1942

SEP 20 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 104, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for transmittal to the Bureau of Vital Statistics for the purposes and uses specified in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

417-214-016-659

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336435
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. Main St.
(d) Name of Hospital or Maternity Home: our home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 3 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. Main St.
(e) How long has **MOTHER** lived in Idaho? 1 Year 3 Mo
3. RESIDENCE OF FATHER (city, state) "

4. FULL NAME OF CHILD ~~John~~ Schweberger, Magdalena
5. Date of Birth of Child (Month, day, year) November 14th 1906
6. Sex Girl
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? ✓

FATHER OF CHILD
10. **FULL NAME** John Schweberger
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Zsombolya (City or town) Hungary (State or foreign country)
14. Exact Occupation Shoemaker
15. Industry or Business for myself

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Katharina Weidner
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Zsombolya (City or town) Hungary (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ✓ (Born alive, stillborn) at 7 a.m. M. on the date and at the place stated above, and that personal particulars were furnished by John (First name) Schweberger (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Dr Emerson Address Death Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that ✓ (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Schweberger Signature
466 W. 35th St. P. O. Address

Subscribed and sworn to before me this 5th day of March, 1942
(SEAL) Jean C. Case Notary Public, residing at 5305 So. Arlington Av.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires Feb. 24, 1942

Received for filing on MAR 9 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

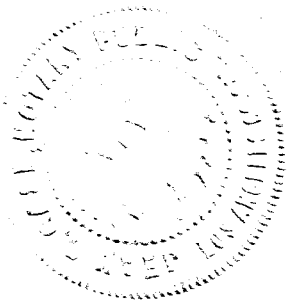
MAR 1 8 1942

FEB 11 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



211 214 035818

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336441
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Leland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Leland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Leland Ida.

4. FULL NAME OF CHILD Clarice Garnett Baack Deakin

5. Date of Birth of Child (Month, day, year) 11/14/1906

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Carl Baack
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Mecklenbergswerene Germany (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Lavina Hays
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace unknown (City or town) Oklahoma (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Olive Baack Signature
802 N. 5 Ave Yakima Wn. P. O. Address

Subscribed and sworn to before me this MAR 5 1942 day of , 19
(SEAL) L E Brenner Notary Public, residing at Yakima Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

615-102 031 619

336447

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nez Perce
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nez Perce
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Nez Perce, Idaho

4. FULL NAME OF CHILD Clair Elwin Fanning

5. Date of Birth of Child (Month, day, year) May 2, 1906

6. Sex Male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Sherman William Fanning
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Albany, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Marie Warfield
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Afton, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Washington } ss.
County of Clark }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 35 years, and that Doctor ---- Kelly (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Marie Fanning Signature
Route 2, Washougal, Washington P. O. Address

Subscribed and sworn to before me this 14th day of March, 19 42.

(SEAL) L. J. Moody Notary Public, residing at Washougal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by Mark Keeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-116 023 236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336457
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: 5 Months in Gem County
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridiam
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Meridiam Idaho

4. FULL NAME OF CHILD Irvin Walter Howard

5. Date of Birth of Child (Month, day, year) Jan. 16 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN Harry Howard
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Powersville (City or town) Missouria (State or foreign country)
14. Exact Occupation Day Laborer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Melissia Bethany Stokesberry
17. Color or Race American White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Olivet (City or town) Kansas (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multanomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 36 years, and that Dr (First name) Loder (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Melissia B Howard Signature
RT 4 Box 1572 Portland Oregon P. O. Address

Subscribed and sworn to before me this 6th day of March, 1942

(SEAL) [illegible] Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com. ef. May 2, 1945

Received for filing on MAR 9 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 19 1942

MAY 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the [illegible] to the effective date of Chapter 191, [illegible] has not been recorded, or in case of failure to [illegible] subsequent to such date, [illegible] record in the [illegible] purposes and [illegible] prescribed in [illegible] when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336464
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Clearwater (b) City Southwick
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Southwick
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Herman George Smith
5. Date of Birth of Child (Month, day, year) Sept 8 1906
6. Sex Male
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Peter J. Smith
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace West Union (City or town) Neb (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Grain farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Blanche Kime
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace West Union (City or town) Neb (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of WASHINGTON
County of SPOKANE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 35 years, and that Alard Bell Kime (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs E H Rozelle Signature
mine mile Falls P. O. Address

Subscribed and sworn to before me this 6th day of Mar, 1942

(SEAL) [signature] Notary Public, residing at Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public in and for the State of Washington, residing at Spokane.

Received for filing on MAR 9 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336487
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Gilbert
(c) Street Address or R.F.D. No. R.1 Box 242
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Gilbert
(d) Street Address or R.F.D. No. R.1
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Gilbert, Ida.

4. FULL NAME OF CHILD Virgil Wayne Funkhouser

5. Date of Birth of Child (Month, day, year) Aug. 5, 1906

6. Sex Male

7. Twin or Triplet Mother single If so—born 1st, 2nd, 3rd August

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Aaron Flonzo Funkhouser
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Iconium (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Belle Wilson
17. Color or Race White
18. Age at time of THIS birth Idaho yrs.
19. Birthplace Southwick (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 417 (b) Born alive and now living 7 [illegible]

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was virgil (Born alive, stillborn) at night M. on the date and at the place stated above, and that personal particulars were furnished by ~~father~~ alive (First name) Doctor (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature R J Funkhouser M.D. Midwife Address Orofino Date August 5

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for ~~1906~~ years, and that (First name) (Last name), who attended this birth Doctor Farley (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marion F Funkhouser Signature
119 N Pittsburg St. Spokane Wn. P. O. Address

Subscribed and sworn to before me this 25 day of Feb., 1942

(SEAL) [illegible] Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by [illegible], Registrar.

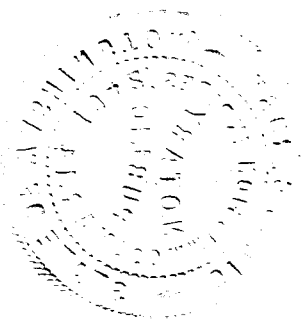
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336505
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Thomas
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: at home
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Thomas
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Thomas Idaho

4. FULL NAME OF CHILD Ina May Davis

5. Date of Birth of Child (Month, day, year) Mar. 26 1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Henry Davis
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Davis Co. (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business at home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Lavilla Rice
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Farmington (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Neosarsh 20 Ga Sol.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 30 P M. on the date and at the place stated above, and that personal particulars were furnished by Ina May Davis (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M. E. Lakie M.D. Midwife Address Blackfoot Ida Date Mar. 3, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ..... 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

554111-029-632

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336515
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Born on farm
(e) Mother's stay BEFORE delivery: IN THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD Bernard Vedvig

5. Date of Birth of Child (Month, day, year) Oct. 11, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John H. Vedvig
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Bergan (City or town) Norway (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Olson
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Vermland (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of CALIFORNIA
County of HUMBOLDT } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 34 years, and that --- (First name) --- (Last name), who attended this birth --- (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John H Vedvig Signature
7th Street, Eureka, Calif. P. O. Address

Subscribed and sworn to before me this 9th day of March, 1942

(SEAL) ..... Notary Public, residing at Eureka, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-102 009-513

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336517
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 5 months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sandpoint Ida.

4. **FULL NAME OF CHILD** Lawrence John Palmer

5. Date of Birth of Child (Month, day, year) Oct. 2, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** John Palmer
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Dufur (City or town) Oregon (State or foreign country)
14. Exact Occupation Logging Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mamie Valentine.
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Sawyer City (City or town) Penn. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at Nine A.M. on the date and at the place stated above, and that personal particulars were furnished by Mamie (First name) Palmer (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Nellie M. Hunter M.D. Midwife Address Plummer Ida Date Feb. 16, 1942

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 [illegible] 72

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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336537

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336537
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Williams Guy Shipps

5. Date of Birth of Child (Month, day, year) Aug 2 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elsmer Shipps

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Dakota (City or town) Wyoming (State or foreign country)

14. Exact Occupation Farming and Stockraising

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Millie Sabrina Modrell

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Fairfield (City or town) Washington (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 36 years, and that MRS. STITTS (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Millie S Shipps Signature

3815 G St., Vancouver, Wash P. O. Address

Subscribed and sworn to before me this 16th day of March, 19 42

(SEAL) Notary Public, residing at Vancouver Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and filed~~ by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469 226 031 469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336606
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Kamiah
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 9 months 26 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Kamiah
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 1 3/4 yrs.

3. RESIDENCE OF FATHER (city, state) Kamiah, Idaho

4. FULL NAME OF CHILD Florence Gertrude Morris

5. Date of Birth of Child (Month, day, year) January 26, 1906

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Lee Morris
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Green Castle, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary M. Foster Morris
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Weldon, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business - - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nebraska
County of Gage } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 36 years, and that Mary Morris (mother-in-law) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary M. Foster Morris Signature
Wymon Nebraska P. O. Address

Subscribed and sworn to before me this 11th day of March, 1942

(SEAL) Jno. W. Smith Notary Public, residing at Wymon Nebraska

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) my com expires 6/21-47

Received for filing on MAR 16 1942 by Mary F. Elsner, Registrar.

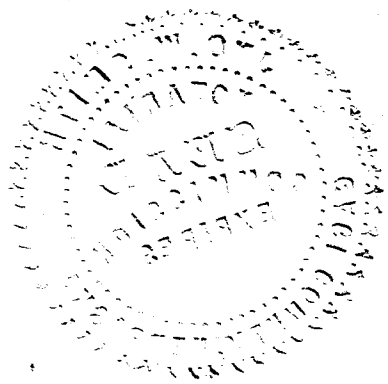
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



296-122-004-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336672
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 4 months 26 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier, Ida

4. FULL NAME OF CHILD Raymond Brown

5. Date of Birth of Child (Month, day, year) 11-22-1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fergus Brown
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Liberty (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Mae Holmes
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Montpelier, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Argentine Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Fergus Brown (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address 2911 Jennifer St San Diego Calif Date 3-10-42

State of ..... }ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-219 009-865

336693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Pend D'Oreille~~ Bonner (b) City Kootenai
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Pend D'Oreille~~ or Bonner
(c) City Kootenai
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Two yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Nora Jean Moureen Johnson

5. Date of Birth of Child (Month, day, year) Nov. 19, 1906

6. Sex female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Hans Anthony Johnson
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Fredrickstad (City or town) Norway (State or foreign country)
14. Exact Occupation Lumber expert
15. Industry or Business Humbird Lumber Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helga Hoel - ~~Johnson~~
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Eidsvoll (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living —

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Sonoma } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 35 years, and that Dr. (First name) McKinnon (Last name), who attended this birth (Is now deceased) ~~or (Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Helga Hoel Johnson Signature
2330 Guerneville Rd. Santa Rosa, Calif. P. O. Address

Subscribed and ~~sworn to~~ before me this 17th day of January, 1942.

(SEAL) Mae G. Keesling Notary Public, residing at Santa Rosa California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES MARCH 7, 1945

Received for filing on JAN 30 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date~~, such report may be ~~received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-204 007 814

336701

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH MAR 18 1942
STATE OF IDAHO

State File No. 336701
Local Reg. No. 22
Reg. Dist. No. 410

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Idaho

4. FULL NAME OF CHILD Ottilie Cramer

5. Date of Birth of Child (Month, day, year) 1-4-1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hugh Cramer Sr.
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Eagle Pass (City or town) Texas (State or foreign country)
14. Exact Occupation Post Master
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida May Haupt
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Ely (City or town) Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno3

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by Mrs. C. D. Campbell (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 36 years, and that A. R. Blanton (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs C. D. Campbell Signature

P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1942

(SEAL) D. W. Wheeler Notary Public, residing at Hailey

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 2-15-1942. by Robert H. Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356 212 025 434

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336715
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 9 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1-9 mo. yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Verna Margaret Leonard

5. Date of Birth of Child (Month, day, year) June 12, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frederick Leslie Leonard
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Reedsburg (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Bank Cashier
15. Industry or Business Grangeville Savings & Trust Banking

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud M. Murtrey
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Richland Center (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None other

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 36 years, and that Dr George Stocton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Frederick Leonard Signature
1961 Atlantic Ave Long Beach Calif P. O. Address

Subscribed and sworn to before me this 16th day of March, 1942
(SEAL) Ray F. Stillings Notary Public, residing at Long Beach Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires May 2, 1942

Received for filing on MAR 18 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

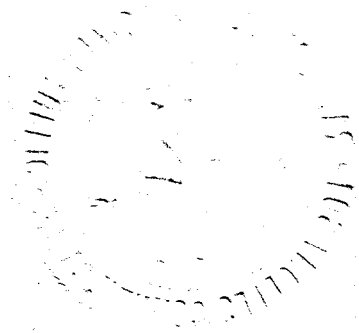
AUG 24 1967

MAR 2 0 ...42

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



243-223 032-444

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336717
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone Idaho

4. FULL NAME OF CHILD Lillie Isabelle Butler

5. Date of Birth of Child (Month, day, year) Nov. 23, 1906

6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alvin Lloyd Butler
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Clarksville (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Lavina Dudley
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 9 M. on the date and at the place stated above, and that personal particulars were furnished by Mr. George B. Jennings (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Shoshone Idaho Date March 12/42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

[signature] Signature
Shoshone Idaho P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462-206-008-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 2 1942

State File No. 336724
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Idaho City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Idaho City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Marjorie Lois Mosher

5. Date of Birth of Child Sept 6, 1906 (Month, day, year) September 6, 1906

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clay Briggs Mosher
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Elmira (City or town), New York (State or foreign country)
14. Exact Occupation Deputy Sheriff - Boise Co.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Adeline Kennaly
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Idaho City (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 36 years, and that Dr. Warren Newell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A. Mosher Signature
9140 W. 25th, Los Angeles Calif. O. Address

Subscribed and sworn to before me this 16 day of February, 1942.
(SEAL) Marguerite Thompson Notary Public, residing at Los Angeles, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-107 037-241

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336728
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City DeLeman, Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home - Dr. Weston
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Oregon (b) County Malheur
(c) City Jordan Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Jordan Valley

4. FULL NAME OF CHILD Philip Louis Bowden

5. Date of Birth of Child (Month, day, year) Apr. 7, 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Heron Bowden
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Silver City, Idaho (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Mine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Esther Smart
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Black Station, Calif. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6th (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Deschutes } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that Dr. (First name) Weston (Last name), who attended this birth whereabouts unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Minnie Esther Young Signature
53 Terminal, Bend, Oregon. P. O. Address

Subscribed and sworn to before me this 16th day of March, 1942

(SEAL) Edna M. Roals Notary Public, residing at Bend, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) NOTARY PUBLIC FOR OREGON

Received for filing on MAR 18 1942 by Mabel F. Elder, Registrar. My Commission Expires 8/26/45

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1942

FEB 3 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-118 006-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336744
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blackfoot Jd (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: mid wife at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Lewis Kelley

5. Date of Birth of Child (Month, day, year) Dec. 18, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Louis Franklin Kelley
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Verda (City or town) Oklahoma (State or foreign country)
14. Exact Occupation Retired
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Henrietta Kelly
17. Color or Race white
18. Age at time of THIS birth yrs.
19. Birthplace (City or town) Utah (State or foreign country)
20. Exact Occupation Deceased
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Louis Kelly (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Louis Franklin Kelly M.D. Midwife Address North Bonneville, Wn. Date 3/5/42

State of Washington
County of Skamania } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 36 years, and that Louis Franklin Kelly (First name) (Last name) (Myself) who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louis Franklin Kelley Signature
P. O. Address

Subscribed and sworn to before me this 5th day of March, 1942
(SEAL) Dale Compton Notary Public, residing at N. Bonneville, Wn.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

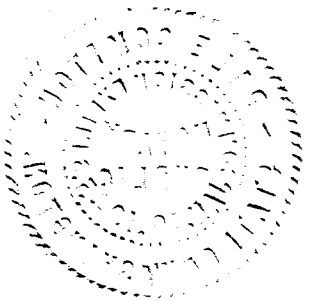
MAR 20 1942

OCT 21 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



815 718-014-864

336766

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336766
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. 3
   (d) Name of Hospital or Maternity Home: At residence of the Mother
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Ida.

4. **FULL NAME OF CHILD** Houston Forest Hanley

5. Date of Birth of Child (Month, day, year) Mar. 18 1906

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lyman Beecher Hanley
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Spring Valley (City or town) Minnesota (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Houston
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Mason City, (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business agriculture

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 36 years, and that Doctorn John S. Mcare (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Hanley Signature

R#3, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of March, 19 42

(SEAL) ____ Notary Public, residing at Caldwell Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by Mark F Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 0

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-229 017-693

336794

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 9 1942

State File No. 336794
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clark (b) City Small
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 20 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ~~Small~~ Clark
   (c) City Small
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. **RESIDENCE OF FATHER** (city, state) Small, Idaho

4. **FULL NAME OF CHILD** Ida Fern Leonardson

5. Date of Birth of Child (Month, day, year) 12/ 29- 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arthur J. Leonardson
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Walkerville, Mont. (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Raising Hay and Livestock

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Emma Wilson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace So. Cottonwood (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary Emma Leonardson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 35 years, and that Ida M. Leonardson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Emma Leonardson Signature

Dubois, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of March, 1942

(SEAL) Notary Public, residing at Dubois, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mary F Felder, Registrar.

MAR 2 3
23

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-719 014 442

336804

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336804
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Wayne Crew

5. Date of Birth of Child (Month, day, year) Dec. 19, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Walter Sanders Crew
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Clay Co. (City or town) Texas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sadie Ophelia Duke
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Rural (City or town) Miss. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~born~~ (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for since birth years, and that Anna (First name) March (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Sadie Crew Signature
Box 641, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1942.
(SEAL) Eunice E. Thomasson Notary Public, residing at Caldwell, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-713-013866

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336826
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. S. 2cd Ave.
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years * months * days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 235 S. 2cd
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Id.

4. FULL NAME OF CHILD Paul Leslie Conwell

5. Date of Birth of Child (Month, day, year) May 13, 1906

6. Sex male **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd **** **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Vincent Paul Conwell
11. Color or Race white **12.** Age at time of THIS birth 25 yrs.
13. Birthplace St. Augustine, (City or town) Illinois (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Hoffman
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Caverna (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Montana } ss.
County of Deer Lodge }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that McMillan (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Conwell Signature

423 Elm, Anaconda, Montana P. O. Address

Subscribed and sworn to before me this day of March, 19 42

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Registrar.

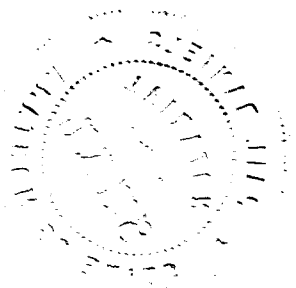
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



213-205028-213

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336837
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootney (b) City Athol
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 8 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootney
   (c) City Athol
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Athol, Idaho

4. **FULL NAME OF CHILD** Ellen Glenadine Batters

5. Date of Birth of Child (Month, day, year) Sept. 5, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Earl Batters
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Little Falls, Minn. (City or town) (State or foreign country)
14. Exact Occupation Logging
15. Industry or Business Sawmill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lennie Edith Batters
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Vilas, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that Dr Deming (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

G. E. Batters Signature

1211 W. 4th, Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 20th day of February, 1942

(SEAL) A. W. Dolphin Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mina Keller, Registrar.

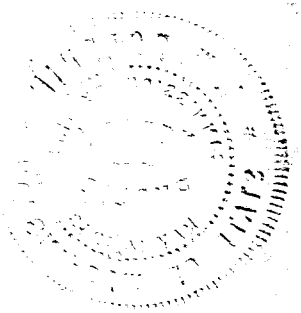
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



383-144028-386

336843

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Ponderay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Ponderay
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Ralph B. Lytton

5. Date of Birth of Child (Month, day, year) May 14, 1906

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alva Day Lytton
11. Color or Race white **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Mondovi (City or town) wash. (State or foreign country)
14. Exact Occupation
15. Industry or Business Laboror

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Bella Lyons
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Elkport (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Jefferson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 1 above, that I am now [illegible] years of age, that I have known this person for [illegible] years, and that [illegible] (First name) Day (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alva D. Lytton Signature
Route 2 Quilcene Wash. P. O. Address

Subscribed and sworn to before me this 11 day of March, 1942.

(SEAL) W. P. Praetorius Notary Public, residing at Quilcene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mabel Pfeiffer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1942

DELAYED REGISTRATION LAW

(1907 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

439 118 028 238

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336846
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d' Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d' Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d' Alene Idaho

4. **FULL NAME OF CHILD** Carl Sanford Ulrich

5. Date of Birth of Child (Month, day, year) July 18, 1906

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frederick Roudolph Ulrich
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Bennington (City or town) Wyoming County, New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lola Minerva Sly
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Connorsville (City or town), Dunn County, Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 35 years, and that Ella (First name) Guel (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My commission expires June 2, 1945

Lola Minerva Sly-Ulrich Signature

Box 509, Coeur d' Alene, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of March, 1942

(SEAL) Herbert W Baston Notary Public, residing at Coeur d' Alene, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mabel W Eaton, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-109-044-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336852
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) ~~Street Address~~ or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Weiser
(d) ~~Street Address~~ or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho, Weiser 21

4. FULL NAME OF CHILD Rance Elma Stover

5. Date of Birth of Child (Month, day, year) June 9-1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Ernest Stanley Stover
11. ~~Color or Race~~ White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Madrid (City or town) Iowa (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lula Pearl McCormick
17. ~~Color or Race~~ White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Omaha (City or town) Arkansas (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Calif
County of Santa Clara } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 35 years, and that Dr G. M. Waterhouse (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Lula Pearl McCormick Stover Signature
Gen Del San Jose, Calif P. O. Address

Subscribed and sworn to before me this 7th day of March, 1942

(SEAL) A. R. Marcum Notary Public, residing at 106 Magnesian Loop Los Gatos Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

383-227 035-213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336853
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Lapwai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lapwai
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lapwai Ida.

4. **FULL NAME OF CHILD** Lottie Stella E. Chladek

5. Date of Birth of Child (Month, day, year) July 27, 1906

6. Sex F.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James M. Chladek
11. Color or Race W.
12. Age at time of THIS birth 39 yrs.
13. Birthplace (City or town) Bohemia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dorothy Anna Kalisek
17. Color or Race W.
18. Age at time of THIS birth 37 yrs.
19. Birthplace (City or town) Bohemia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 35 years, and that — (First name) — (Last name), who attended this birth — (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs James Chladek Signature
R#1 Culdesac Ida. P. O. Address

Subscribed and sworn to before me this 9th day of March, 1942

(SEAL) [signature] Notary Public, residing at Lapwai Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-105-041 266

336870

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Teton (b) City Driggs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: **IN THIS** county 15 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Teton
   (c) City Driggs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5-0 yrs.

3. **RESIDENCE OF FATHER** (city, state) Driggs Idaho

4. **FULL NAME OF CHILD** Glenn Roy Fairbanks

5. Date of Birth of Child (Month, day, year) June 5 - 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Roy Fairbanks
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Glenwood (City or town) Utah (State or foreign country)
14. Exact Occupation School teacher & Druggist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Bowles
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Franklin (City or town) Idaho (State or foreign country)
20. Exact Occupation School teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for [redacted] years, and that Dr. May (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada B. Fairbanks Signature

Oakley, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of March, 1942

(SEAL) C. F. Larson Notary Public, residing at

Notary Public in and for the State of Idaho
Residing in Oakley, Cassia County, Idaho
My Commission expires Jan. 6, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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MAR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

756M-005513

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336886
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City near Plummer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City near Plummer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Plummer, Idaho

4. FULL NAME OF CHILD Frank Emory Peone

5. Date of Birth of Child (Month, day, year) January 11, 1906

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Louie Peone

11. Color or Race Indian

12. Age at time of THIS birth 45 yrs.

13. Birthplace Spokane County, (City or town) Washington (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Philomine Vallee

17. Color or Race Indian

18. Age at time of THIS birth 37 yrs.

19. Birthplace Fort Benton, (City or town) Montana (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Benewah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 36 years, and that Louie (First name) Peone (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have [illegible] recorded under Chapter 139, 1937 Session Laws.

Witnesses to mark of affiant: Thelma Brostrom, Howard Braun

Mary Philomine Vallee-Peone (Signature)

Tekoa, Washington (Address)

Subscribed and sworn to before me this 12th day of March, 19 42.

(SEAL) George L. McFadden Notary Public, residing at Plummer, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-21-7001 363

336887

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. do not remember
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Violet Dilda

5. Date of Birth of Child (Month, day, year) Aug 11 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Augustus Dilda
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Mt Pleasant Ohio (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rozetta Luella Lotspeich
17. Color or Race white
18. Age at time of THIS birth 16 yrs.
19. Birthplace Creston Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of San Mateo }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.—

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for 35+ years, and that Not known (First name) (Last name), who attended this birth —, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rozetta Luella Lotspeich Crowley Signature
Palo Alto P. O. Address

Subscribed and sworn to before me this 9th day of March, 19 42

(SEAL) Commission expires Jan 10, 1945 Notary Public, residing at 368 W Santa Clara St San Jose, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619 210 006 815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336896
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Iona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Norvella F Morgan Marvella Marie Farnsworth

5. Date of Birth of Child (Month, day, year) May 10 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oliver Clarence Farnsworth
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Sandpete (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter & Mechanic
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary C. Hansen
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 35 years, and that Sarah Rowberry (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Conrad Signature
Iona Ida P. O. Address

Subscribed and sworn to before me this 26 day of Feb, 1942
(SEAL) Eugene Olsen Notary Public, residing at Iona Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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OCT 1 [illegible]

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MAR 13 1942

336918

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonner (b) City Newport, Wash.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years 6 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Newport, Wash.
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 6 mo. yrs.
(f) Mother's mailing address Newport Wash.

3. **RESIDENCE of FATHER** (city, state): same

4. **FULL NAME OF CHILD** Roscoe Dale Lewis

5. Date of Birth (Month, day, year) Aug. 12-1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Douglas Lewis

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Chandlerville Illinois (City or town) (State or foreign country)

14. Exact Occupation Lumber Foreman

15. Industry or Business Planing Mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Melinda McCloud

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Plain City, Ohio (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living yes (c) Born alive and now dead one (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Melinda Lewis Bowers (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** Dr Phillips M.D. (D.O., Midwife, etc.)
and address unknown Date

State of Illinois
County of Kenan } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nellie Melinda Lewis Bowers, being first duly sworn, say that I am related to (Related to (or) acquainted with) Roscoe Dale Lewis (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Phillips (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nellie Melinda Lewis Bowers Signature

Elmwood, Ill. P.O. Address

Subscribed and sworn to before me on this tenth day of March, 1941

(SEAL) Lucas Livingston Notary Public, residing at 109 S. Monmouth

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in [illegible] the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

754 703 037 - 754

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 336925

CERTIFICATE OF BIRTH

STATE OF IDAHO FEB 4 1942

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Owyhee (b) City Silver City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Silver City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? four yrs.
   (f) Mother's mailing address Silver City, Ida.

3. **RESIDENCE of FATHER** (city, state) Same as above

4. **FULL NAME OF CHILD** William Lawrence Pedracini

5. Date of Birth (Month, day, year) June 3, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lorenzo Pedracini
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Sundalo, (City or town) Italy (State or foreign country)
14. Exact Occupation Mining & Agriculture
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Giovanna Pedracini
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Sundalo, (City or town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) ..... (Date received) (b) Mary T. Leonard (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of IDAHO
County of OWYHEE } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lorenzo Pedracini, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Lawrence Pedracini (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the physician (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lorenzo Pedracini Signature

Murphy, Idaho P. O. Address

Subscribed and sworn to before me on this 29th day of January, 19 42

(SEAL)

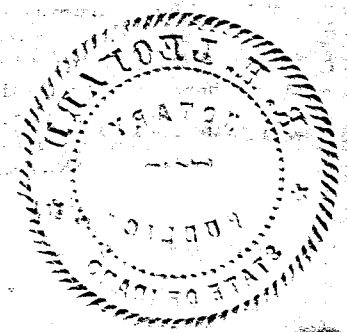
Mary T. Leonard Notary Public, residing at Murphy, Idaho.

MAR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purpose and upon procedure in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 34
Local Reg. No. 140
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. 1st St.
(d) Name of Hospital of Maternity Home: Home ~~Wallace Hospital~~
(e) Mother's stay **BEFORE** delivery:
In ~~Hospital or Maternity~~ Home/~~Institution~~ Days
In **THIS** county yes years 9 months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. Nine Mile
(e) How long has **MOTHER** lived in Idaho? 43 yrs.
(f) Mother's mailing address (For registration notice): Wallace Idaho Box 475
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) deceased

4. FULL NAME OF CHILD Harriett Elizabeth Ida McLaren

5. DATE OF BIRTH (Month, day, year) 12, 11, 1906

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Alfred Joseph McLaren

11. Color or Race white

12. Age at time of THIS birth 49 yrs.

13. Birthplace Perth Ontario Canada
(City or Town) (State or foreign country)

14. Exact Occupation Miner

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Phipps

17. Color or Race white

18. Age at time of THIS birth 40 yrs.

19. Birthplace Dudley England
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4
(c) Born alive and now dead 4 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 4 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Alice McLaren (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Feb 28-42 (Date received) (b) John A Beer (Registrar's signature)

25. Attendant's **OWN signature** Mrs Sophia E. Thomas M.D. (D.O., Midwife, etc.)
and address Wallace Idaho Date

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

MAR 3 1953

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

255 712 035 445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336957
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Gifford
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Gifford
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Gifford, Idaho

4. FULL NAME OF CHILD William Albert Ludwig Benzin

5. Date of Birth of Child (Month, day, year) March 12, 1906

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** August Fredrick William Benzin
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Salamonia, Indiana (City or town) (State or foreign country)
14. Exact Occupation Minister
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Augusta Henrietta Muehlenbruch
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Tacoma, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Ohio
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 35 years, and that Mrs H. Riggers (First name) (Last name), who attended this birth As now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Henry Riggers

Mrs Louise Benzin Signature
702 College Ave. Bexley Ohio P. O. Address

Subscribed and sworn to before me this 9th day of March, 1942

(SEAL) A. C. KUHN Notary Public, residing at 611 College ave Bexley

NOTARY PUBLIC, FRANKLIN COUNTY, OHIO
MY COMMISSION EXPIRES MAR 16 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by Mabel F. Elsner, Registrar.

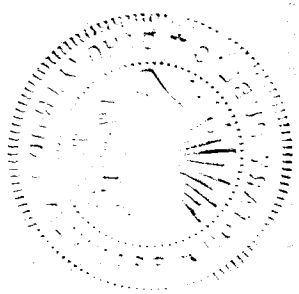
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



313-228-014-261

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337940
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Bonnie Beatrice Cathcart

5. Date of Birth of Child (Month, day, year) Aug. 28, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Frederick Cathcart
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Cook (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances Emily Swan
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Paris (City or town) Nebraska (State or foreign country)
20. Exact Occupation School teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Florida } ss.
County of Pinellas }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 35 years, and that Thane Longden (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Frederick Cathcart Signature
St. Pete. Florida P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1942

(SEAL) Notary Public, residing at St Pete Fla.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mabel H. Euler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-22-22-331

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337941
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Teton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Teton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Delia Ann Jones

5. Date of Birth of Child (Month, day, year) July 22, 1906

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Riggs Jones
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Wellsville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Alvada Clark
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Colville, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Maintaining A home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum 20% Argy rol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Fremont }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 35 years, and that Bell (First name) Riggs (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mary Alvada Jones Signature
Teton, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of 19 42
(SEAL) ..... Clerk of District Court ..... Notary Public, residing at ST. ANTHONY, IDA.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1942

APR 4 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

867-225-044-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337976
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 17 years 5 months 9 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Midvale, Idaho

4. **FULL NAME OF CHILD** Isla Delores Hopper

5. Date of Birth of Child (Month, day, year) Aug. 25, 1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sterling Anderson Hopper
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nannie Malissa Macomb
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Albion Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Sacramento } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 35 years, and that Dr. Schmitz (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nannie Hopper Signature
256 Tivoli Way, Sacramento Calif. P. O. Address

Subscribed and sworn to before me this 7th day of February, 1942

(SEAL) Bhebar Notary Public, residing at Sacramento

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-214-035-814

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337980
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County NEZ PERCE (b) City LEWISTON
(c) Street Address or R.F.D. No. 1611 G st.
(d) Name of Hospital or Maternity Home: 1611 G st.
(e) Mother's stay BEFORE delivery: IN THIS county 3 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County NEZ PERCE
(c) City LEWISTON
(d) Street Address or R.F.D. No. 1611 G st.
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) LEWISTON IDAHO

4. FULL NAME OF CHILD BURT AMANDA HADLEY

5. Date of Birth of Child (Month, day, year) DEC. 14 1906

6. Sex FEMALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME ROBERT CHANCEY HADLEY
11. Color or Race WHITE **12.** Age at time of THIS birth 24 yrs.
13. Birthplace WALLA WALLA (City or town) WASH. (State or foreign country)
14. Exact Occupation ACTOR
15. Industry or Business BERNARD THEATER

MOTHER OF CHILD

16. FULL MAIDEN NAME ZENA CLARA HADDOCK
17. Color or Race WHITE **18.** Age at time of THIS birth 18 yrs.
19. Birthplace DAYTON (City or town) WASH. (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORIC ACID

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 2:30 AM M. on the date and at the place stated above, and that personal particulars were furnished by AMANDA (First name) HADLEY (Last name), who is related to this child as GRANDMOTHER (Mother, etc.)

25. Attendant's **OWN** signature Amanda Hadley M.D. Midwife Address 3243 perlita ave Date MAR. 16, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91[illegible] Idaho Code Annotated)

Received for filing on MAR 19 1942 by Mary H. Leper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-120-04-165

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337982
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kenyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Oklahoma (b) County
(c) City Tulsa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Salathiel Sheets

5. Date of Birth of Child (Month, day, year) April 20, 1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME George Henry Sheets
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Council Bluff, Missouri (City or town) (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alberta Jones
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Tulsa (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by George Henry Sheets (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Indiana } ss.
County of Starke }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 35 years, and that (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My commission expires April 2nd 1944

George Henry Sheets Signature

P. O. Address

Subscribed and sworn to before me this 10th day of March, 1942

(SEAL) Notary Public, residing at Knightsville, Indiana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 19 1942 by Mark Hedden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1942

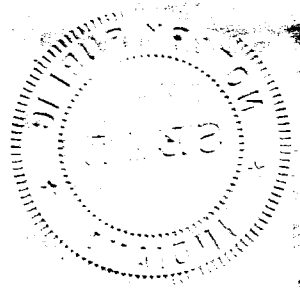
JUL 19 1948

MAR 20 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



363-208-040-312

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 19 1942

State File No. 337987
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County SHOSHONE (b) City WALLACE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: PROVIDENCE - HOSPITAL
(e) Mother's stay **BEFORE** delivery: In Hosp. ~~or Mat. Home~~ 14 days. IN **THIS** county 32 years — month — days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County SHOSHONE
(c) City MULLAN
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.
(f) Mother's mailing address 63 - MULLAN - RD.

3. **RESIDENCE of FATHER** (city, state) WALLACE

4. **FULL NAME OF CHILD** MARY - FRANCES - COCHRAN

5. Date of Birth (Month, day, year) OCT - 8 - 1906

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES.

FATHER OF CHILD

10. **FULL NAME** ELLSWORTH - E - COCHRAN
11. Color or Race WHITE
12. Age at time of THIS birth 45 yrs.
13. Birthplace NEW PHILADELPHIA (City or town) OHIO (State or foreign country)
14. Exact Occupation R.R. ENGINEER
15. Industry or Business RAIL ROAD

MOTHER OF CHILD

16. **FULL MAIDEN NAME** WILLIE - JANE - CASSELL
17. Color or Race WHITE
18. Age at time of THIS birth 40 yrs.
19. Birthplace ON A FARM NEAR EMERY + HENRY (City or town) VIRGINIA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn NONE.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (born alive, stillborn) at X M. on the date and at the place stated above, and that personal particulars were furnished by WILLIE - CASSELL (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** X M.D. (D.O., Midwife, etc.) and address X Date X

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, X, being first duly sworn, say that I am ACQUAINTED (Related to (or) acquainted with) MARY - FRANCES COCHRAN (Name of person on certificate above) as NURSE (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that X (Name of attendant at birth), who attended said birth PROVIDENCE - HOSPITAL (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sister Mary Gramily Signature
Providence Hospital Wallace P. O. Address

Subscribed and sworn to before me on this 17th day of March, 1942 Idaho.

(SEAL) N J Neill Notary Public, residing at Wallace Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

712-103-023-493

33805F

338054

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338054
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City / Emmett
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) 22

4. FULL NAME OF CHILD Lawrence Mirl CASPER

5. Date of Birth of Child (Month, day, year) July 3, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter William Casper
11. Color or Race W.
12. Age at time of THIS birth 49 yrs.
13. Birthplace Big Cottonwood, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Maria Miles
17. Color or Race W
18. Age at time of THIS birth 42 yrs.
19. Birthplace Peoa, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 15 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Alice West (First name) (Last name), who is related to this child as Sister (Mother, etc.).

25. Attendant's **OWN** signature Burton Clark M.D. ~~Midwife~~ Address V.A.F., Boise, Ida Date Dec 31, 1941

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 26, 1942 by Mabel E Eldredge, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1942

SEP 16 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

965-126-001-296

338055

338055

United States Department of Commerce Bureau of the Census

MAR 26 19[illegible]

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1001 W Bannock
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: IN THIS county 0 years 0 months 30 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1001 W Bannock
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Warren Lewis Roe

5. Date of Birth of Child (Month, day, year) July 26, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lewis Ingersol Roe
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mazie Olena Brown
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Hagerstown, Maryland (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 a M. on the date and at the place stated above, and that personal particulars were furnished by Mazie (First name) Roe (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature Deceased M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 35 years, and that Dr. (First name) Bower (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mazie Brown Roe Rounds Signature
1106 N. 13th, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of March, 1942

(SEAL) W. A. Hamblen Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1942 by Mary Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 7 1942

APR 9 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653-208-040-692 338083

338083

United States
Department of Commerce
Bureau of the Census

MAR 27 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. 608 Residence
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. 608 Residence
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) Wallace, Ida.

4. FULL NAME OF CHILD Rosamond Agnes Weller

5. Date of Birth of Child (Month, day, year) 12-8-1906

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles M. Weller
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Ebersberg, (City or town) Germany (State or foreign country)
14. Exact Occupation Plumber
15. Industry or Business Plumbing and Heating

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Henrietta Fisher
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Hartford (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 35 years, and that Dr. (First name) Edwards (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles M Weller Signature
406 Third St. Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of March 1942

(SEAL) Harold L. Reardy Notary Public, residing at Coeur d'Alene, Idah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 28 1942

APR 13 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

98-207-016-714 338085

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338085
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Marva Rydalch

5. Date of Birth of Child (Month, day, year) May 7, 1906

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Davis Hunter Rydalch
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Brantwells (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Jane Parkinson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Brantwells (City or town) Utah (State or foreign country)
20. Exact Occupation Wife and Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bannock }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61+ years of age, that I have known this person for 35+ years, and that Dr. Emerson (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter ~~139~~, ~~1937~~ Session Laws.

David H. Rydalch Signature
St Anthony R.F.D. 2, Idaho P. O. Address

Subscribed and sworn to before me this 25 day of March, 1942

(SEAL) ~~Notary Public~~, ~~Residing at~~ ~~Notary Public~~, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by Mary F Eagen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

JAN 7 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-131C042-235 338092

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338092
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Idaho

4. FULL NAME OF CHILD Roy William Crain

5. Date of Birth of Child (Month, day, year) 12/31/06

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mark Wesley Crain
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Labette County, Kansas (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Construction Work

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Mary Steer
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace London (City or town) England (State or foreign country)
20. Exact Occupation Milliner and Housewife
21. Industry or Business Store-owner

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 35 years, and that Dr. Cloucheck (First name) (Last name), who attended this birth is believed deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Florence Mary Crain Signature
13940 Moorpark St. Van Nuys, Calif. P. O. Address

Subscribed and sworn to before me this 26 day of March, 1942
(SEAL) Thomas J Crowe Notary Public, residing at Los Angeles
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires December 23, 1

Received for filing on MAR 28 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-107-040-449

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338233
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Black Bear
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At the House
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 8 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Black Bear
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blck Bear Ida

4. **FULL NAME OF CHILD** Joseph Lawrence Rose

5. Date of Birth of Child (Month, day, year) Aug 7th 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Hamilton Rose
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Belmont (City or town) Florida (State or foreign country)
14. Exact Occupation Miner & Farmer
15. Industry or Business as above

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Agnes Murphy
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Lawson City (City or town) Mo (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business as above

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Montana } ss.
County of Flathead }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Natural Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 36 years, and that Dr. Clancy (First name) (Last name), who attended this birth ~~~ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J H Rose Signature

Kila Mont P. O. Address

Subscribed and sworn to before me this 20 day of March, 1942

(SEAL) ..... Notary Public, residing at KALISPELL, MONT.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 23 1942 by Mary E. Pfeifer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

S 33-108-035-795

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338235
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NezPerce (b) City Keuterville,
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County NezPerce
   (c) City Keuterville,
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Keuterville, Idaho

4. **FULL NAME OF CHILD** George William Ellis

5. Date of Birth of Child (Month, day, year) Jan. 8, 1906

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd –

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Perry D. Ellis
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Valparaiso, (City or town) Indiana (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lodeema Catherine Greek
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace State of Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business x

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child two. (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE Dead

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 36 years, and that George William Ellis (First name) Ellis (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Perry D Ellis Signature

Westlake, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of March, 19 42

(SEAL) [signature] Notary Public, residing at Craigmont, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by [signature], Registrar.

MAR 2 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-201-014-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338241
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 403 15 Ave. So.,
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 5 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 403 15 Ave. So.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Loella June Robbins

5. Date of Birth of Child (Month, day, year) June 1 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Landon Robbins
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace DeKalb, Ill. (City or town) (State or foreign country)
14. Exact Occupation Lumber Dealer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Loella E. Stoddard
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace DesMoines, Iowa, (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol. Ag. Nit.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 8:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Charles L. Robbins (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature J H Murray M.D. Midwife Address Nampa Ida. Date Mar 21 1942

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure ~~to report any birth which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3715-014-022-296

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338260
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 8 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Idaho

4. FULL NAME OF CHILD Dolores Cannon

5. Date of Birth of Child (Month, day, year) April 14, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry Lane Cannon
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Martinsburg (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Store Manager
15. Industry or Business Retail Merchandise

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Dolores Brown
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Nephi (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 35 years, and that Dr. R. J. Cambell (First name) (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes D. Cannon ..... Signature
1209 St Salt Lake City Utah ..... P. O. Address

Subscribed and sworn to before me this 16th day of March, 1942.

(SEAL) Emma Judd ..... Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 20 1942 by Mary Phelps ..... Registrar.

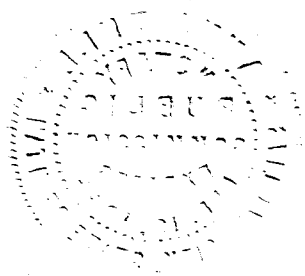
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



315-188-225-394

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338285
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Kooskia Ida.

4. FULL NAME OF CHILD Francis Lewis Lamuray

5. Date of Birth of Child (Month, day, year) Aug. 8, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Lewis Lamuray
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace South Am Michigan (City or town) (State or foreign country)
14. Exact Occupation Saw milling
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Kidder
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Marysville Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Oregon } ss.
County of Coos }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 35 years, and that Mary Ann (First name) Kidder (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Lewis Lamuray Signature

P. O. Address

Subscribed and sworn to before me this 21st day of March, 1942.

(SEAL) W. N. Farrington Notary Public, residing at Marshfield-Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by [illegible] Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 27 [illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

119-117-022-666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338292
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 10 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4½ yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Idaho

4. FULL NAME OF CHILD Bernard Ruelon Jarvis

5. Date of Birth of Child (Month, day, year) Feb. 14, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ezra George Jarvis
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Whiston (City or town), Yorkshire England (State or foreign country)
14. Exact Occupation Stone cutter
15. Industry or Business " "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Asenath Woolston
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Greenmoore (City or town), Yorkshire, Eng. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 2-17-1906 (Born alive, stillborn) at 3:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by Asenath Jarvis (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 36 years, and that Dr. O. C. Ormley (First name) (Last name), who attended this birth is Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Asenath Jarvis Signature
Rexburg Idaho P. O. Address

Subscribed and sworn to before me this 19th day of March, 1947.
(SEAL) Otto E. Lilyenquist Notary Public, residing at Rexburg Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mabel Fielders, Registrar.

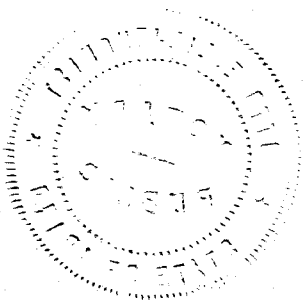
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 27 [illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



213-203-034-213

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338333
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County MINNADOKA (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months * days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State OREGON (b) County MULTNO
(c) City PORTLAND
(d) Street Address or R.F.D. No. SAN RAFEL
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD VERNA ROSE BACON

5. Date of Birth of Child (Month, day, year) MAY 3 1906

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME LOGAN J BACON
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace missouri (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business FARMER

MOTHER OF CHILD

16. FULL MAIDEN NAME ANNA LAURA BACON
17. Color or Race WHITE
18. Age at time of THIS birth yrs.
19. Birthplace (City or town) INDEPENDENCE (State or foreign country) IOWA
20. Exact Occupation
21. Industry or Business HOUSE*WIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum NITRATE OF SILVER

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for years, and that Mrs James Head (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Emma L. Bacon Signature

P. O. Address

Subscribed and sworn to before me this 18th day of March, 1942.

(SEAL) Helen L. Martin Notary Public, residing at Portland, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES DEC. 8, 1944

Received for filing on MAR 20 1942 by Mabel Weber, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 27 1942

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-21-040-959

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338339
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No. Railroad Ave.
(d) Name of Hospital or Maternity Home: None - at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. Railroad Ave.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Kellogg, Idaho

4. FULL NAME OF CHILD Audrey Louise Roberts

5. Date of Birth of Child (Month, day, year) March 17th, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Roberts
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Wales (City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Zeigler
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Marysville, Mont. (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Arg Nit

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Ann Lombard (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature J. R. Mason M.D. Midwife Address Kellogg, Idaho Date 3/19-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493701-128-255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338354
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTENIA (b) City RATHDRUM
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county One years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENIA
(c) City RATHDRUM
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD ERNEST MILLER

5. Date of Birth of Child (Month, day, year) MAY 1ST 1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ANDREW MILLER
11. Color or Race WHITE **12.** Age at time of THIS birth 44 yrs.
13. Birthplace ST. JOSEPH (City or town) MISSOURI (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARGARET ELIZA KEELE
17. Color or Race WHITE **18.** Age at time of THIS birth 33 yrs.
19. Birthplace ST. JOSEPH (City or town) MISSOURI (State or foreign country)
20. Exact Occupation FARMING
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of OREGON
County of COOS } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 35 years, and that LYDIA KEELE (First name) (Last name), who attended this birth WHO IS NOW DESEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew Miller Signature
North Bend, Oregon P. O. Address

Subscribed and sworn to before me this 17th day of March, 1942

(SEAL) E. M. Shaver Notary Public, residing at North Bend, Ore.

NOTARY PUBLIC FOR OREGON
My Commission Expires June 11, 1943.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by Mabel McClure, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2-2849-122009-312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338368
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Hope
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Hope
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Hope, Idaho

4. FULL NAME OF CHILD Gene Lincoln Quigley

5. Date of Birth of Child (Month, day, year) Oct. 22, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samual Rush Quigley
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Cash
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace (City or town) Flushing New York (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known if any.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Siskiyou } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 34 years, and that Barbara Littlemore (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Howard Quigley Signature
Mt. Shasta, California P. O. Address

Subscribed and sworn to before me this 23 day of January, 1942

(SEAL) [signature] Notary Public, residing at McCloud, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-105-026-791

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338391
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Byhee Ward
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Byhee ward, Idaho
(d) Street Address or R.F.D. No. Rigby Route 1.
(e) How long has MOTHER lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Morris Marion Ball

5. Date of Birth of Child (Month, day, year) Sept 5. 1906.

6. Sex Male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 2nd.

8. No. months of Pregnacy 9.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arthur R. Ball
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Bright Side (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Elizabeth Graham
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Alpine County (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now ..... years of age, that I have known this person for 35 years, and that R. D. (First name) Tucker (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie E. Graham Ball Signature

..... P. O. Address

Subscribed and sworn to before me this 16th day of March, 1942

(SEAL) ..... Notary Public, residing at Idaho Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

575-215-007-465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338394
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey Ida.

4. FULL NAME OF CHILD Barbara Marie Margaret Exner

5. Date of Birth of Child (Month, day, year) Nov. 15. 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** August Exner
11. Color or Race White
12. Age at time of THIS birth 56 yrs.
13. Birthplace Weiblingen (City or town) Bavaria (State or foreign country)
14. Exact Occupation Miner and Brewer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Sophia Carolina Navius
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Jastrow (City or town) Germany (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2.30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Maria (First name) Utsch (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person ~~for~~ since birth ~~years~~, and that Dr John J Plumer MD (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Marie Exner Signature
Hailey Idaho P. O. Address

Subscribed and sworn to before me this 8th day of March, 1942
(SEAL) Harry Tracy Notary Public, residing at Twin Falls Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by Mabel F. Elsler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-213-014-295

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 20 1942

State File No. 338400

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Canyon (b) City Caldwell

(c) Street Address or R.F.D. No. R.F.D. 1.

(d) Name of Hospital or Maternity Home: At Parent's Home

(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN **THIS** county 20 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon

(c) City Caldwell

(d) Street Address or R.F.D. No. R.F.D. 1

(e) How long has **MOTHER** lived in Idaho? 5 yrs. yrs.

(f) Mother's mailing address Caldwell, Ida. R#1

3. RESIDENCE of FATHER (city, state) Same as mother

4. FULL NAME OF CHILD Elsie Alberta Baker

5. Date of Birth (Month, day year) Sept 13, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hugh Albert Baker

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Skiler (City or town) Nebraska (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Elsie Siebenberg

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace German (City Caldwell, Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 4 P.M. on the date and at the place stated above, and that personal particulars were furnished by ANNA (First name) BAKER (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Allie V Tucker M.D.

and address 1004 Cleveland Blvd. (M.D., D.O., Midwife, etc.) Caldwell, Idaho Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

378-114-225-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338422
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Frank Hartzell Schmadeka

5. Date of Birth of Child (Month, day, year) Dec. 14 - 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Stanley Schmadeka
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Oregon (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Araminta Johnson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Perry Pike Co. Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 39 years of age, that I have known this person for 35 years, and that Frank Hartzell Schmadeka (First name) (Last name) who attended this birth Mother (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Araminta Schmadeka Jacon Signature

P. O. Address

Subscribed and sworn to before me this 21st day of March, 19 42.

(SEAL) Opal Jesse Notary Public, residing at Grangeville, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires July 1, 1944.

Received for filing on MAR 23 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 28 1942

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699-231-022-354

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338462
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemont (b) City Drummond
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Drummond
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 months yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Madelyn Myrtle Wright

5. Date of Birth of Child (Month, day, year) Oct 31-1906

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ford Cahoon Wright
11. Color or Race white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Pilot Rock Oregon (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie May Ledgerwood
17. Color or Race white 18. Age at time of THIS birth 32 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Umatilla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 25 years, and that Louise Lewis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie May Ledgerwood Wright Signature
828 S. Main St. Pendleton, Oregon P. O. Address

Subscribed and sworn to before me this 19th day of March, 1942
(SEAL) Mr. E. B. Castell Co. Clerk Notary Public, residing at Pendleton Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-207-003-654

338464

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: IN THIS county years months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Presto
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? since 1941 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD VELMA OPAL ANDRUS (Federer)

5. Date of Birth of Child (Month, day, year) January 7-1906

6. Sex Female

7. Twin or Triplet

8. If so—born 1st, 2nd, 3rd

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Milon Dell Andrus

11. Color or Race White

12. Age at time of THIS birth 47 yrs.

13. Birthplace Binghampton (City or town) New York (State or foreign country)

14. Exact Occupation Teacher

15. Industry or Business School

MOTHER OF CHILD

16. FULL MAIDEN NAME Marguerite Delana Federer

17. Color or Race White

18. Age at time of THIS birth 39 yrs.

19. Birthplace Sheboygan (City or town) Wisconsin (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Ag NO3

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive/Stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by Mrs Marguerite Andrus (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature William F. Nourish M.D. Address Pocatello Idaho Date 3/23/42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 36 years, and that Dr. Howard (First name) (Last name), who attended this birth, ? (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs M. I. Andrus Signature
Firth Idaho P. O. Address

Subscribed and sworn to before me this 5th day of March, 1942

(SEAL) Clifford E. Trexler Notary Public, residing at Inglewood, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 MAR 12 1942 by Mabel Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-121-010-365

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338465
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Lincoln
   (c) Street Address or R.F.D. No. Route #1
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Lincoln
   (d) Street Address or R.F.D. No. Route #1
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lincoln, Idaho

4. **FULL NAME OF CHILD** Duain Nielsen

5. Date of Birth of Child (Month, day, year) August 21, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter Christian Nielsen
11. Color or Race American White
12. Age at time of THIS birth 19 yrs.
13. Birthplace Hyde Park, Utah (City or town) (State or foreign country)
14. Exact Occupation Making Sugar
15. Industry or Business Sugar Factory

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Longhurst
17. Color or Race American White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Iona, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child. None (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at -- M. on the date and at the place stated above, and that personal particulars were furnished by Nora Nielsen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for all of his life years and that Dr. Pendleton (First name) (Last name), who attended this birth (deceased) (Is now deceased) or (Cannot be located) (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Nielsen Signature
Route #1, Idaho Falls, Idaho, P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1942.

(SEAL) [signature] Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR [illegible] '94

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-220-024544

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338466
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Wendell
   (c) Street Address or R.F.D. No. Country
   (d) Name of Hospital or Maternity Home: - None -
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Wendell
   (d) Street Address or R.F.D. No. Country
   (e) How long has **MOTHER** lived in Idaho? 6 Mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Wendell, Idaho.

4. **FULL NAME OF CHILD** Violet Lavon ~~Dale~~ Dale

5. Date of Birth of Child (Month, day, year) Sept. 20, 1906

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oliver Quincy Dale
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Ottawa (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Walsey Eudosia Dale
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Eureka Springs, Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic acid water solution

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was borne alive (Born alive, stillborn) at 8 A.M. on the date and at the place stated above, and that personal particulars were furnished by Walsey E. Dale (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Twin Falls, }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 35 years, and that Br. James (First name) Monroe (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eudosia Dale Signature

450 Elm. ST. Twin Falls, Ida. P. O. Address

Subscribed and sworn to before me this 12 day of March, 1942

(SEAL) My Commission Expires Jan 10 1944 Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws, has not been recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-122-[illegible]-299

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338501
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ..... (b) City Westlake
(c) Street Address or R.F.D. No. .....
(d) Name of Hospital or Maternity Home: Birth at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County .....
(c) City Westlake
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Westlake Idaho

4. FULL NAME OF CHILD John David Stewart

5. Date of Birth of Child (Month, day, year) Sept 22 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence Bliss Stewart
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Champlain (City or town) Minnesota (State or foreign country)
14. Exact Occupation Flour Miller
15. Industry or Business Milling

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Adeline Kirkland
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Walla Walla (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 36 years, and that [illegible] (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Stewart Signature
1010 South 8th, Tacoma, Washington P. O. Address

Subscribed and sworn to before me this 16th day of March, 1942
(SEAL) Maurine Tuttle Notary Public, residing at Tacoma
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-218-044-445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338504
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Stayed at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Council, Idaho

4. FULL NAME OF CHILD Calla Frances Whiteley

5. Date of Birth of Child (Month, day, year) Feb. 18, 1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Lawson Whiteley
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Berryville, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha E Duncan
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Berryville, Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 36 years, and that Mrs. Poiner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Whiteley Signature
3401 Barge St. Yakima, Washington P. O. Address

Subscribed and sworn to before me this 7 day of March, 1942

(SEAL) [signature] Notary Public, residing at Yakima, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-228-035-942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338514
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Culdesac
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County NezPerce
(c) City Culdesac
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Bessie Adams

5. Date of Birth of Child (Month, day, year) 9/28/06

6. Sex Female
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Lewis Adams
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Osborne, Kansas (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lula Alice Roseborough
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Caldwell, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 35 years, and that Viola V. Gardner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arthur Lewis Adams Signature
Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 28 day of February, 1942
(SEAL) Chase McCachron Notary Public, residing at Orofino
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-207-003-743

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338532
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 446 South Main
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 446 South Main
(e) How long has **MOTHER** lived in Idaho? 35½ yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida.

4. FULL NAME OF CHILD Elena Giordano

5. Date of Birth of Child (Month, day, year) Nov. 7, 1906

6. Sex female **7.** Twin or Triplet twin If so—born 1st, 2nd, 3rd second **8.** No. months of Pregnacy 9 mths **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Giacomo Giordano
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Sicily (City or town) Italy (State or foreign country)
14. Exact Occupation drill pressman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Leonarda Puleo
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Sicily (City or town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for ____ years, and that Mrs. Annie Bird (First name), Midwife (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leonarda P. Giordano Signature
231 North 4th Ave. P. O. Address

Subscribed and sworn to before me this 21st day of March, 1942
(SEAL) Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

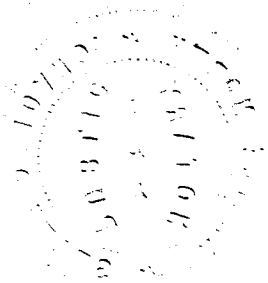
Received for filing on MAR 23 1942 by ____ Registrar.

MAR 30

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



231-212-006-619

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338552
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Lewisville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Lewisville (b) County Bingham
(c) City Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Lewisville Ida

4. FULL NAME OF CHILD Thelma Patience Black

5. Date of Birth of Child (Month, day, year) April 12, 1904

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Henry Black

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Canada (City or town) Utah U.S.A. (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Warner Black

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Lewisville (City or town) Utah (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know Grad midwife

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Deceased Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that Lavina Walker (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel W Warner Black Signature
586 1st St Ogden Utah P. O. Address

Subscribed and sworn to before me this 21 day of March, 19 42

(SEAL) L. M. Russell Notary Public, residing at Ogden, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

843-111-036-244

338566

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 39 years 4 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Orson Francis Hutchinson

5. Date of Birth of Child (Month, day, year) March 11 1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Langdon Hutchinson
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Budge
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 36 years, and that Tade (First name) Lasley (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Orson Hutchinson Signature

Logan Utah P. O. Address

Subscribed and sworn to before me this 23 day of March, 1942

8/2/44 (SEAL) [signature] Notary Public, residing at Logan Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 30 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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555-205-044-597

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338605
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gertrude Lorena Neeley
5. Date of Birth of Child (Month, day, year) Feb. 5-1906
6. Sex Girl
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes.

FATHER OF CHILD
10. **FULL NAME** John C. Neeley
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Scott County Va. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lorena Hixon
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Holton Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for years, and that Dr. J. R. Numbers (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lorena Neeley Signature
Weiser Idaho P. O. Address

Subscribed and sworn to before me this 4 day of March, 1942
(SEAL) E. R. Coutts Notary Public, residing at Weiser Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mark F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-JL 209 040.799

United States
Department of Commerce
Bureau of the Census

MAR 23 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 338643
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Gem
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 7 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Kellogg Idaho

3. **RESIDENCE OF FATHER** (city or town) Portland Ore.

4. **FULL NAME OF CHILD** Clara Adelaide Baer

5. Date of Birth (Month, day, year) May 9, 1906

6. Sex. female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jess Winfield Baer
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Portland (City or town) Oregon (State or foreign country)
14. Exact Occupation Postmaster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Harriet Griffiths
17. Color or Race white
18. Age at time of THIS birth 22 years
19. Birthplace Oakley (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 a.m. M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth (First name) Suren (Last name), who is related to this child as MOTHER (Mother, etc.)

26. (a) ..... (Date received) (b) Mabel F. Eisler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth Suren, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clara Adelaide Baer (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Adelaide Griffiths (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Elizabeth Suren Name

McConnell Hotel-Kellogg Idaho P. O. Address

Subscribed and sworn to before me on this 25 day of Febr. 1942

(SEAL) Mary M Stout Notary Public, residing at Kellogg Idaho

Commission expires July 30, 1945.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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813-129-037-813

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338648
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Bruneau
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Nevada (b) County Elko
   (c) City Rowland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rowland, Nev.

4. **FULL NAME OF CHILD** Elmer Franklin Hall

5. Date of Birth of Child (Month, day, year) Jan. 29, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wilfred Brewington Hall
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Hepner (City or town) Oregon (State or foreign country)
14. Exact Occupation Stock Raising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Lewis Hall
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Springfield, (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 36 years, and that Adaline Johnson (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Lewis Hall Signature

Bruneau, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of March, 1942

(SEAL) George R. Jones Notary Public, residing at Bruneau

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

271-11232-281

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338676
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lincoln (b) City Heyburn
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Heyburn
(d) Street Address or R.F.D. No. R F D 2
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kansas

4. **FULL NAME OF CHILD** Harold LeRoy Sparks Dorlatson

5. Date of Birth of Child (Month, day, year) 9-11-1906

6. Sex Male 7. Twin or Triplet In so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clayton B Sparks
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Rail Road
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive May Shaw
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Barnesville Kansas (City or town) (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Santa Clara } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 36 years, and that Dr. (First name) Killen (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clayton B Sparks Signature
105 Carroll St., Sunnyvale, Calif. P. O. Address

Subscribed and sworn to before me this 18th day of March, 19 42

(SEAL) Notary Public, residing at Sunnyvale, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES APRIL 6, 1943

Received for filing on MAR 25 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 24 1970

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414-22-0375-793

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338695
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Leland
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Leland
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Leland, Idaho.

4. FULL NAME OF CHILD Ruby Victoria Daugherty

5. Date of Birth of Child (Month, day, year) Dec. 27th 1906

6. Sex Female

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) no

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Harrison Daugherty

11. Color or Race white

12. Age at time of THIS birth 36 yrs.

13. Birthplace Philippi (City or town) W. Va. (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Rachel Virginia Pitman

17. Color or Race white

18. Age at time of THIS birth 34 yrs.

19. Birthplace Philippi (City or town) W. Va. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for ..... years, and that Dr Hunter (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rachel V Daugherty Signature
C/1618 Mission Spokane Wn. P. O. Address

Subscribed and sworn to before me this 24 day of March, 1942

(SEAL) Ella Jayne Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

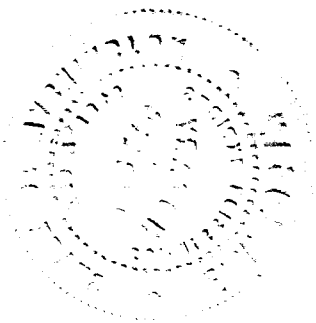
Received for filing on MAR 25 1942 by Mary E. Jayne, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



795-209-029-259

338697

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 10
Reg. Dist. No. 218

1. **PLACE OF BIRTH**
(a) County Latah (b) City Palouse
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: at my fathers ranch
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address Palouse, Idaho

3. **RESIDENCE of FATHER** (city, state) Potlatch, Ida.

4. **FULL NAME OF CHILD** Eva Elizabeth Greer

5. Date of Birth (Month, day, year) June 9 1906

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Emerson Roscoe Greer

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Portsmouth, Ohio (City or town) (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business Rancher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Arlena Berry

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Stansberry, Missouri (City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business house wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living ✓ (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) March 17-1942 (Date received) (b) Mrs. L. C. Gibson (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emerson Roscoe Greer, being first duly sworn, say that I am related to Eva Elizabeth Greer (Related to (or) acquainted with) (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dart (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emerson Roscoe Greer — Signature

Moscow, Idaho — P. O. Address

Subscribed and sworn to before me on this 23rd day of December, 1941

(SEAL)

W. J. Peterson — Probate Judge Notary Public, residing at Moscow, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859-116 033-155

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338745
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Burton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Family Residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 10 months 9 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Burton, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Lint yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Orson Howard Heileson

5. Date of Birth of Child (Month, day, year) Mar 16, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Orson P. Heileson
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Glenwood (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda Jensen
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Redmond, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: ~~(a)~~ At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 35 years, and that Mrs Carl Peterson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Orson P. Heileson Signature

Thornton, Idaho R D No. 1 P. O. Address

Subscribed and sworn to before me this 21 day of February, 19 42

(SEAL) Notary Public, residing at Rexburg, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Mabel Heileson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-213-001-365

338755

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county *2* years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Retta Alberta Baker

5. Date of Birth of Child (Month, day, year) 13th. June 1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Byron Milton Baker
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Oxford (City or town) Harlan Co. Nebraska (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lorah Della Conder
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Troy (City or town) Tennesee (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 35 years, and that Dr (First name) Van Nota (Last name), who attended this birth cannot locate (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lorah Della Baker Signature
American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 20th. day of March, 1942.

(SEAL) Chas T. Cobant Notary Public, residing at American Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1942 by Mark F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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249-104-028-813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338757
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Chester Burns

5. Date of Birth of Child (Month, day, year) 4th Nov. 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Henry Burns
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Prince Edward Isl. (City or town) (State or foreign country)
14. Exact Occupation Chef Canada
15. Industry or Business Cafe Owner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Mae Hall
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Brunson Lake Mich. (City or town) (State or foreign country)
20. Exact Occupation Cafe
21. Industry or Business Cafe

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Siskiyou } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 35 years, and that DR. DWYER (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mabel Mae Stone Signature
Mt. Shasta P. O. Address

Subscribed and sworn to before me this 24 day of March 1942
(SEAL) John Rule Notary Public, residing at Mount Shasta, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

843-102-022-813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338771
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Squirrel
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 14 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Squirrel
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clyde Charles Hulse

5. Date of Birth of Child (Month, day, year) Sept. 2, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Edward Hulse
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Millville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Hales
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Bountiful, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, still born) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Charles Hulse (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature E S Hargis M.D. Midwife Address Ashton Idaho Date 3-7-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1942 MAR 25 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1964

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-118-036-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338774
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Onieda (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Onieda
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Claude Henry Loveless

5. Date of Birth of Child (Month, day, year) June 18, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Loveless
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Payson (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Caldwell
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Onieda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 35 years, and that J. M. Kerns (First name) (Last name), who attended this birth Is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie T. Caldwell Signature
Malad, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of March, 1942

(SEAL) John H. McAllister Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on MAR 26 1942 by Mabel F. Eisler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DEC 18 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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314-129-044-633

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 338800
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Washington (b) City Weiser
(c) Street Address or R F D No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 25 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Weiser, Idaho

3. **RESIDENCE OF FATHER** (city, state) Weiser, Ida.

4. **FULL NAME OF CHILD** Joseph Frederick Campbell

5. Date of Birth (Month, day, year) July 29, 1906

6. Sex. male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd 2

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James W. Campbell
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Weiser (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Ottmann
17. Color or Race white
18. Age at time of THIS birth 23 years
19. Birthplace Weiser (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum no
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 25 1942 (Date received) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lena Campbell, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Joseph Frederick Campbell as ..... (State relationship or acquaintance), whose birth certificate
(Name of person on certificate above)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. R. Numbers (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lena Campbell ..... Name

Weiser, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 24th day of March, 1942

(SEAL) ..... Notary Public, residing at Weiser Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533-103-022-219 338842

338842

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 31 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338842
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Lorenzo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lorenzo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leslie Farrel Elliott

5. Date of Birth of Child (Month, day, year) May 3 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Albert J Elliott
11. Color or Race White
12. Age at time of THIS birth 19 yrs.
13. Birthplace Mt or Oklahoma (City or town) (State or foreign country)
14. Exact Occupation Mechanic and
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leora Elizabeth Sargent
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Idaho Falls Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for ..... years, and that Lucinda Fisher (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs R S Bumgardner Signature
1512 N 19 St P. O. Address

Subscribed and sworn to before me this 30 day of Mar, 1942

(SEAL) [signature] Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

338897

1. PLACE OF BIRTH
County of Twin Falls Payette
City of Twin Falls Payette
No. Rural Route St.
(If born in hospital or institution give name)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Anita Velora Bica

3. Sex Female

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth 3

6. Premature ____ Full term X

7. Legitimate? yes

8. Date of birth Dec 13 1906 (Month, Day, Year)

FATHER

9. Full name George Washington Bica

10. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls, Ida.

11. Color or race white | 12. Age at last birthday 64 (years)

13. Birthplace (city or place) (State or Country) Indiana, Ill.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming

16. Date (month and year) last engaged in this work February, 1935

17. Total time (years) spent in this work 29 yrs

MOTHER

18. Full maiden name Zella Effie Ilar

19. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls, Ida.

20. Color or race white | 21. Age at last birthday 59 (years)

22. Birthplace (city or place) (State or Country) Ogden, Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____ (Date of)

Filed MAR 30 1942, 193 Mabel H. Elsner Registrar.

Registrar.

MAR 31 1942

293-213-038-931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Zella Effie Bice being first duly sworn says that She is the Mother of Anita VeLora Torrens
(Relationship of child)*

born December 13 1906 at Payette, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Anita VeLora Bice Torrens hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Avery, M. D., was the Midwife medical attendant at the birth of said Anita VeLora Torrens and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Zella Effie Bice

P. O. Address Twin Falls, Ida.

Subscribed and sworn to before me this 5 day of March, 1942

Thomas K. White
Notary Public.

Residing at Twin Falls, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

MAR 30

719-105 1006-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338920
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot Idaho

4. FULL NAME OF CHILD Mark Mainwaring Parrish

5. Date of Birth of Child (Month, day, year) Sept. 5th. 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Parks Parrish
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Bountiful (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer and Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Mainwaring
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for since birth years, and that J. B. Davis (First name) (Last name), who attended this birth ✓ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

G W Parrish Signature
Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of March, 1942
(SEAL) W. R. Messick Notary Public, residing at Blackfoot.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mary F. Elder, Registrar.

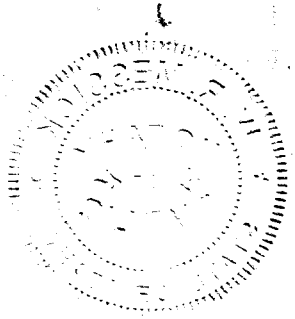
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



736-10A-028473

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338921
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Kootenai (b) City Harrison
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Harrison Idaho

3. **RESIDENCE OF FATHER** (city, state) Harrison Idaho

4. **FULL NAME OF CHILD** George Clinton Glover

5. Date of Birth (Month, day, year) Nov. 2. 1906

6. Sex. M

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Glover

11. Color or Race white

12. Age at time of THIS birth 24 yrs.

13. Birthplace Denver (City or town) Colorado (State or foreign country)

14. Exact Occupation Grocery Clerk

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence May McClure

17. Color or Race white

18. Age at time of THIS birth 22 years

19. Birthplace Mad Pendleton (City or town) Oregon (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

26. (a) MAR 30 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN** signature.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Oregon }
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Claudine McCline, being first duly sworn, say that I am related (Related to (or) acquainted with) George Clinton Glover (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Beach (Name of attendant at birth), who attended said birth, is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Claudine McCline Name

R6 Box 703 Portland Ore. P. O. Address

Subscribed and sworn to before me on this 10th day of February 1942

(SEAL) NOTARY PUBLIC FOR OREGON Notary Public, residing at Tigard, Oregon

MY COMMISSION EXPIRES NOV. 24, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849-114-029-599

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 338923
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) Street Address or R F.D No. 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 5 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Moscow, Idaho

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Waldemar Theodore Quist

5. Date of Birth (Month, day, year) Apr. 14, 1905

6. Sex male

7. Twin or Triplet none

If so—born 1st, 2nd, 3rd none

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Quist
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace (City or town) Sweden (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Augusta Eriskson
17. Color or Race white
18. Age at time of THIS birth 35 years
19. Birthplace (City or town) Sweden (State or foreign country)
20. Exact Occupation houswife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6 (c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 30 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Quist, being first duly sworn, say that I am related to (Related to (or) acquainted with) Waldemar Theodore Quist (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Turreld (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John Quist Name

Palouse, Washington P. O. Address

Subscribed and sworn to before me on this 21st day of March, 1942

(SEAL) [signature] Notary Public, residing at Palouse, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556-27-006819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338927
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City
(c) Street Address or R.F.D. No. 1 Rigby Idaho
(d) Name of Hospital or Maternity Home: 0
(e) Mother's stay BEFORE delivery: IN THIS county 23 years 10 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City
(d) Street Address or R.F.D. No. Rigby Rt
(e) How long has MOTHER lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Ruth Elizabeth Newman

5. Date of Birth of Child (Month, day, year) May 21-1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME John H Newman
11. Color or Race White **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Harmon
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Hoytsville Summit Co Utah (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business Nursing

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7 dead

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 2 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 36 years, and that Josephine Thompson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine H Newman (Signature)
Route #1, Rigby, Idaho (P. O. Address)

Subscribed and sworn to before me this 20th day of March, 1942

(SEAL) Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1942 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

JUL 1 0 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which~~ has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289-109-029-764

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338944
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Don't know~~ Latah (b) City Potlatch
(c) Street Address or R.F.D. No. don't know
(d) Name of Hospital or Maternity Home: birth at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Potlatch, Idaho

4. FULL NAME OF CHILD Roy Leamond Byrum

5. Date of Birth of Child (Month, day, year) Sept. 9, 1906

6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Lenoire Byrum
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Philadelphia, Tenn. (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpenter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lockie Mable Gouge
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Elizabethton, Tenn (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Indiana
County of Wayne } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 35 years, and that ..... (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MY COMMISSION EXPIRES SEPT. 22, 1943

Lockie Mabel Byrum Signature
Richmond Ind. P. O. Address

Subscribed and sworn to before me this 23 day of March 1942
(SEAL) Harry H. Woolley Notary Public, residing at Richmond, Ind.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mabel F. Elsfer, Registrar.

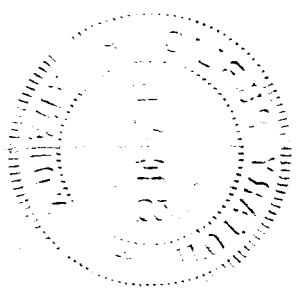
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



297-20-3035-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338999
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NezPerce (b) City Gifford
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County NezPerce
   (c) City Gifford
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Alice Delamo Sigman

5. Date of Birth of Child (Month, day, year) May 23, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Franklin Sigman
11. Color or Race white
12. Age at time of THIS birth 52 yrs.
13. Birthplace Galesburg, (City or town) Ill. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luella Agusta Wilbur
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Marshalltown, (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2.40 P M. on the date and at the place stated above, and that personal particulars were furnished by Alice (First name) Anderson (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature E.E. Watts M.D. ~~Midwife~~ Address Gifford Ida Date 3-14-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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751-119-028-459

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339034
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Sandpoint
(c) Street Address or R.F.D. No. ?Pine St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Sandpoint
(d) Street Address or R.F.D. No. Pine St
(e) How long has **MOTHER** lived in Idaho? 2 yrs yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Lero Alonzo Pease

5. Date of Birth of Child (Month, day, year) Dec.19,1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Allen Pease
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Bozeman, Mont (City or town) (State or foreign country)
14. Exact Occupation Clerk in genl store
15. Industry or Business Gen'l mdse.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Augusta Mergy
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Elkhart, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 35 years, and that Dr. Page (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Allen Pease Signature
407 Wallace, Coeur d Alene, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of March, 1942

(SEAL) W. M. McCartney Notary Public, residing at Coeur d Alene, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

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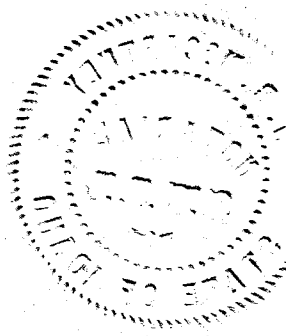

863-217-006-154

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339035
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. - -
(d) Name of Hospital or Maternity Home: - - -
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 8 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. - -
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Idaho

4. FULL NAME OF CHILD Etta May Holley

5. Date of Birth of Child (Month, day, year) July 17, 1906

6. Sex Female

7. Twin or Triplet Only one If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy full-time

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Luther S. Holley

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Texas (State or foreign country)

14. Exact Occupation Livery stable owner & horse-trainer

15. Industry or Business Livery stable

MOTHER OF CHILD

16. FULL MAIDEN NAME May Anderson

17. Color or Race White

18. Age at time of THIS birth 18 yrs.

19. Birthplace Blackfoot (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California } ss.
County of Fresno }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Johnson Signature

1040 Ventura St., Kingsburg, Cal P. O. Address

Subscribed and sworn to before me this 6th day of March, 19 42

(SEAL) ..... Notary Public, residing at Kingsburg, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code) My Commission Expires Feb. 14, 1944

Received for filing on MAR 30 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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485-109-263-275

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339093
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No. -
(d) Name of Hospital or Maternity Home: 0
(e) Mother's stay **BEFORE** delivery: 1 years months days
IN **THIS** county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Near Grace, Idaho
(d) Street Address or R.F.D. No. -
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Oliver Wendell Myers

5. Date of Birth of Child (Month, day, year) 1-9-06

6. Sex M

7. Twin or Triplet One If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 1

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Almon Oliver Myers
11. Color or Race W
12. Age at time of THIS birth 28 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen M. Spencer
17. Color or Race W
18. Age at time of THIS birth 17 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 6 A. M. on the date and at the place stated above and that personal particulars were furnished by Ellen M. Myers (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ellis Kackley M.D. Midwife Address Soda Springs, Idaho Date 3-26-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DELAYED REGISTRATION LAW

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855-10-1203-253

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339099
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Section of city called the "Y"
(d) Name of Hospital or Maternity Home: In her own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Don't know
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles Hubert Henderson

5. Date of Birth of Child (Month, day, year) May 7, 1906

6. Sex Male

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles T. Henderson
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Not in business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amy Frances Kelley
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace State of Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Not in business (now deceased

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 P M. on the date and at the place stated above, and that personal particulars were furnished by knowledge of myself (First name) (Last name), who is related to this child as blood aunt, (sister of mother) (Mother, etc.)

25. Attendant's **OWN** signature Martha. Lusk M.D. Address 15016 N.E.Klickitat Date March 24, 1942

Doctor Deceased

State of Oregon
County of Multnomah. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Blood Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for allhislife or 35 yrs, and that I, Martha Lusk, state the physician (First name) (Last name), who attended this birth is now deceased, (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha. Lusk Signature
15016 N.E.Klickitat, Portland, Ore P. O. Address

Subscribed and sworn to before me this 24th day of March, 19 42.

(SEAL) Blanche Avery Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission expires June 24, 1945.

Received for filing on MAR 26 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DELAYED REGISTRATION LAW

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387-11 8-235-593

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF LIVE BIRTH

State File No. 339100
Registrar's No. _____

State of Idaho

1. PLACE OF BIRTH:
(a) County Nez Perce
(b) City or town Juliaetta - Rural (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: At home (If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery: In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Idaho
(b) County Nez Perce
(c) City or town Juliaetta - Rural (If outside city or town limits, write RURAL)
(d) Street No. _____ (If rural, give location)

3. Full name of child Phillip Daniel Types

4. Date of birth Dec. 18, 1906 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

7. Number months of pregnancy 9

8. Is mother married? Yes

FATHER OF CHILD

9. Full name Thomas Types
10. Color or race Indian 11. Age at time of this birth 38 yrs.
12. Birthplace Spalding (City, town, or county) Idaho (State or foreign country)
13. Usual occupation Farming
14. Industry or business Own farm

MOTHER OF CHILD

15. Full maiden name Lucy Nicodemus
16. Color or race Indian 17. Age at time of this birth 43 yrs.
18. Birthplace Billings - Rural (City, town, or county) Montana (State or foreign country)
19. Usual occupation Housewife
20. Industry or business Home

21. Children born to this mother:
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? 3
(c) How many children were born dead? -

22. Mother's mailing address for registration notice:
Mrs. Lucy Types
Juliaetta, Idaho

23. I hereby certify that I attended the birth of this child who was born alive at the hour of 2 p.m. on the date above stated and that the information given was furnished by Thomas Types, related to this child as Father

24. Date received by local registrar MAR 26 1942
25. Registrar's own signature _____
26. Date on which given name added _____ by _____ (Registrar)

Attendant's own signature Thomas Types
[redacted] or other Father Date signed Mar. 25, 1942
Address Juliaetta, Idaho

8-6916 U. S. GOVERNMENT PRINTING OFFICE 16—13492

I certify that the information furnished above is a correct and true transcript as taken from the Official Records of the Northern Idaho Agency, and from information furnished by father of applicant. Certified this 25th day of March, 1942.

A. G. Wilson, Superintendent

Subscribed and sworn to before me this 25th day of March, 1942 at Lapwai, Idaho.

My Comm. Expires: 3/22/43

Notary Public

APR 1 1942

418-106-025-188

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339109
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Whitebird
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Whitebird, Idaho

4. FULL NAME OF CHILD Louis Clark Mahurin

5. Date of Birth of Child (Month, day, year) May 6, 1906

6. Sex Male

7. Twin or Triplet / If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Clark Mahurin

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Windsor (City or town), Missouri (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ashpaugh

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Pullman (City or town), Washington (State or foreign country)

20. Exact Occupation Taught school before marriage

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife Address ____ Date ____

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 35 years, and that Dr. Wm Forkett (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Mahurin Signature
Route #3 Lewiston Idaho. P. O. Address

Subscribed and sworn to before me this 21st day of March, 1942.
(SEAL) E D Watson Notary Public, residing at Lewiston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by Mark Hopkins, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-123-025-719

339112

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339112
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Stites
   (c) Street Address or R.F.D. No. Gen. Del.
   (d) Name of Hospital or Maternity Home: at the home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Stites
   (d) Street Address or R.F.D. No. Gen. De.
   (e) How long has **MOTHER** lived in Idaho? 40 yr. 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Stites, Idaho

4. **FULL NAME OF CHILD** Frank Lawrence Sense

5. Date of Birth of Child (Month, day, year) Dec. 23, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Franklin Sense
11. Color or Race White
12. Age at time of THIS birth 65 yrs.
13. Birthplace Fairfield (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Victoria Garrison
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Vinton (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 35 years, and that Dr. Alcorn (First name) (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Frances V. Sense Signature

Rte #1, Coeur d Alene, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of March, 19 42.

(SEAL) ..... Notary Public, residing at Coeur d Alene, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-103-019234

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339123
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CUSTER (b) City CHALLIS
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CUSTER
(c) City CHALLIS
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ARNOLD THEODORE ZILKEY

5. Date of Birth of Child (Month, day, year) May 3, 1906.

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy nine **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME CHARLES FREDERICK ZILKEY
11. Color or Race WHITE **12.** Age at time of THIS birth 51 yrs.
13. Birthplace milwaukee (City or town) wisconsin (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business RAISING STOCK

MOTHER OF CHILD

16. FULL MAIDEN NAME FLORENTINA AMANDA BLUME
17. Color or Race WHITE **18.** Age at time of THIS birth 37 yrs.
19. Birthplace GOODTHUNDER, (City or town) MINNESOTA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Twin Falls, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 35 years, and that Mrs. ~~Barstow~~ Barshlow (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florentina Amanda Zilkey Signature

Box 447, Twin Falls, Idaho. P. O. Address

Subscribed and sworn to before me this 26th day of March, 19 42.

(SEAL) Ray Agee Notary Public, residing at Twin Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by Mark [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

765-22-003-795

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339147
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Thatcher
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Thatcher
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? life yrs.

3. **RESIDENCE OF FATHER** (city, state) Thatcher, Idaho

4. **FULL NAME OF CHILD** La Verna Pond

5. Date of Birth of Child (Month, day, year) Feb 22, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lewis Summer Pond
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Richmond (City or town) Utah (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Merchant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Greaves
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Logan Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at A.M. on the date and at the place stated above, and that personal particulars were furnished by Hattie Greaves Pond (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Ellis Kackley M.D. Midwife Address Soda Springs, Idaho Date 1/31/1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249.117.021-455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339172
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Weston
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Eldon Ray Smith

5. Date of Birth of Child (Month, day, year) May 17-1906

6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 6th
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Allen Smith
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Farmington (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Celia May Dees
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Weston (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 5 oclock A.M. on the date and at the place stated above, and that personal particulars were furnished by me (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address 237 Jackson St Date 3.16.42

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 35 years, and that Mrs. Boletti Jensen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Celia May Smith Signature

P. O. Address

Subscribed and sworn to before me this 16th day of March, 1942

(SEAL) O A Bailey, Robert Knigs ~~Notary Public~~, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 MAR 31 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

354-205104-449

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339179
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No. Small town
(d) Name of Hospital or Maternity Home: was at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 5 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Parma Idaho

4. FULL NAME OF CHILD Frances Mary Leigh

5. Date of Birth of Child (Month, day, year) June 5, 1906

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Edson Leigh
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace near Fairmont Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farmer and lineman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maria Elisabetta Wilhelmine Jurras
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Frankfort, Will Co. Illinois (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Douglas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for Life years, and that Dr Williamson (First name) (Last name), who attended this birth, Not to be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W Lawrence Jr Leigh
Signature
Lake Creek Oregon
P. O. Address

Subscribed and sworn to before me this 4th day of March, 1942

(SEAL)

R. L. Richter
NOTARY PUBLIC FOR OREGON
Notary Public residing at Canyon Valley Ore
MY COMMISSION EXPIRES JUNE 30 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1932.)

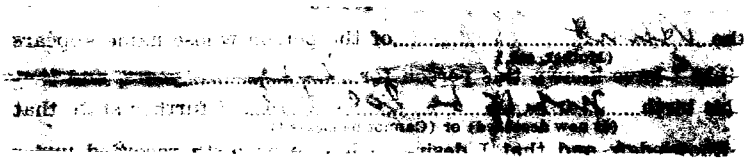
Received for filing on MAR 30 1942 by Mabel Telfer, Registrar.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



244-141-014-391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339216
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CANYON (b) City CALDWELL
(c) Street Address or R.F.D. No. GEN. DEL.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County CANYON
(c) City CALDWELL
(d) Street Address or R.F.D. No. GEN. DEL.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) CALDWELL Ida.

4. FULL NAME OF CHILD Thomas Marion Summers

5. Date of Birth of Child (Month, day, year) Feb-11-1906

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** John Willis Summers
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace (City or town) MISSOURI (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Crawford
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace (City or town) INDIANA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of WASHINGTON
County of LEWIS } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 36 years, and that the Physician (First name) (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Wm Monson Signature
Onalaska, Wash. P. O. Address

Subscribed and sworn to before me this 23 day of March, 1942
(SEAL) [signature] Notary Public, residing at Onalaska
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

763-107, 044-867

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339221
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Midvale
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 10 months -- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Midvale
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. **RESIDENCE OF FATHER** (city, state) Midvale Idaho

4. **FULL NAME OF CHILD** Francis Milford Potter

5. Date of Birth of Child (Month, day, year) June 7 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Francis Potter
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Mercer (City or town) County Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie May Hopper
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Taney (City or town) County Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 36 years, and that Dr Artz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie May Hopper Potter Signature

Midvale Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of March, 19 42

(SEAL) L. M. Goodnight Notary Public, residing at Midvale Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 31 1942 by Mary [illegible], Registrar.

APR 2

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-104-001-387

339268 339268

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339268
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. R.F.D.4
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: **IN THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 4
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, RD 4

4. **FULL NAME OF CHILD** Seth William Shearer

5. Date of Birth of Child (Month, day, year) June 4th 1906

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Seth Morgan Shearer
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Elko Co. (City or town) Nevada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Georgia Etta Cupert
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Mesa Co. (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not used
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at Idaho A M. on the date and at the place stated above, and that personal particulars were furnished by Georgia (First name) Shearer (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. M. Taylor M.D. ~~Midwife~~ Address Boise, Idaho Date Mch 16-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-104-040-699

339329

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339329
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at residence, near Kellogg
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Walter Rennels

5. Date of Birth of Child (Month, day, year) Jul. 4, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Palmer Rennels
11. Color or Race white Am.
12. Age at time of THIS birth 27 yrs.
13. Birthplace Springfield, Ill. (City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Viola Wright
17. Color or Race white Am.
18. Age at time of THIS birth 19 yrs.
19. Birthplace Bitter Root Valley, Mont. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington } ss.
County of Klickitat }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 33 years, and that Dr. Bean (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucille V Hamm Signature

Centerville, Wash. P. O. Address

Subscribed and sworn to before me this 4th day of March, 19 42.

(SEAL) ..... Notary Public, residing at Goldendale, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 APR 2 1942 by Mabel F Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 1971

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-116-0 0X-229

339331 339331

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ....
Local Reg. No. ....
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Nounan
(c) Street Address or R.F.D. No. ....
(d) Name of Hospital or Maternity Home: ....
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Nounan
(d) Street Address or R.F.D. No. ....
(e) How long has **MOTHER** lived in Idaho? ....yrs.

3. RESIDENCE OF FATHER (city, state) Nounan Ida.

4. FULL NAME OF CHILD Chancy William Bacon

5. Date of Birth of Child (Month, day, year) May 16, 1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Brigham Bacon
11. Color or Race White **12.** Age at time of THIS birth 45 yrs.
13. Birthplace Beaumont (City or town) Grouse, Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriet Eliza Skinner
17. Color or Race White **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Geneva (City or town) County, New York (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(Born alive, ~~dead~~) at ....M. on the date and at the place stated above, and that personal particulars were furnished by Harriet E. Bacon (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Don Rogers M.D. ~~Midwife~~ Address 2911 Juniper St. San Diego Calif. Date 4-4-42

State of ....
County of .... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ....(Mother, etc.) of the person whose name appears in Item 4, above, that I am now ....years of age, that I have known this person for ....years, and that ....(First name) ....(Last name), who attended this birth .... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

....Signature
....P. O. Address

Subscribed and sworn to before me this ....day of ...., 19....

(SEAL) ....Notary Public, residing at ....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Mary Hedden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1942

MAR 19 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

625 - 226 - 907 - 954

APR 7 1942

339348

339348

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 339348

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Bennett

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine

(c) City Bennett

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Bennett Idaho

4. FULL NAME OF CHILD Elma Jean Obenchain

5. Date of Birth of Child (Month, day, year) Sept. 20th 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME James Obenchain

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Lafayette (City or town) Colorado (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Kathryn Zemmer

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Jefferville (City or town) Kansas (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 39 years of age, that I have known this person for 35 years, and that Mary Obenchain (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia Catherine Obenchain Signature

Ketchum, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of April, 19 42

(SEAL) Mason E. Orr Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1942 by Maud F. Feder, Registrar.

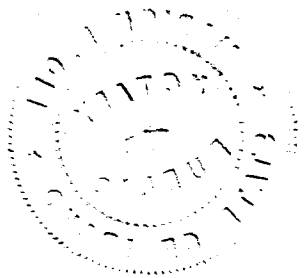
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



381-105-0144-361

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339398
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Payette Ida? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lee Mark Chatfield

5. Date of Birth of Child (Month, day, year) Feb 5, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ray Chatfield
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Mich. (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosa Belle Coates
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace (City or town) Payette, Ida (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silloid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 a.m. M. on the date and at the place stated above, and that personal particulars were furnished by Rosa Belle Coates (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ ~~Address~~ Payette Idaho Date 3/29/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

718-204-001-432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339405
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1304 Warm Springs Ave
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1304 Warm Spr.
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Ida.

4. FULL NAME OF CHILD Elizabeth Leslie Payne

5. Date of Birth of Child (Month, day, year) Mar. 4, 1906

6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wallace Leslie Payne
11. Color or Race white
12. Age at time of THIS birth 20 yrs.
13. Birthplace Boise Idaho (City or town) (State or foreign country)
14. Exact Occupation Died Nov. 23 1905 Age 20
15. Industry or Business Stockman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Mckie
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Clrinda (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that Doctor Bryant (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Goodhue Signature
420 W 14th Spokane Wn P. O. Address

Subscribed and sworn to before me this 17th day of Mar, 1942
(SEAL) Claude N. Crocker Notary Public, residing at Spokane Wn
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1942

APR 28 1970

JAN 21 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

417-121-035-113

339424 339424

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF LIVE BIRTH

State File No. 339424
Registrar's No.

State of Idaho

1. PLACE OF BIRTH:
(a) County Nez Perce
(b) City or town Lapwai - Rural (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: At Home (If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery: In hospital or institution _____ In this community 15 (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Idaho
(b) County Nez Perce
(c) City or town Lapwai - Rural (If outside city or town limits, write RURAL)
(d) Street No. _____ (If rural, give location)

3. Full name of child James Starr Maxwell
4. Date of birth Sept. 21, 1906 (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____
7. Number months of pregnancy 9
8. Is mother married? Yes

FATHER OF CHILD
9. Full name Jacob Starr Maxwell
10. Color or race Indian
11. Age at time of this birth 36 yrs.
12. Birthplace Asotin (City, town, or county) Washington (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Own Farm

MOTHER OF CHILD
15. Full maiden name Edna L. Jackson
16. Color or race Indian
17. Age at time of this birth 29 yrs.
18. Birthplace Kooskia (City, town, or county) Idaho (State or foreign country)
19. Usual occupation Housewife
20. Industry or business Home

21. Children born to this mother:
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? 2
(c) How many children were born dead? 1

22. Mother's mailing address for registration notice: Mother deceased

23. I hereby certify that I attended the birth of this child who was born alive at the hour of 2 a m. on the date above stated and that the information given was furnished by Edna L. Jackson, related to this child as mother

24. Date received by local registrar _____
25. Registrar's own signature _____
26. Date on which given name added _____ by _____ (Registrar)

Attendant's own signature Mary Mox Mox Paul
~~MD~~, midwife, ~~XXXX~~ Midwife Date signed 4-2-42
Address Lapwai, Idaho

8-6916 U. S. GOVERNMENT PRINTING OFFICE 16—13492

I certify that the information furnished above is a correct and true transcript as taken from the Official Records of the Northern Idaho Agency, and from information furnished by the Midwife attendant of applicant. Certified this 2nd day of April, 1942 at Lapwai, Idaho.

A. G. Wilson, Superintendent

Subscribed and sworn to before me this 2nd day of April, 1942 at Lapwai, Idaho.

E. H. La Course
Notary Public.

My Commission Expires: 3/22 1943
APR 13 1942

APR 17 1942

319-207-033-319

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339449
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Madison (b) City Sugar City
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: at Private Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Sugar City
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 6 yrs. yrs.
(f) Mother's mailing address Sugar City Idaho

3. RESIDENCE of FATHER (city, state) Sugar City Idaho

4. FULL NAME OF CHILD Leah Larsen

5. Date of Birth (Month, day year) November 7, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate? Yes 9 mos.

FATHER OF CHILD

10. **FULL NAME** Jens Murray Larsen
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Manti, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Justina Larsen
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Ephriam, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6 (c) Born alive and now dead none (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2 a.m. on the date and at the place stated above, and that personal particulars were furnished by Mary Justina Larsen (First name) (Last name), who is related to this child as Mother (Mother, etc.)
26. (a) APR 2 1942 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Justina Larsen being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Leah Larsen (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Hyde (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Mary Justina Larsen Signature
1324 West 84 Pl Los Angeles Address

Subscribed and sworn to before me on this 8th day of December, 1941 California
(SEAL) D M Kabateck Notary Public, residing at Los Angeles, Cal.

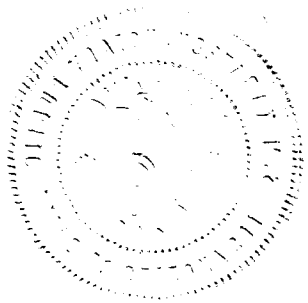
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



652-112-036-764

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339451
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county — years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Ida, Preston

4. FULL NAME OF CHILD Le Roy - Arthur Webb

5. Date of Birth of Child (Month, day, year) August 12-1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Webb
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Soles man
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Godfrey Webb
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Preston (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 36 years, and that Dr Allen Cutler (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Webb Signature
351 Randolph Pocatello P. O. Address

Subscribed and sworn to before me this 24th day of March, 1942

(SEAL) A E Kleger Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Mabel F Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

452-112-018-562

339472

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Delivered in the home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Orofino Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Most of life

3. RESIDENCE OF FATHER (city, state) Orofino Idaho

4. FULL NAME OF CHILD Lauren Edwin DeBaun

5. Date of Birth of Child (Month, day, year) Dec. 12, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Edwin DeBaun
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Walla Walla (City or town) Washington (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business General merchandise

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Ellen Noble
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Dewitt (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 35 years, and that Dr. James M. Fairley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Edwin DeBaun Signature
Clarkston Washington P. O. Address

Subscribed and sworn to before me this 25 day of March, 1942

(SEAL) Burt C. Halsey Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1942 by Mabel E. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1977

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

622-104-022-395

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339528
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Dr Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leonard Hans Asborne

5. Date of Birth of Child (Month, day, year) July 4, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Henry Asborne

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Tunbridge Wells England (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Christina Nielsen

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Provstø Amt Danmark (City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 0 years, and that Mrs. H. Loomis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Christina Asborne Signature

Box Lane Mail P. O. Address

Subscribed and sworn to before me this 25th day of March, 1942.

(SEAL) Leona G. Fuller Notary Public, residing at Ashton Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by Mabel Webster, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

S 72-128036-165

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339538
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Tarrreew
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Tarrreew
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) Tarreew Idaho

4. FULL NAME OF CHILD Marion Mary Egbert

5. Date of Birth of Child (Month, day, year) Dec. 28-1906

6. Sex Male **7.** Twin or Triplet first If so—born 1st, 2nd, 3rd first **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME James Marion Marion Egbert
11. Color or Race white **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Tarrreew Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Jones
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Tarrreew Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah } ss.
County of Davis }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 35 years, and that Ellen Morgan (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E Egbert Signature
Kaysville, Utah. P. O. Address

Subscribed and sworn to before me this 18th day of March, 19 42

(SEAL) Notary Public, residing at Kaysville, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR APR 1 1942 by Mabel P. Nelson Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-125-010-314

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339540
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Lincoln
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Lincoln
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho about 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lincoln Ida

4. **FULL NAME OF CHILD** Archie Dean Anderson

5. Date of Birth of Child (Month, day, year) June 25 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Anders Christean Anderson
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Patience Lucinda Campbell
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace North Ogden Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Idaho } ss.
County of Jerome }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 36 years, and that I Rowbery (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

anders christiean anderson Signature

Jerome Idaho P. O. Address

Subscribed and sworn to before me this 28 day of March, 1942

(SEAL) E. M. McCarthy Notary Public, residing at Jerome, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by Mary E. Eagleson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859-209-01K-66K

MAR 11 1942 339545

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. Kimbal St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
IN **THIS** county 17 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. Kimbal St
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Caldwell, Idaho

4. FULL NAME OF CHILD Laura ~~MAE~~ Hay Heinzman

5. Date of Birth (Month, day year) May 9, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alfred Andrew Heinzman
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace South Bend (City or town) Indiana (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lily Florence Wood
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Columbus (City or town) Ohio (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag nit
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by my record (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 1 1942 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature William E. Waldron M.D. (D.O., Midwife, etc.)
and address Ida. Soldiers Home Date Mar 26 '42

State of California
County of Orange } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Lily Florence Heinzman, being first duly sworn, say that I am mother (Related to (or) acquainted with) Laura ~~MAE~~ Heinzman (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Waldron (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Lily F Heinzman Signature
Balboa Calif. P. O. Address

Subscribed and sworn to before me on this 26th day of February 1942

(SEAL) John E. Sadler Notary Public, residing at Balboa, Calif.

My Commission Expires May 31, 1944

My Commission Expires May 31, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-117022-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339584
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemont (b) City Wilford
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: born at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Wilford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Wilford Idaho

4. FULL NAME OF CHILD Ralph George Burrell

5. Date of Birth of Child (Month, day, year) Apr 17th 1906

6. Sex M

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Amos Burrell
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Richmond (City or town) Utah (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Barton
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Kaysville (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 26 years, and that Dr Middleton, deceased (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Amos Burrell Signature
Polson, Montana. P. O. Address

Subscribed and sworn to before me this 31st day of March, 1942

(SEAL) Karen N Hamman Notary Public, residing at Polson, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 1942 by Mabel F. Eisfeld, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1942

MAR 20 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

749-22-1007-295

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 339587
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address now deceased

3. **RESIDENCE of FATHER** (city, state) Bellevue Idaho

4. **FULL NAME OF CHILD** Helen Charlotte Purdy

5. Date of Birth (Month, day year) Feb. 28, 1906

6. Sex female

7. Twin or Trip'let

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hazzard Alexander Purdy
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Meaford (City or town) Canada (State or foreign country)
14. Exact Occupation dentist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Charlotte Anna Sielaff
17. Color or Race white
18. Age at time of THIS birth 28 yrs
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 3 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fred J. Sielaff, being first duly sworn, say that I am related to (Related to (or) acquainted with) Helen Charlotte Purdy (Saulay) (Name of person on certificate above) as uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Allen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Fred J. Sielaff Signature

Gooding, Idaho P. O. Address

Subscribed and sworn to before me on this 17th day of January, 1942

(SEAL)

K. L. Jenkins Notary Public, residing at Twin Falls

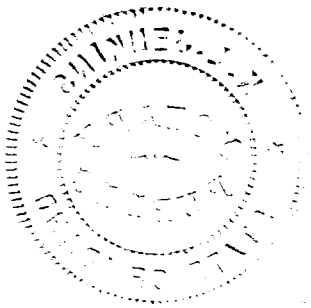
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



313-228-016-219

339589

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Hansen
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home: Rural Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Hansen (village)
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Hansen, Ida.

4. FULL NAME OF CHILD Mildred Eunice Calkins

5. Date of Birth of Child (Month, day, year) 10-28-1906

6. Sex girl

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Walter John Calkins

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Hawkee, (City or town) Iowa (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Working own farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Henrietta Barnes

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Bedford (City or town) Iowa (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Keeping own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown to Informant

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that Dr. H. W. Clowchek (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henrietta Calkins Signature

Grading Ida. P. O. Address

Subscribed and sworn to before me this 2 day of April 1942

(SEAL) Earl W. Rupley Notary Public, residing at Grading Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 1942 by Mark Keller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464-227-014-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339592
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CANYON (b) City EMMett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County CANYON
   (c) City EMMett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? All 7 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Josephine SARAH Moulton

5. Date of Birth of Child (Month, day, year) June 27 1906

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** PEIRPont Desire Moulton
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace St. Joe (City or town) Mo. (State or foreign country)
14. Exact Occupation LABOURER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie ARTAMISA Smith
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace South Cotten Wood (City or town) Utah (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Elmore }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 55 years of age, that I have known this person for 35 years, and that Lu (First name) Green (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie E Marchant Signature
Emmett Idaho P. O. Address

Subscribed and sworn to before me this 31st day of March 1942

(SEAL) Margaret Smoke Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Oct. 13, 1944

Received for filing on APR 4 1942 by Mabel Welch, Registrar.

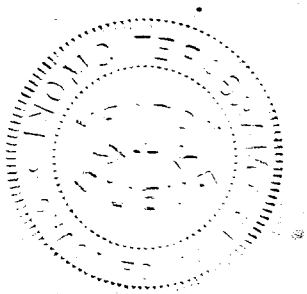
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 1)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



213-15-006275

339631

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county I years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot Idaho
(d) Street Address or R.F.D. No. I
(e) How long has **MOTHER** lived in Idaho? I yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Hannah Lucile Satterfield

5. Date of Birth of Child (Month, day, year) Aug. 15, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ammom Y Satterfield
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Goldville, (City or town) Alabama (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jane D Spence
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Wellsville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child I (b) Born alive and now living I

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 35 years, and that Mary Brown (First name) (Last name), who attended this birth, is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jane D Satterfield Signature
222 W. 4th Ave. Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 27 day of March, 1942

(SEAL) H L Satterfield Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Mary M Thompson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1957

OCT 21 1977

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

593-113-028-241

339742

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339742
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Lane
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Lane
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) Lane, Idaho

4. FULL NAME OF CHILD William Conrad Loren Nithey

5. Date of Birth of Child (Month, day, year) Sept. 13, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Henry Nithey
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace West London, Missouri (City or town) (State or foreign country)
14. Exact Occupation Postmaster
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Agnes Small
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Lake City, Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for ____ years, and that Mrs Moody (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Wm Nithey Signature
Kendley Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1942
(SEAL) L W Butler Notary Public, residing at Coeur d'Alene, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

NOV 25 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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465-123-036-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339757
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Franklin Idaho

4. FULL NAME OF CHILD Franklin Dee Monson

5. Date of Birth of Child (Month, day, year) Aug 23-1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Eugene Peter Monson
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Richmond Utah (City or town) (State or foreign country)
14. Exact Occupation Bookkeeper
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Smart Parkinson
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Richmond Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 64 years of age, that I have known this person for 35 years, and that Ellen Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive Smart Parkinson Monson Signature
Logan Utah P. O. Address

Subscribed and sworn to before me this 27 day of March, 1942

(SEAL) Newell H Davies Notary Public, residing at Logan, Utah
8-14-48

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-127-025-166

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339774
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Clearwater
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Clearwater
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** JACOB EDWARD OLSEN

5. Date of Birth of Child (Month, day, year) April 27, 1906

6. Sex Male

7. ~~Twin or Triplet~~ ~~If so born 1st, 2nd, 3rd~~

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Gustle Olsen
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maren Jerpbak
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace Norway (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 35 years, and that Mrs Rusk (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Otto J Olsen Signature
Opportunity Wash. P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1942

(SEAL) Notary Public, residing at Opportunity

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

MAR 17 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437-215-001-844

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339776
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 212 Broadway
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 212 Broadway
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Sybil Dolores McGann

5. Date of Birth of Child (Month, day, year) Oct. 15, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Michael McGann
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Alpena (City or town) Michigan (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Verdie Viola Hummer
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Seattle (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 35 years, and that Dr. (not known) Anderson (First name) (Last name) who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Verdie Viola Hummer McGann Signature
4262 Jasmine Culver City Calif. P. O. Address

Subscribed and sworn to before me this 21st day of March, 1942

(SEAL) My Commission Expires August 20, 1942 W. H. Beeman Notary Public, residing at 1152-21st Str. Santa Monica Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on APR 6 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-110-044-867

339805

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County WASH. (b) City CAMBRIDGE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County WASH.
(c) City CAMBRIDGE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) CAMB. IDA

4. FULL NAME OF CHILD LESTER SIMEON REED

5. Date of Birth of Child (Month, day, year) 5/10/1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME CHARLES HENRY REED

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace MIDVALE (City or town) IDAHO (State or foreign country)

14. Exact Occupation WAGE EARNER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME EMMA HOPPER

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace (City or town) MISSOURI (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 35 years, and that Dr Chas Schmitz (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Reed Shannon Signature

Granger Wash. P. O. Address

Subscribed and sworn to before me this 28th day of March, 1942

(SEAL) Notary Public, residing at Granger

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws,~~ has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither ~~father or mother~~ of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-115-022-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339809
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Annis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 4 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Annis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Annis Idaho

4. FULL NAME OF CHILD Raymond Floyd Lewis

5. Date of Birth of Child (Month, day, year) 9/15/19[illegible]

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward John Lewis
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Downhead (City or town) England (State or foreign country)
14. Exact Occupation Custodin
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dagmar Williams
17. Color or Race White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Forest Fach (City or town) South Wales (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for from birth years, and that Elizabeth (First name) Rose (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward John Lewis Signature
Menan Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of April, 1942
(SEAL) George M Larsen Notary Public, residing at Menan Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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813-17-035-39K

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339818
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery: IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce Co.
(c) City Westlake
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Westlake Ida. 10 yr

4. FULL NAME OF CHILD George Virgil Hacker

5. Date of Birth of Child (Month, day, year) January 17 1906

6. Sex boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Lewis Hacker

11. Color or Race white

12. Age at time of THIS birth 29 yrs.

13. Birthplace Germany (City or town) (State or foreign country)

14. Exact Occupation Barber

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Jean Turner

17. Color or Race white

18. Age at time of THIS birth 20 yrs.

19. Birthplace Centralia Wash. (City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4 yrs.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth (First name) Nesby (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Jessie Magnuson M.D. Midwife Address West Lake Idaho Date Jan 17 1906

State of Wash. County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Jean Nesby Signature

..... P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1942

(SEAL) Z. A. Stone Notary Public, residing at Sunnyside Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Mark H. Fisher, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-123-022-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339854
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Oro
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Hampton Lewis Lyons

5. Date of Birth of Child (Month, day, year) April 23 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Taylor Lyons
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Clarkston (City or town) Utah (State or foreign country)
14. Exact Occupation
15. Industry or Business Labor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alta Matilda Thompson
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Henry Villis (City or town) Utah (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife Deceased Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for all his life years, and that Dr. Young (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alta Matilda Lyons Signature
404 Freeport Caldwell Idaho P. O. Address

Subscribed and sworn to before me this 3d day of April, 1942
(SEAL) Fred L. Evans Notary Public, residing at Caldwell, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+ 459-101-021-459

339860

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339860
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Clifton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 8 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Clifton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) ~~Same~~ 3 yrs

4. FULL NAME OF CHILD Estus Marler Merritt

5. Date of Birth of Child (Month, day, year) 1 July 1906

6. Sex boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9½

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Marcellus Merritt

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Vernon (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mae Emmaline Marler

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Clifton (City or town) Idaho (State or ~~foreign country~~)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, ~~stillborn~~) at 1 A M. on the date and at the place stated above, and that personal particulars were furnished by Mae E Merritt (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's ✗ **OWN** signature L J McDermott M.D. Address Edwin Cutler Preston Ida Date 1 July 1906

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person ~~for~~ since birth ~~years~~, and that Dr. Edwin (First name) Cutler (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mae E Merritt Signature

Jerome Idaho P. O. Address

Subscribed and sworn to before me this Sixth day of April, 19 42

(SEAL) Estella H. Pierce Notary Public, residing at Jerome Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-43-001-753

339863

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 339863

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Meridian
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Meridian
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian, Ida.

4. **FULL NAME OF CHILD** Cora Bell Smith

5. Date of Birth of Child (Month, day, year) Mar. 12, 1906

6. Sex girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Nathan Seward Smith
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Davenport (City or town) Nebraska (State or foreign country)
14. Exact Occupation Teacher
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Ann Peck
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Critchton (City or town) Ida. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 35 years, and that the unknown person (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, ~~1937~~ Session Laws.

N. S. Smith Signature

Nampa, R 2, Box 41 P. O. Address

Subscribed and sworn to before me this 7 day of April, 1942

(SEAL) Edson Veal Notary Public residing at Kamps Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public residing at Nampa, Idaho
My Comm. Exp. Jan. 10, 1946.

Received for filing on APR 8 1942 by Maud Feller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

APR 18 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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231-128-035-133

339866

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 339866
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez P. (b) City Peck RFD
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Ida (b) County Nez Pierce
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Peck RFD

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Floyd Edward Stamper

5. Date of Birth (Month, day year) Feb. 28, 1906

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Chas H Stamper
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Pendleton Ore Amatilla Co (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Bell Atteberry
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Frainter Co. Neb (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 9 1942 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Charles H Stamper, being first duly sworn, say that I am related to (Related to (or) acquainted with) Floyd Edward Stamper (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Lyle (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Chas H. Stamper Signature
Weiser Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of April, 1942
(SEAL) M Brown Notary Public, residing at Weiser Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-126-018-455

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339910
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No. Rathdrum P.O.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No. Rathdrum P.O.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Rathdrum

4. FULL NAME OF CHILD Forest Stanford Wendler

5. Date of Birth of Child (Month, day, year) May 26 1906

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 1/2 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Emil Theodor Wendler
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace (City or town) Iowa (State or foreign country)
14. Exact Occupation Mill worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida May Lonsinger
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. None (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 35 years, and that Mamie Joyce (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emil Theodor Wendler Signature
Hobo, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of April, 1942

(SEAL) Notary Public, residing at Coeur d'Alene, Idaho

NOTARY PUBLIC FOR THE STATE OF IDAHO
RESIDING AT COEUR D'ALENE, IDAHO
My Commission Expires Sept. 20, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code)

Received for filing on APR 8 1942 by Registrar.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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434-210-016-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339952
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 25 years 1 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley Village
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley Ida

4. FULL NAME OF CHILD Constance Verona McMurray

5. Date of Birth of Child (Month, day, year) 10 DEC 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wilford Calvin McMurray
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Grantsville Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rozalia Vilate Snedaker
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 35 years, and that DR A.F.O. Neilson (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rozalia Vilate McMurray Signature
4316 Campbell Dr Culver City Calif P. O. Address

Subscribed and sworn to before me this 28th day of March, 1942

(SEAL) Walter W Kenner Notary Public, residing at NOTARY PUBLIC in and for the County of Los Angeles, State of California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 8 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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464-210-01-295

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 339966

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Meridian.

(c) Street Address or R.F.D. No. Anderson Add'n

(d) Name of Hospital or Maternity Home: in own home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada

(c) City Meridian

(d) Street Address or R.F.D. No. Anderson Add'n

(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Meridian, Ida.

4. FULL NAME OF CHILD Fern Elby Dodds

5. Date of Birth of Child (Month, day, year) June 10, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fred Albin Dodds

11. Color or Race white

12. Age at time of THIS birth 31 yrs.

13. Birthplace Illinois (State or foreign country)

14. Exact Occupation Day labor with horses

15. Industry or Business Day labor with horses

MOTHER OF CHILD

16. FULL MAIDEN NAME Lilly May Bingman

17. Color or Race white

18. Age at time of THIS birth 26 yrs.

19. Birthplace Lebenon (City or town) Missouri (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business in own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I **HEREBY CERTIFY** That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California } ss.
County of Tulare }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 36 years, and that Mrs. Rogers (First name) (midwife) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lilly May Dodds Signature

P.O.Box 925, Visalia, Calif. P. O. Address

Subscribed and sworn to before me this 9th day of March, 19 42

(SEAL) Cenny B Lagrand Notary Public, residing at Visalia, Tulare Co/ Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mary E Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

MAR 15 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-210 007-264

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340061
Local Reg. No. 35
Reg. Dist. No. 410

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Gannett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Gannett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Picabo, Idaho

4. FULL NAME OF CHILD Hazel Smith

5. Date of Birth of Child (Month, day, year) 10-10-1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry E. Smith
11. Color or Race White **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Remmington (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eleanor Jennie Southard
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Enid (City or town) Oklahoma (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum H20

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Sarah E. Broadie (First name) (Last name), who is related to this child as Aunt (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 36 years, and that Alice Lloyd (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Sarah E Broadie Signature

P. O. Address

Subscribed and sworn to before me this 30 day of March, 19 42

(SEAL) R. N. McCoy Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 3-30-1942 APR 2 1942 by Robert H. Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 2 1960

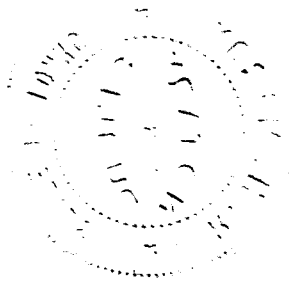
FEB 10 1966

APR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



796-107-003-743

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340074
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 454 South Main
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 446 South Main
(e) How long has **MOTHER** lived in Idaho? 35½ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alfredo Giordano

5. Date of Birth of Child (Month, day, year) Nov. 7, 1906

6. Sex Male
7. Twin or Triplet twin
If so—born 1st, 2nd, 3rd first
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Giacomo Giordano
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Sicily (City or town) Italy (State or foreign country)
14. Exact Occupation drill [illegible]
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leonarda Puleo
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Sicily (City or town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for ..... years, and that Mrs. Annie Bird, Midwife (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leonarda P. Giordano Signature
231 North 4th Avenue P. O. Address

Subscribed and sworn to before me this 7th day of April, 1942
(SEAL) Carlyle North Notary Public, residing at Pocatello, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1959
MAY 31 1968
SEP 10 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-120-029-319

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340083
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 4 yrs. 5 mos.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD CARL ARTHUR ORTENBLAD

5. Date of Birth of Child (Month, day, year) Sept. 20, 1906

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Andrew John Ortenblad
11. Color or Race W. **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Smoland, Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hilda Caroline Carlson
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Smoland, Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) alive at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Andrew and Hilda (First name) Ortenblad (Last name), who is related to this child as mother and father (Mother, etc.)

25. Attendant's **OWN** signature Minnie Magnuson M.D. Midwife Address 413 Julie St. Willmar Minn. Date 4/6/42

State of Minnesota } ss.
County of Kandiyohi }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 35 years, and that Minnie (First name) Magnuson (Last name), who attended this birth has signed above. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hilda Ortenblad Signature

Route 3, Willmar, Minnesota P. O. Address

Subscribed and sworn to before me this 6th day of April, 19 42

(SEAL) Notary Public, residing at Willmar Minn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Clerk of District Court, Latah County

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 13 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

6251 12-16-42 25M

Make statements of facts only where the record is incorrect. Do not fill in every blank — only where an error has been made in the original record, or where the facts have been omitted.

Affidavit
To Amend BIRTH RECORD of

x ORTENBLAD, Carl Arthur

State of Minnesota
County of Kandiyohi } ss.

x Andrew J. Ortenblad being duly sworn, says on oath:

That he is the x father of the above named child, born on Sept. 20, 1905 in City of Moscow, Idaho That the record of birth of said above named child on file in the office of the State Registrar is incorrect and incomplete as follows:

The Record Shows:	(Please print or type)	The Facts Were:
	Name of child	
Sept. 20, 1906	Date of birth	Sept. 20, 1905
	Sex of child	
	Father's name	
	Father's age	
	Father's occupation	
	Father's birthplace	
	Mother's maiden name	
	Mother's age	
	Mother's birthplace	
	No. of child	

If other than parent, state source of knowledge of above facts.

So far as affiant is able to say, the reason for the error (errors) is: x An error was made in substracting the full age from the year-the birthday being in September.

That this affidavit is executed for the purpose of correcting and completing the record of birth of said x Carl Arthur Ortenblad.

Subscribed and sworn to before me this 20th day of October A. D., 19 43

Anton Bakke
Notary Public, Kandiyohi County, Minn.
My Commission Expires Jan. 12, 1949.

ANTON BAKKE

x Andrew J Ortenblad
Signature of Affiant

Notary Public, Kandiyohi Co., Minn.
My Commission Expires

Rt. 3, Willmar Minn.
Present Address

WRITE WITH INK, OR TYPEWRITE.
Affidavits filled in with PENCIL will NOT be ACCEPTED.

OCT 28 1943

792-221 028 314

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 340101
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootnia (b) City Lacleed
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN **THIS** county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootnia
(c) City Lacleed
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address deceasd

3. RESIDENCE of FATHER (city, state) Anchorage, Alaska

4. FULL NAME OF CHILD Stella Bisson

5. Date of Birth (Month, day year) 8/21/06

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Alexander Bisson

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Hull, Canada (City or town) (State or foreign country)

14. Exact Occupation Lumberman

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Lamontang

17. Color or Race white

18. Age at time of THIS birth 29 yrs.

19. Birthplace Ottowa, Canada (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....at ....M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by .... (First name) (Last name), who is related to this child as .... (Mother, etc.)

26. (a) APR 7 1942 (Date received) (b) Mary M'Lellan (Registrar's signature)

27. Given name added on ....., by ..... (Registrar's signature)

25. Attendant's **OWN** signature ....M.D. (D.O., Midwife, etc.) and address .... Date ....

XSSMX of United States of America
XCOUNTY of Territory of Alaska SS

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, John Alexander Bisson, being first duly sworn, say that I am father (Related to (or) acquainted with) Stella Bisson (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Prendal (Name of attendant at birth), who attended said birth unknown (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

/s/ John Alexander Bisson Signature

Anchorage, Alaska P. O. Address

Subscribed and sworn to before me on this 15 day of December, 1941

(SEAL) Notary Public, residing at Anchorage, Alaska

My com. exp: Aug. 1st. 1945

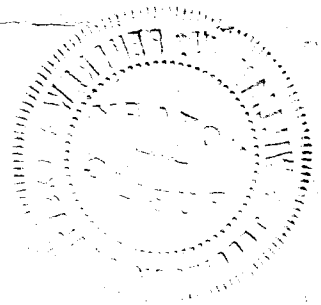
JUL 5 1966

APR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



319 122003414

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340102
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 226 S. Grant Ave
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 226 So. Grant
   (e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Harry Thomas Carahoff

5. Date of Birth of Child (Month, day, year) Dec 22, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Arthur Carahoff
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Bismark, (City or town) North Dakota (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business Idaho Power Company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Marie Mauritzen
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Denver, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 35 years, and that Dr. Oscar B. Steeley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My com. expires May 10, 1945

Lena Marie Mauritzen Carahoff Wood Signature

1304 South 6th Ave., Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of March, 1942

(SEAL) ____ Notary Public, residing at POCATELLO, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Mabel Keller, Registrar.

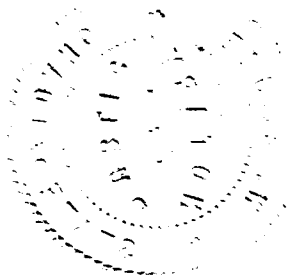
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 13 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



217-221 004 785

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340112

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edna Bagley
2. Date of Birth (month) (day) (year): September 21, 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bear Lake
b. City or Town of Birth: Raymond

FATHER

6. Full Name of Father: Enock Bagley
7. State or Country of Father's Birth: Nottingham, England

MOTHER

8. Full Maiden Name of Mother: Eva Sarah Phelps
9. State or Country of Mother's Birth: Montpelier, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edna Bagley Berg
11. Present Address of Registrant: Raymond Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 29, 1960
12. Signature of Notary: Elmer E Dimick
13. Notary Commission expires: March 9, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statement regarding marriage records	Bear Lake County, Idaho, Sam V. Tunks, County recorder	Sept. 22, 1960	Feb. 1, 1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 21	Raymond, Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statement regarding church records	ward clerk L.D.S. Church, Montpelier 2nd Ward, Raymond E. Dimick	-----	baptized 1911

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 21, 1906	Bear Lake County Raymond, Idaho	Eva Phelps	Enoch Bagley

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own childs birth certificate	Idaho #171855	-----	child born May 4, 1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 22	Idaho	----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Penny L. Wing	Oct. 5, 1960

FORM BH 56067

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

340112

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340112
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Raymond.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 37 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho. (b) County Bear Lake
(c) City Raymond.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Raymond, Idaho

4. FULL NAME OF CHILD Edna Bagley.

5. Date of Birth of Child (Month, day, year) 9/21/07

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Enock Bagley
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Nottingham, England. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Sarah Phelps
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Montpelier, Idaho. (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont know medicine, but some used.

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho, County of Bear Lake, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for all her life years, and that Erkma Blechert (First name) (Last name), who attended this birth now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Enock Bagley Signature
Raymond, Idaho. P. O. Address

Subscribed and sworn to before me this 7th day of April, 19 42

(SEAL) Chas Estes Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by ..... Registrar.

APR 13 1942

OCT 5 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753 210026 162

DELAYED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340132
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City
(c) Street Address or R.F.D. No. Rigby Ida R2
(d) Name of Hospital or Maternity Home: In the home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? three yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Hazel Ann Peterson

5. Date of Birth of Child (Month, day, year) March 10 1906

6. Sex Girl Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Washington Peterson
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Illinoise (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Alta (Peterson) Joslin
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Nebraska (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Minnie A. Peterson (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for since birth years, and that DR. H. B. PRICE (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Minnie A. Peterson Signature
5723 Fulcher avenue, North Hollywood, Calif. P. O. Address

Subscribed and sworn to before me this 7 day of April, 1942
(SEAL) Blanche Farrand Notary Public, residing at North Hollywood
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) com. expires 11/27/45

Received for filing on APR 9 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED STAMP ADDED TO CERTIFICATE FACE 04/11/2018 AJT

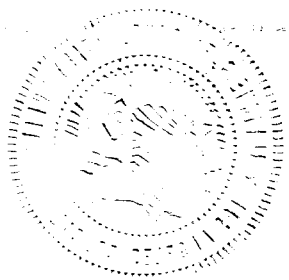
APR 12 2018

APR 13 1982

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



795-22-1031-265

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340139
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private farm home
(e) Mother's stay BEFORE delivery: IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State deceased (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) California

4. FULL NAME OF CHILD Mary Preisinger

5. Date of Birth of Child (Month, day, year) Feb. 21, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ferdinand Preisinger

11. Color or Race white

12. Age at time of THIS birth 30 yrs.

13. Birthplace Nicolet County, Minn (City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Koepl

17. Color or Race white

18. Age at time of THIS birth 18 yrs.

19. Birthplace Blue earth County, Minn (City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business now deceased

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Lewis }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for since birth years, and that Dr. O. A. Jeffrey (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

Nezperce, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of March, 19 42

(SEAL) ..... Notary Public, residing at Nezperce, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotated.)

Received for filing on APR 9 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340151
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City May
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City May
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) May, Idaho.

4. FULL NAME OF CHILD Norman Genious Wells

5. Date of Birth of Child (Month, day, year) June 9, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Uriah Wells

11. Color or Race white

12. Age at time of THIS birth 27 yrs.

13. Birthplace Fayettsville, (City or town) Tenn. (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy May Kirkpatrick

17. Color or Race white

18. Age at time of THIS birth 25 yrs.

19. Birthplace Cassville (City or town) Missouri (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Nevada
County of Douglas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that Frankie (First name) Meltzer (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy May Wells ..... Signature

Genoa, Nevada, ... P. O. Address

Subscribed and sworn to before me this 17 day of March, 1942

(SEAL) ..... Notary Public, residing at Minden, Nevada.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

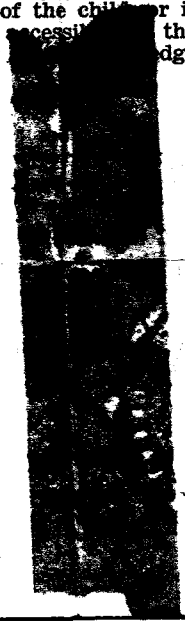
Received for filing on APR 8 1942 by ..... Registrar.

APR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, the nearest of kin or guardian, or some person having knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340171
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: Cambridge, Ida. **IN THIS** county 33 years 6 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cambridge Ida.

4. **FULL NAME OF CHILD** Hazel Laura Mosman

5. Date of Birth of Child (Month, day, year) July 22, 1906

6. Sex Female

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd Joint

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Mosman
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Louticia Allison
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Cambridge, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date

State of Oregon } ss.
County of Columbia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 69 years of age, that I have known this person for 35 years, and that Dr. Charles Schmitz (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Louticia Mosman Signature
Vernonia, Oregon P. O. Address

Subscribed and sworn to before me this 7th day of April, 1942

(SEAL) E. B. Mills Notary Public, residing at Vernonia, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES SEPT. 10, 1943.

Received for filing on APR 9 1942 by Mabel Keeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 19 1943

JUL 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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351-210 019966

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340249
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Challis, Ida

4. FULL NAME OF CHILD Gladys Leaton

5. Date of Birth of Child (Month, day, year) 11-10-1906

6. Sex F.

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Leaton
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Challis (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Irene Rowles
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Challis (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 36 years, and that Dr. Houston (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Leaton Signature
Challis, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of April, 1942

(SEAL) John Boyd Custer Co. Recorder ~~Notary Public~~, residing at Challis, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1942

APR 28 1967
NOV 24 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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340292

340292

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340292
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. Route 4
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. RESIDENCE OF FATHER (city, state) Id

4. FULL NAME OF CHILD Brigham Leon Matthews

5. Date of Birth of Child (Month, day, year) May 16 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Heber Charles Mathews

11. Color or Race White

12. Age at time of THIS birth 45 yrs.

13. Birthplace Kaysville (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Amelia Hammer

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace West Weber (City or town) Utah (State or foreign country)

20. Exact Occupation Farm Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 73 years of age, that I have known this person for 36 years, and that Dr. William Kunard (First name) (Last name), who attended this birth Can't be Located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Amelia Matthews Signature

Shelley Idaho P. O. Address

Subscribed and sworn to before me this 7th day of April, 1942.

(SEAL) M. L. Hirt Justice of the Peace ex-officio Notary Public, residing at Shelley

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1968

APR 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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340348

340318

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oakley, Idaho

4. **FULL NAME OF CHILD** NOLAN OLEAN CUMMINS

5. Date of Birth of Child (Month, day, year) Feb. 9, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** DANIEL CUMMINS
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Oakley, Idaho (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Gee
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Oakley, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Briggs (First name) (Last name), who is related to this child as aunt (Mother, etc.)

25. Attendant's **OWN** signature Nellie Briggs ~~M.D.~~ ~~Midwife~~ Address Los Angeles, Cal. Date April 10-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mary F Edgar, Registrar.

APR 13 1942

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340333
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Grant
(c) Street Address or R.F.D. No. Rigby, R #1.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 40 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Grant
(d) Street Address or R.F.D. No. Route 1
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Same.

4. FULL NAME OF CHILD Pearl Gertrude Chadburn

5. Date of Birth of Child (Month, day, year) Nov. 21-'03

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Samuel Chadburn
11. Color or Race White **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Old Radford, (City or town) England. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Laura Keppen
17. Color or Race white **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Burgess Hill, (City or town) England. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Westergard Signature

P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) E. E. Dennis Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 11 1942

JUL 31 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340342
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth),
   (a) County Cassia (b) City ALBION
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months 22 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City ALBION
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. **RESIDENCE OF FATHER** (city, state) ALBION Idaho

4. **FULL NAME OF CHILD** Richard Powell

5. Date of Birth of Child (Month, day, year) 1-29-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Lineous Belen Parke
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Sheep
15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margret Powell
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Coalville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 56 years of age, that I have known this person for 36 years, and that Mrs Lillian Powell (First name) (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margret Powell Signature
Albion Idaho P. O. Address

Subscribed and sworn to before me this 9th day of February, 19 42.

(SEAL) O. J. Larson Notary Public, residing at

Notary Public in and for the State of Idaho residing in Oakley, Cassia County, Idaho
My commission expires Jan. 6, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mabel Heap, Registrar.

APR 28 1967

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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340347

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: On Tom Rollins farm near Boise city
(e) Mother's stay BEFORE delivery: IN THIS county years 2 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State..... (b) County.....
(c) City .....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 5 mo. yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gorden Lee Wilkinson

5. Date of Birth of Child (Month, day, year) July 15 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Earl Wilkinson

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace Brenfield (City or town) Utah (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Genera Wilkinson

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Midway (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 35 years, and that Dr. Springer (First name) (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Genera Wilkinson Signature

138 Westminister Ave., Alhambra, California

Subscribed and sworn to before me this 9th day of April, 1942, 19.....

(SEAL) ..... Notary Public, residing at Los Angeles, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-104 04-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340365
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CANYON (b) City CALDWELL
(c) Street Address or R.F.D. No. 901 BLAINE ST
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 3 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CANYON
(c) City CALDWELL
(d) Street Address or R.F.D. No. 901 BLAINE ST
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD CARROLL JAMES BALLARD

5. Date of Birth of Child (Month, day, year) OCT 4 1906

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JAMES WILLIAM BALLARD
11. Color or Race WHITE
12. Age at time of THIS birth 40 yrs.
13. Birthplace LUCAS COUNTY IOWA (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CLARA NETTIE MILLER
17. Color or Race WHITE
18. Age at time of THIS birth 35 yrs.
19. Birthplace KNOX COUNTY MISSOURI (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of CANYON } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 35½ years, and that DR J W GUE (First name) (Last name) who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Ballard Signature
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of April, 1942

(SEAL) Emma E Thompson Notary Public, residing at Caldwell Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mabel [illegible], Registrar.

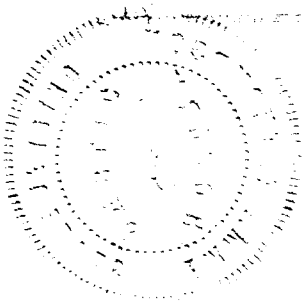
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340375
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. State St.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. State St.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD E'Lane Parker

5. Date of Birth of Child (Month, day, year) May 18, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Wells Parker
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Penn Yan, New York (City or town) (State or foreign country)
14. Exact Occupation Mining Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Bruce Lane
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Billings, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Bruce Parker (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Janesh Stewart M.D. Midwife Address Boise Idaho Date Apr. 16, 1942

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340380
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? always yrs.

3. RESIDENCE OF FATHER (city, state) Bellevue Idaho.

4. FULL NAME OF CHILD Elmer George Hall.

5. Date of Birth of Child (Month, day, year) May 10 1906

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ellis George Hall.
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Hawley (City or town) Oregon (State or foreign country)
14. Exact Occupation under ground miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Francis Steele.
17. Color or Race white **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Idaho Falls Idaho. (City or town) (State or foreign country)
20. Exact Occupation house wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 3. P. M. on the date and at the place stated above, and that personal particulars were furnished by Mother (Mother, etc.), who is related to this child as (First name) (Last name)

25. Attendant's **OWN** signature Elizabeth Steele M.D. Midwife Address Hagerman Idaho Date April 10 1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Shoshone }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 35 years, and that Dr. O.M. Allen (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Maude Francis Martin Signature
Burley Idaho P. O. Address

Subscribed and sworn to before me this 7 day of April, 19 42
(SEAL) Ray L. Williamson Notary Public, residing at Wallace, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mary E. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 19

MAY 3 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any ~~birth which has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-124 022-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340408
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Wilford
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Perry Alon Johnson

5. Date of Birth of Child (Month, day, year) June 24, 1906

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clark Remington Johnson
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Salt Lake City (City or town), Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Johnson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Salt Lake City (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 36 years, and that Dr. Middleton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Johnson Wilson Signature
2343 Crescent Ave., Altadena, Calif. P. O. Address

Subscribed and sworn to before me this 9th day of April, 1942
(SEAL) [signature] Notary Public, residing at Altadena, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 11 1942 by [signature], Registrar.

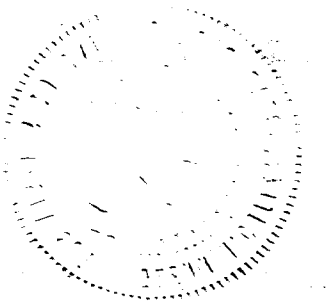
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



753-102-028 154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340488
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City None
(c) Street Address or R.F.D. No. Route 3
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City None
(d) Street Address or R.F.D. No. Route 3
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Kootenai Idah

4. FULL NAME OF CHILD Reuben Ludvig Peterson

5. Date of Birth of Child (Month, day, year) 10-2-1906

6. Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd 6th
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Albert Peterson
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Vingaker (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Matilda Anderson
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Vingaker (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 35 years, and that Anna Benson (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John L. Nelson Signature
Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of January 1942

(SEAL) Harold E. Purdy Notary Public, residing at Coeur d'Alene Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mabel [illegible], Registrar.

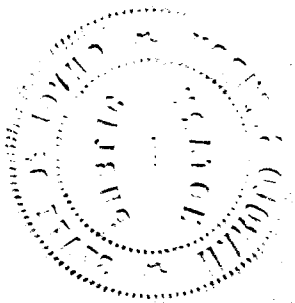
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



343 215 010-846

340494

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City
(c) Street Address or R.F.D. No. R.F.D.#2
(d) Name of Hospital or Maternity Home:
At above home.
(e) Mother's stay BEFORE delivery: IN THIS county 20 years 11 months X days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City
(d) Street Address or R.F.D. No. R.F.D.#2
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Bonneville, County Idaho

4. FULL NAME OF CHILD Martha Mae Cutler

5. Date of Birth of Child (Month, day, year) Dec. 15, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Parley Cutler

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Brigham City, Utah.
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Maria Huffaker

17. Color or Race White

18. Age at time of THIS birth yrs.

19. Birthplace Peoa, Utah.
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8th. (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 35 years, and that Josephine Thompson (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Maria Cutler Signature

P. O. Address

Subscribed and sworn to before me this 11 day of April, 1942.

(SEAL) J.S. McKinney Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES JAN. 1, 1944

Received for filing APR 13 1942 by Mabel Pfeiffer, Registrar.

APR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

383-220 029-254

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340519

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Latah (b) City in Kendrick
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. In THIS county ..... years ..... months ..... days. 20 yrs

2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Kendrick Idaho
3. RESIDENCE OF FATHER (city, state) Spokane Wash

4. FULL NAME OF CHILD Harriett A. Tyler
5. Date of Birth (Month, day, year) May 20th 1906
6. Sex Girl
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME (Henry) Harry A. Tyler
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Townsend (City or town) Mass. (State or foreign country)
14. Exact Occupation Railroad fireman for
15. Industry or Business Northern Pacific Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel May Benscoter
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Farm Isabella Co (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business In own home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing as far as I know.
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR APR 14 1942 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am Related to (Related to (or) acquainted with) Harriett (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Emma Oleson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ethel May Benscotter Tyler Name
N2112 Calispel St Spokane Wash P. O. Address

Subscribed and sworn to before me on this 11th day of March 1942

(SEAL) J. R. Nolen Notary Public, residing at Spokane

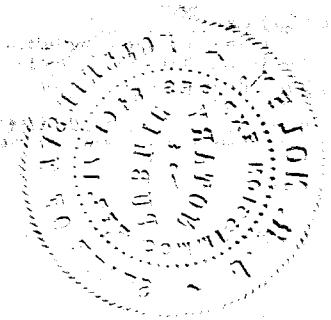
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



139-219 029-619

340536

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Latah (b) City Troy
   (c) Street Address or R.F.D.No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home — days.
   IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Janesville
   (d) Street Address or R.F.D.No. none 20½
   (e) How long has **MOTHER** lived in Idaho? yrs.
   (f) Mother's mailing address Janesville

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Anna Maud Acrea

5. Date of Birth (Month, day year) Sept. 19, 1906

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Birtle Acrea
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Logan (City or town) Iowa (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lulu Maud Warren
17. Color or Race White
18. Age at time of THIS birth 21 yrs
19. Birthplace Almota (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
    (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, ~~stillborn~~) at 4 oc P.M. on the date and at the place stated above, and that personal particulars were furnished by Lula Maud Warren Acrea (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Arthur Birtle Acrea M.D. (D.O., Midwife, etc.)
    and address 2156 San Mateo Compton Calif. Date 3/28 1942

26. (a) APR 13 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lulu Maud Warren Acrea, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Anna Maud Acrea (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C.K. Hinkle (Name of attendant at birth), who attended said birth ~~is now deceased~~ (or) cannot be located) and that this birth **has not been previously recorded.**

Arthur Birtle Acrea Signature
2156 San Mateo. Compton Calif. P. O. Address

Subscribed and sworn to before me on this 28th day of March, 1942

(SEAL)

John M. McQuarrie Notary Public, residing at Compton Calif.

MY COMMISSION EXPIRES NOV. 14, 1944

APR 16 1942

AUG 14 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

296-112014-235

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340571
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. street not named
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. not named
(e) How long has **MOTHER** lived in Idaho? 1 & 7/12 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Idaho

4. FULL NAME OF CHILD WAYNE ELLSWORTH BROYLES

5. Date of Birth of Child (Month, day, year) June 12, 1906

6. Sex Male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Claude Ellsworth Broyles
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Somerville (City or town) Indiana (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maggie Mae Stephenson
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Knox City, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Colorado, County of Arapahoe, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for over 35 years, and that the nurse who acted as midwife (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maggie Mae Broyles Signature
3511 West Alaska St., Denver, Colorado P. O. Address

Subscribed and sworn to before me this 11th day of April, 19 42.
(SEAL) Harold A. Laurer Notary Public, residing at Englewood, Colorado
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My commission expires MAR 12 1945

Received for filing on APR 15 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-207 003-962

340626

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Thatcher
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Residence 2½ mi. S. Thatcher.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Thatcher.
(d) Street Address or R.F.D. No. 2½ mi. South.
(e) How long has **MOTHER** lived in Idaho? 67 yrs.

3. RESIDENCE OF FATHER (city, state) Thatcher, Ida.

4. FULL NAME OF CHILD Luvana Cecilia Fletcher; nee Hoopes.

5. Date of Birth of Child (Month, day, year) June 7, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Albert Hoopes,
11. Color or Race white **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Bennington, (City or town) Idaho. (State or foreign country)
14. Exact Occupation Farmer & stockman
15. Industry or Business Farmer & stockman.

MOTHER OF CHILD

16. FULL MAIDEN NAME Luvana Cecilia Robbins.
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Weston, (City or town) Idaho. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used.

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Minidoka }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 35 years, and that Mrs. Toone, (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1927 Session Laws.

Luvana Cecelia Hoops Signature

524 9th. St. Rupert, Idaho. P. O. Address

Subscribed and sworn to before me this 2 day of April, 19 42.

(SEAL) Paul A. Freeman Notary Public, residing at Rupert, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 APR 3 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 225023 453

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340656
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gem (b) City Sweet
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Sweet
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Sweet, Idaho

4. FULL NAME OF CHILD Alma Geraldine Williams

5. Date of Birth of Child (Month, day, year) Oct. 25, 1906

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos. **9. Legitimate?** Yes.

FATHER OF CHILD

10. FULL NAME Jessie Israel Williams
11. Color or Race White **12. Age at time of THIS birth** 18 yrs.
13. Birthplace McPherson, Kansas (City or town) (State or foreign country)
14. Exact Occupation Sawmill operator
15. Industry or Business Lumber manufacturing

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Deck
17. Color or Race White **18. Age at time of THIS birth** 20 yrs.
19. Birthplace Blackfoot, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric A

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at Sweet Ida M. on the date and at the place stated above, and that personal particulars were furnished by Nora Williams (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature Julia Williams M.D. Midwife Address Longview, Washington Date Apr. 8, 1942

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-125-022-666

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340657
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Badger Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Alfred Fritz Decker

5. Date of Birth of Child (Month, day, year) 9-25-1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lyman Pexley Decker
11. Color or Race White
12. Age at time of THIS birth 64 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth K. Woods
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1 A.M. on the date and at the place stated above, and that personal particulars were furnished by Nancy D. Ward (First name) (Last name), who is related to this child as sister (Mother, etc.)

25. Attendant's **OWN** signature Nancy D. Ward M.D. Midwife Address Tetonia, Ida. Date 4-14-42

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar.

APR 15 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 31 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-220 043-619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340672
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Vally (b) City Vanwyck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Vally
(c) City Vanwyck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Vanwyck Idaho

4. FULL NAME OF CHILD Annis May Landreth

5. Date of Birth of Child (Month, day, year) May 20 1906

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Lee Landreth
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Story County (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Icy Farmer
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for since birth years, and that Dr. Tuttle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Icy Landreth Signature
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of April, 1942.

(SEAL) Emma E. Thompson Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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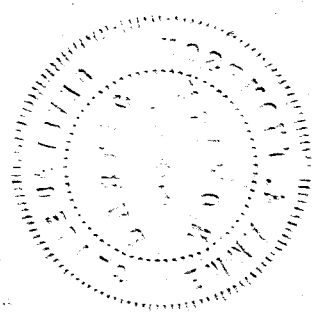

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219 (Be sure the [illegible] of THIS child)

State File No. 340711
Local Reg. No.
Reg. Dist. No.

[illegible]tes
[illegible] of Commerce
[illegible]ureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad, Idaho
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: Born in home
(e) Mother's stay **BEFORE** delivery: Continuous residence.
IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Harry Edward Thompson

5. Date of Birth of Child (Month, day, year) Oct. 30, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Raymond M. Thompson
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Manti (City or town), Utah (State or foreign country)
14. Exact Occupation Druggist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Barrows
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Unita, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business [illegible]

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitr[illegible]
23. Number of children of this mother: (a) At time of birth and including this child [illegible]

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furn[illegible], who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature D. C. Ray M.D. [illegible] Address Pocatello Date 12-18-1941

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in [illegible] that I am now 62 years of age, that I have known this person for [illegible] years, and that [illegible] Ray (Last name), who attended this birth has signed (Is now deceased) or (Cannot be located) I further state that the facts in the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth [illegible] Signature
7006-14 [illegible] Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 17th day of March, 1942
(SEAL) Frances Davis Notary Public, residing at Seattle, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink [illegible] Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in bearing FIRST-CLA[illegible] State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each copy requires an ad[illegible] of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

485125014493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340736
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD John Henry Dyer

5. Date of Birth of Child (Month, day, year) April 25, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Carpenter Dyer
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Johnsonburg (City or town) New Jersey (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Inez June Millett
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Springview (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature J. H. Murray M.D. ~~Midwife~~ Address Nampa Idaho Date April 4 1942

State of California
County of Merced } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 35 years, and that Dr. Murray (First name) (Last name), who attended this birth is not deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Inez J. Dyer Signature
Dos Palos, Calif. P. O. Address

Subscribed and sworn to before me this 27th day of February 1942

(SEAL) Warren Angle Notary Public, residing at Dos Palos Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 APR 16 1942 Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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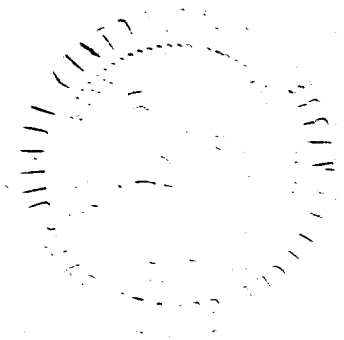

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United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340764
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years 1 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles Owen Hauck

5. Date of Birth of Child (Month, day, year) Sept. 6 1906

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Charles Henry Hauck
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Railroad locomotive engineer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Priscilla Jane Lindsay
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Georgetown, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 61 years of age, that I have known this person for 35 years, and that ? (First name) Bridges (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Priscilla Jane Hauck (Lindsay) Signature
P.O. Box 406 Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of Apr., 1942.
(SEAL) J. F. Crook Notary Public, residing at Renton, wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mabel Whelan, Registrar.

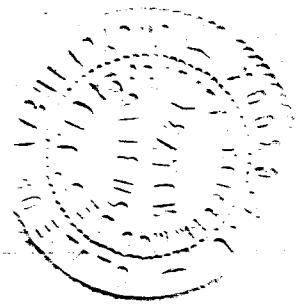
APR 17 1942

AUG 3 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



433-106-012-236 340813 340813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Butte (b) City Darlington
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Darlington
(d) Street Address or R.F.D. No. X
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Rufus Hugh McClellan

5. Date of Birth of Child (Month, day, year) April 6, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Vernon McClellan
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Mountpelier, Ida. (City or town) (State or foreign country)
14. Exact Occupation Cattle raiser
15. Industry or Business rancher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minda Stoddard
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Minersville, ~~XXX~~. Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for X years, and that Mrs. Helen Richardson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 133, 1937 Session Laws.

Minda Jaeger Signature
7605 S.E. Knight St., Portland, Ore. P. O. Address

Subscribed and sworn to before me this 7th day of April, 1942

(SEAL) James R. Lundburg Notary Public, residing at Portland, Ore.
My Commission Expires Jan. 3, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 191[illegible] Laws, has not been recorded, or in case of failure to report any [illegible] to such date, such report may [illegible] registrar for records in the Bureau [illegible] purposes and [illegible] prescribed in Chapter [illegible] annotated, when such report is accompanied by a [illegible] attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-117-036-689

340851

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mrs L L Whitt - Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ONEIDA
(c) City OXFORD
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state) OXFORD, IDA

4. **FULL NAME OF CHILD** Thomas Floyd Scott

5. Date of Birth of Child (Month, day, year) AUG. 17, 1906

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** William Flannely Scott
11. Color or Race WHITE
12. Age at time of THIS birth 34 yrs.
13. Birthplace SCRANTON, PENN. (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Floyd Whitt ~~Scott~~
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace LEWISTON, UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business HOUSEKEEPING

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at 8 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs WA Thompson (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Dr. Allen A Cutler SR. M.D. Midwife (DECEASED) Address PRESTON, IDA Date AUG. 17, 1906

State of ONEIDA
County of IDAHO } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 35 years, and that Dr Allen A Cutler SR (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Minnie Floyd Scott Thompson Signature
AMERICAN FALLS, IDAHO P. O. Address

Subscribed and sworn to before me this 16th day of April, 1942.

(SEAL) [signature] Notary Public, residing at RESIDING AT AMERICAN FALLS, IDAHO MY COMMISSION EXPIRES OCTOBER 22, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 20 1968

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365 724 040653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340907
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 mos ~~yrs.~~

3. **RESIDENCE OF FATHER** (city, state) Burke Idaho

4. **FULL NAME OF CHILD** Robert Wells Tweedy

5. Date of Birth of Child (Month, day, year) March 24, '06

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Milton Tweedy
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Smith Center Kansas (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Jeanette Wells ~~Tweedy~~
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Cheney Wash. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 36 years, and that Doctor Collins (First name) (Last name), who attended this birth ~~(Is now deceased) or~~ (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Wells Tweedy Signature
624 Sinclair Glendale P. O. Address

My Commission Expires Feb. 7th 1946

Subscribed and sworn to before me this 13 day of April, 1942
(SEAL) Louis A. Hart Notary Public, residing at Glendale
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-219-003-154

340975

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 429 South Garfield
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 2 months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 429 South Garfield
(e) How long has **MOTHER** lived in Idaho? ten yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Marva Harrison

5. Date of Birth of Child (Month, day, year) August 19, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edwin Daniel Harrison
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace London, (City or town) England (State or foreign country)
14. Exact Occupation merchant jeweler
15. Industry or Business E. D. Harrison, Jewelry Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Rebecca Anderson
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Cottonwood, (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 35 years, and that Dr. (First name) Steele (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza A Harrison Signature
3909 South Denker Avenue, Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 14th day of April, 1942.

(SEAL) My Commission expires April 4, 1944. C. H. Mann Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Los Angeles, California

Received for filing on APR 17 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

432-205029-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341087
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Polk and C street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. Polk & C street
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD Hazel Wes Kinstry

5. Date of Birth of Child (Month, day, year) June 5-1906

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd 0

8. No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles B. Wes Kinstry
11. Color or Race White - Am **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Montgomery County Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Furniture store at
15. Industry or Business Moscow Idaho

MOTHER OF CHILD

16. FULL MAIDEN NAME Ottie Johnson
17. Color or Race White - Am **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Kellerton Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

apr 17-1942

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

to be completed when the attendant does not sign in Item 25.

State of Colorado } ss.
County of Sedgwick }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 36 years, and that Dr Clarke (First name) (Last name), who attended this birth dont know where (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1927 Session Laws.

Ottie J. McKinstry Signature
Sedgwick Colo P. O. Address

Subscribed and sworn to before me this 17 day of April, 1942

(SEAL) Ellen B. McKinstry Notary Public, residing at Sedgwick Colo

My Commission Expires September 24, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

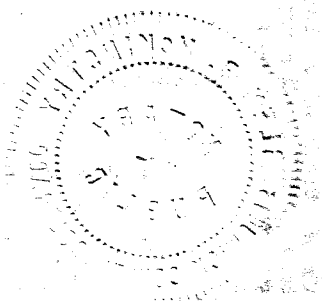
Received for filing on APR 20 1942 by ..... Registrar.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



168-122001-365

341150

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD William Evermont Johnson

5. Date of Birth of Child (Month, day, year) April 22-1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Oren Johnson
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Patience Conn
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Independence Missourri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Granite } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grand-Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 35 plus years, and that Lizzie (First name) Mathews (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A. Conn Signature

Philipsburg, Montana P. O. Address

Subscribed and sworn to before me this 13th day of April 19 42

(SEAL) B. S. Paige Notary Public residing at Philipsburg, Mont.

NOTARY PUBLIC FOR STATE OF MONTANA
RESIDING AT PHILIPSBURG, MONTANA
MY COMMISSION EXPIRES APRIL 5TH, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mark [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

665-103 025-319

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341225
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Stites
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Stites
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alonzo Marion OWEN

5. Date of Birth of Child (Month, day, year) Dec. 3, 1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME OWEN, Henry Milton
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Bethany Grove, (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Carpenter
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Glencoe, (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Yakima }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 35 years, and that Mrs. Nancy Pell, (First name) (Last name), who attended this birth now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Matilda Owen Signature

Mrs. Matilda Owen -- Route 6, Yakima, Washington P. O. Address

Subscribed and sworn to before me this 13th day of April, 19 42.

(SEAL) Kathryn Jacobson Notary Public, residing at Yakima, Washington.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

JUN 3 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

~~Where the birth of a child born prior to the effective date~~ of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-229 028-614

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341229
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Spirit Lake, Ida.

4. FULL NAME OF CHILD Marion Della Brock

5. Date of Birth of Child (Month, day, year) June 29, 1906

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Earl Elroy Brock
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Guttenberg (City or town) Iowa (State or foreign country)
14. Exact Occupation Lineman
15. Industry or Business Telephone Company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Anne Waddell
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Joplin (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 35 years, and that Dr. Wenz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Earl E Brock Signature
Klamath Falls, Oregon P. O. Address

BY COMMISSION EXPIRES JANUARY 9, 1944

Subscribed and sworn to before me this 13 day of April, 1942

(SEAL) Margaret Anne Watters Notary Public, residing at Klamath Falls, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-214022-819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341234
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Matilde Anne Stegelmeier

5. Date of Birth of Child (Month, day, year) May 14, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Albert Otto Stegelmeier
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Braunschweig, Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Margareta Louise Hargens
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Wesselburen, Holstein, Ger. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for ____ years, and that Mrs. May King (First name) midwife (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

H. Stegelmeier Signature

Ashton, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of April, 1942

(SEAL) Norma Fuller Notary Public, residing at Ashton, Ida/

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-105006-395

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341314
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Lewisville
(c) Street Address or R.F.D. No. Menan Post Office
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Lewisville
(d) Street Address or R.F.D. No. Menan Post Office
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Lewisville, Ida.

4. FULL NAME OF CHILD Charles William Brown

5. Date of Birth of Child (Month, day, year) Dec. 5, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Huston Brown
11. Color or Race white **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Liberty, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruth Pearl Lindsay
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Paris, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____, and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 34 years, and that Dr. (First name) Tucker (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth Pearl Lindsay Brown Signature

455 - 6th Ave North Twin Falls Idaho P. O. Address

Subscribed and sworn to before me this 18 day of April, 1942.

(SEAL) ____ Notary Public, residing at Twin Falls Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by ____, Registrar.

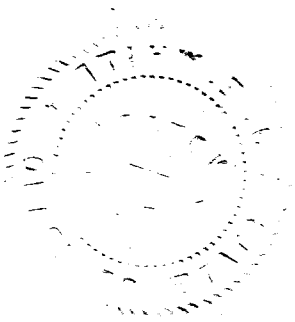
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



819-20201485 2

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 341387
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. 1011 Arthur St.
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 10 years 9 month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. 1011 Arthur St.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.
   (f) Mother's mailing address Caldwell, Idaho

3. **RESIDENCE of FATHER** (city, state) Caldwell, Id.

4. **FULL NAME OF CHILD** Kathryn Helen Hartkopf

5. Date of Birth (Month, day, year) Jan. 2, 1906

6. Sex Female

7. Twin or ~~Triplet~~

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel D. Hartkopf
11. Color or Race White
12. Age at time of THIS birth 60 yrs.
13. Birthplace Fredrickstown, Missouri (City or town) (State or foreign country)
14. Exact Occupation Tinsmith
15. Industry or Business Tinsmith

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Hesse
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Old Appleton, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. ~~Name~~ prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) APR 21 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lena Hartkopf, being first duly sworn, say that I am related to (Related to (or) acquainted with) Kathryn Helen Hartkopf (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. B. Wright (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lena Hartkopf Signature

1011 Arthur Street, Caldwell, Idaho Address

Subscribed and sworn to before me on this 2nd day of June, 1941

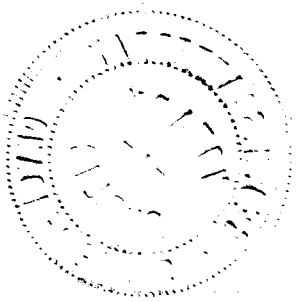
(SEAL) [signature] Notary Public, residing at Caldwell, Idaho.

DEC 7 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



453-128-007-453

342422

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. Gen. Delivery
(d) Name of Hospital or Maternity Home: Was born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 10 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. R.D.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Frank Elmer Decker

5. Date of Birth of Child (Month, day, year) Mar. 28, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Elmer Elsworth Decker
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Cleveland (City or town) Minn (State or foreign country)
14. Exact Occupation Forman On A Ranch
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Clarke Decker
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Big Pine (City or town) California (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ~~Clark~~ Wash.
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 36 years, and that Mrs Burns (First name) (Last name), who attended this birth ~~(Is now deceased) or~~ (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maria Clarke Decker Signature
1228 N.W. 10th Ave Camas Wash. Address

Subscribed and sworn to before me this 21 day of April, 1942

(SEAL) Wm A Baz Notary Public, residing at Camas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-102-014-453

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342447
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay BEFORE delivery: IN THIS county 16 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Idaho

4. FULL NAME OF CHILD George Walter Murray

5. Date of Birth of Child (Month, day, year) Oct. 2, 1906

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Byrd Murray
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Knox City (City or town) Missouri (State or foreign country)
14. Exact Occupation Real, Estate & loan & Ins. bus.
15. Industry or Business Real Estate

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Hannah Elizibeth Melvin
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace East St. Louis (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10-30 A M. on the date and at the place stated above, and that personal particulars were furnished by George B. Murray (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 35 yrs. years, and that Dr. Gue (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George B. Murray Signature

Toledo, Oregon P. O. Address

Subscribed and sworn to before me this 16th day of April, 1942

(SEAL) Louise E English Notary Public residing at Toledo Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

My commission expires Jan 24 1943

Received for filing on APR 21 1942 by ____, Registrar.

APR 25 1947

MAR 19 1947

DELAYED REGISTRATION LAW

(1937 Session Laws; Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

757-113-021-319

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342486
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County..... (b) City Minnick Creek
   (c) Street Address or R.F.D. No.....
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Minnick Creek
   (d) Street Address or R.F.D. No.....
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ellis Adelbert Petersen

5. Date of Birth of Child (Month, day, year) April 13, 1906

6. Sex male

7. Twin or Triplet 1st If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mths

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Peter J Petersen
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Larsen
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah } ss.
County of Cache }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 36 years, and that Adine Weller (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna L Jones Signature

Logan Ut. P. O. Address

Subscribed and sworn to before me this 14 day of April, 1942.

(SEAL) [illegible] Notary Public, residing at Logan

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm 8-22-44

Received for filing on APR 16 1942 by [illegible], Registrar.

APR 24 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

665-22-044-652

342498

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** Katherine Ann Owens

5. Date of Birth of Child (Month, day, year) Jan. 24, 1906

6. Sex Female

7. Twin or Triplet –

If so—born 1st, 2nd, 3rd –

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Washington Owens
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Westervelt
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Idaho City, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for life ~~XXXX~~ years, and that Dr. Don S. Numbers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Eleanor Dayton Signature

Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of April, 19 42

(SEAL) Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

957-202-024-235

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342522
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Bay view
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Flora Grace Ingram

5. Date of Birth of Child (Month, day, year) Dec. 2nd 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Clark Ingram
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business Steamboat

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Augusta Stephenson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Plainsfield (City or town) Iowa (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonner }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 24 above, that I am now 62 years of age, that I have known this person for 35 years, and that The Nurse (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Caroline Ingram Signature
721 N. 6th ave Sandpoint Idaho P. O. Address

Subscribed and sworn to before me this 15th day of April, 1942

(SEAL) Arthur Bowden Notary Public, residing at Sandpoint

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by Mabel Wilson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 18 1969

APR 24 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and ~~uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-114-107-295

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342524
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Dead

4. FULL NAME OF CHILD Clyde Francis Nelson

5. Date of Birth (Month, day year) 14 Aug 1906

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Francis Frank Nelson
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Sweden (City or town) Sweden (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel May Singer
17. Color or Race White **18.** Age at time of THIS birth 17 yrs.
19. Birthplace Bellevue Idaho (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child No (b) Born alive and now living 1 (c) Born alive and now dead No (d) Stillborn No

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 23 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ethel May Feldsted, being first duly sworn, say that I am mother related (Related to (or) acquainted with) Clyde Francis Nelson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

× Ethel May Feldsted Signature
235 W. Bridger, Pocatello, Ida. P. O. Address

Subscribed and sworn to before me on this 21 day of April 19 42
(SEAL) Laura D. Gough Notary Public, residing at Pocatello, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 19[illegible]

DEC 8 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-21-014-291 APR 25 1942 342529 342529

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342529
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Payette
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Payette
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Eula Victoria Reed

5. Date of Birth of Child (Month, day, year) 3-19-1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Ross Reed
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Logan Utah (City or town) (State or foreign country)
14. Exact Occupation Druggist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Victoria Bradley
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Oakland Oregon (City or town) (State or foreign country)
20. Exact Occupation Milliner
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living X

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 6 5 years of age, that I have known this person for 36 years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie V. Reed Signature

P. O. Address

Subscribed and sworn to before me this 24th day of April, 1942

(SEAL) Marion E. Orr Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 25 1942 by Mary Feller, Registrar.

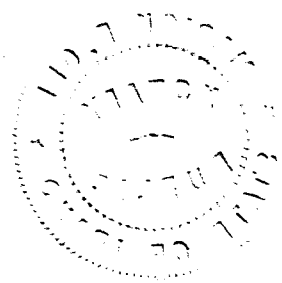
MAR 28 1963

APR 25 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



847-126-040-718 342572

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342572
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. 608 Cedar
(d) Name of Hospital or Maternity Home: birth ocurred at above residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. 608 Cedar
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Wallace, Ida.

4. FULL NAME OF CHILD William David Hughes, Jr.

5. Date of Birth of Child (Month, day, year) Dec. 26, 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William David Hughes
11. Color or Race white
12. Age at time of THIS birth 3 4 yrs.
13. Birthplace Chapman Quarry, Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Storekeeper
15. Industry or Business Owner of small retail store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Elizabeth Gay
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace London England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Alice (First name) Hughes (Last name), who is related to this child as mother (Mother, etc.) (Mrs. W. D. Hughes)

25. Attendant's **OWN** signature Chas. R. Mowery M.D. ~~Midwife~~ Address Spokane Date 4/21/42

State of California
County of Siskiyou } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 35 years, and that Doctor (First name) Mowary (Last name), who attended this birth can be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs W. D. Hughes Signature
Box 116, Weed, California P. O. Address

Subscribed and sworn to before me this 4 day of April, 1942.
(SEAL) J. P. Bradley Justice of the Peace Notary Public, residing at Weed
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-13-029-365

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342581
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 3 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick

4. FULL NAME OF CHILD Leroy William Freytag

5. Date of Birth of Child (Month, day, year) Aug. 31, 1906

6. Sex White

~~Twin or~~ Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Freytag
11. Color or Race White **12.** Age at time of THIS birth 45 yrs.
13. Birthplace Hamilton (City or town) Germany (State or foreign country)
14. Exact Occupation retired Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Othilie Lenz
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace (City or town) Germany (State or foreign country)
20. Exact Occupation Nurses Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of IDAHO } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for 18 years, and that Dr. Hoyt (First name) (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Freytag Signature
Kendrick, Latah, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of April 19 42

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on APR 23 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 25 1942

JAN 17 1968

JUN 27 1945

OCT 28 1971

APR 5 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and upon prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-202-029-984

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342611
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Deary
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home on Farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 4 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Deary
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Deary, Ida.

4. FULL NAME OF CHILD Esther Evelyn Olson

5. Date of Birth of Child (Month, day, year) Nov. 2, 1906

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? No

FATHER OF CHILD

10. **FULL NAME** Jonas Olson
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Hallsya (City or town), Jemtland, Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Elisabeth Rydbom
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Stockholm (City or town), Sweden (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Work

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 35 years, and that Johanna Lundgren (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Elisabeth Rydbom Olson Signature
Deary Idaho P. O. Address

Subscribed and sworn to before me this 20 day of April, 1942

(SEAL) J. W. Blane Notary Public, residing at Potlatch

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-411-005-166

342645

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Montpelier
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD Alva Meridith Gardner

5. Date of Birth (Month, day year) Oct. 11, 1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME George Edwin Gardner

11. Color or Race white

12. Age at time of THIS birth 50 yrs.

13. Birthplace London (City or town) England (State or foreign country)

14. Exact Occupation Bookeeper

15. Industry or Business Hardware

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Affleck

17. Color or Race white

18. Age at time of THIS birth 41 yrs.

19. Birthplace Logan (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I ~~attended~~ was present at the birth of this child, who was alive (born alive, stillborn) at 9 A.M. on the date and at the place stated above, and that personal particulars were furnished by Caroline (First name) Gardner (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature Caroline Gardner M.D. (D.O., Midwife, etc.) and address Date

26. (a) APR 22 1942 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Caroline Gardner, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Alva Meridith Gardner (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Martha Sherley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Caroline Gardner Signature

5234 Lemona ave P. O. Address

Subscribed and sworn to before me on this 24 day of January 1942

(SEAL) Gabriel Worden Notary Public, residing at Los Angeles Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-217.201-963

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 342649
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home: Mrs. Bellamy's Maternity Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 2 days.
In **THIS** county, 2 years ... months ... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Oregon (b) County Multnomah
(c) City Portland
(d) Street Address or R.F.D. No. 1716 N.E. Irving St.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) Portland Ore.

4. **FULL NAME OF CHILD** Corinne Mildretta Lancaster
5. Date of Birth (Month, day, year) Sept. 17, 1906
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ray Perkins Lancaster
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Oak Point Washington (City or town) (State or foreign country)
14. Exact Occupation Architect
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Beulah Rock
17. Color or Race white
18. Age at time of THIS birth 17 years
19. Birthplace Council Bluffs - Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 8-P- M. on the date and at the place stated above, and that personal particulars were furnished by Grace B. Lancaster (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) APR 23 1942 (Date received) (b) (Registrar's signature)

27. Given name added on ... by ... (Registrar's signature)

25. Attendant's **OWN signature** ... M.D. or ... (D.O., Midwife, etc.)
and address ... Date

State of OREGON
County of MULTNOMAH } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Grace B. Lancaster, being first duly sworn, say that I am related (Related to (or) acquainted with) Corinne Mildretta Lancaster (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ... (Name of attendant at birth) who attended said birth ... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Grace B. Lancaster ... Name
Portland, Oregon. ... P. O. Address

Subscribed and sworn to before me on this 13th day of March 1942

(SEAL)

... Notary Public for Oregon
Notary Public, residing at Portland, Ore.
My commission expires June 23, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents in money order or coin.

MAY 2 1942

JUL 23 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date [illegible] Laws, has not been recorded, or [illegible] which has occurred subsequent [illegible] ed and filed by the local reg[illegible] tatistics for the purposes and [illegible] Idaho Code Annotated, when [illegible] panied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

384-102 014-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342684
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida.

4. FULL NAME OF CHILD Charles Raymond Church

5. Date of Birth of Child (Month, day, year) Feb. 2, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Maxfield Isaac Church
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Meadow Grove (City or town) Nebraska (State or foreign country)
14. Exact Occupation Probate Judge
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Belle Kingsbury
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Centerville, (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 36 years, and that Dr. Mary A. Kingsbury (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lillian K Church Signature
629 N. Friends, Whittier, Cal. P. O. Address

Subscribed and sworn to before me this 22nd day of APRIL, 1942.

(SEAL) [signature] Notary Public, residing at COMPTON, CALIFORNIA

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 24 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

145-116-035-296

342704

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Nearly 3 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston-Idaho

4. FULL NAME OF CHILD Roy Olin Ames

5. Date of Birth of Child (Month, day, year) Dec.-16-1906

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Fred Byron Ames.
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Eau Claire (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer-
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lizzie Ree Brooks-
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Clarion (City or town) Iowa- (State or foreign country)
20. Exact Occupation Housewife-
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum -None-

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

State of Iowa } ss.
County of Dundee }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that Mrs. Frances Foster (Course) (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ree Ames Signature
Waterford-Conn. P. O. Address

Subscribed and sworn to before me this 21st day of April, 1942

(SEAL) Frederick T. Davis Notary Public, residing at Waterford, Conn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by Mary McElwain, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

546-226-028-389

342705

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County..... (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: At residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County.....
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Rowena Bertha Edwards

5. Date of Birth of Child (Month, day, year) 5-26-06

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Walter Wm. Edwards
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Tennessee (City or town) (State or foreign country)
14. Exact Occupation Fireman on a steamboat
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Ann Chick
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace South Chard (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Monterey }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 35 years, and that Dr. (First name) Dwyer (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lucy Ann Edwards Signature
206 E. Alisal, Salinas, California P. O. Address

Subscribed and sworn to before me this 17th day of April, 1942

(SEAL) Rose A. Peek Notary Public, residing at Salinas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by Mabel Peterson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-231-022-345

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342716
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Olive Gee ~~Braithwaite~~

5. Date of Birth of Child (Month, day, year) Aug. 31, 1906

6. Sex F. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Edger L. ~~Braithwaite~~ Gee
11. Color or Race W. 12. Age at time of THIS birth 28 yrs.
13. Birthplace Tooele (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary M. Cunningham
17. Color or Race W. 18. Age at time of THIS birth 28 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Edgar L. Gee (First name) (Last name), who is related to this child as Father (Mother, etc.).

25. Attendant's **OWN** signature C. R. Humphries M.D. Midwife Address Date
Dead.

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 36 years, and that Christian Humphrey (First name) (Last name), who attended this birth (Is now deceased) or ~~(Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Edgar L. Gee Signature
P. O. Address

Subscribed and sworn to before me this 16th day of April, 1942
(SEAL) H. A. Boyer Notary Public, residing at Rupert

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

393.104-044-141

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342744
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. R. F. D.,
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has **MOTHER** lived in Idaho? 1896 Since yrs.

3. RESIDENCE OF FATHER (city, state) Same ~~Family removed to Oregon about 1910~~

4. FULL NAME OF CHILD Herbert Benjamin Lile

5. Date of Birth of Child (Month, day, year) Aug. 4, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME Sater Jackson Lile
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Kentucky (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Norville Catherine Adams
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Monticello, Jones County, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Oregon } ss.
County of Baker }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that Mrs. (First name) Shaffer (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Norville Catherine Lile Signature

1620 Plum Street, Baker, Ore. P. O. Address

Subscribed and sworn to before me this 18th day of April, 19 42

(SEAL) Daisy Poe Notary Public, residing at Baker, Oregon

NOTARY PUBLIC, OREGON
My Commission Expires October 6, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 23 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-122-014-386

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342745
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years 11 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? ...yrs.

3. RESIDENCE OF FATHER (city, state) Middleton Idaho

4. FULL NAME OF CHILD Orval Ernestive Chaney

5. Date of Birth of Child (Month, day, year) Jan 22 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick Oscar Chaney
11. Color or Race White
12. Age at time of THIS birth ...yrs.
13. Birthplace Middleton (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Stock Raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Amelia Agatha Thomas
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farmer Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Customary prophylactic used

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ...at...M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ... (First name) (Last name), who is related to this child as ... (Mother, etc.)

25. Attendant's **OWN** signature ... M.D. Midwife Address ... Date ...

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 36 years, and that ... (First name) Hamilton (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Amelia Chaney Signature
Middleton, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of April, 1942.

(SEAL) Dora H. Stark Notary Public, residing at Middleton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by ... Registrar.

MAY 1 1942

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-113-040-352

342794

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Black Bear
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Black Bear
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Black Bear, Idaho

4. FULL NAME OF CHILD Thomas Spencer Cooper

5. Date of Birth of Child (Month, day, year) June 13, 1906

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Cooper
11. Color or Race White
12. Age at time of THIS birth about 35 yrs.
13. Birthplace --- (City or town) Kansas (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Old Standard Mine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora May Leslie
17. Color or Race White
18. Age at time of THIS birth about 22 yrs.
19. Birthplace Galena, (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for almost 36 years, and that A. L. Lehman, M. D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Dora May Cooper Signature
Rt. #2, Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 23d day of April, 1942

(SEAL) Jas A. Foster Clerk of District Court
Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) By Elsa M. Feil Deputy

Received for filing on APR 24 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 28 1942

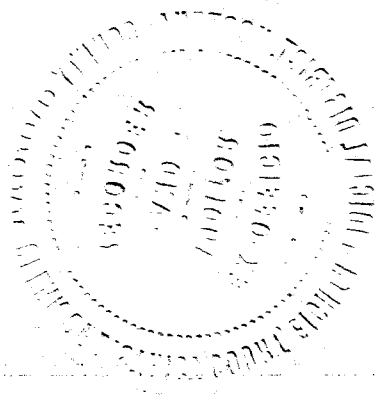
JUL 11 1962

OCT 19 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



418-101-022-413

342799

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342799
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Kilgore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Ranch Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Kilgore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Kilgore,

4. FULL NAME OF CHILD Harry Emmet Martin

5. Date of Birth of Child (Month, day, year) 8/1/1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry Emmet Martin
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Canton Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Emily Mathews
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Salina Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 9.30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Rella Martin (First name) (Last name), who is related to this child as Grandmother (Mother, etc.).

25. Attendant's **OWN** signature Rella Martin M.D. Midwife Address Sequim, Washington Date 4/22/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

304-12-022-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342806
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Sugar City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at dwelling
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 8 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Sugar City
   (d) Street Address or R.F.D. No. 8 Mo 14 Days
   (e) How long has **MOTHER** lived in Idaho? 1 yr / yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** CARL WILSON COMSTOCK

5. Date of Birth of Child (Month, day, year) Aug. 24, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Artemas Ichabod Comstock
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Green City, (City or town) Missouri (State or foreign country)
14. Exact Occupation Bank Cashier
15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lula Pattie Wilson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Sullican County, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California } ss.
County of San Diego, }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60x 59 years of age, that I have known this person for his entire life years, and that James R. Shoup (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Artemas Ichabod Comstock Signature

3156, 3rd Ave. San Diego, Calif P. O. Address

Subscribed and sworn to before me this 20 day of APRIL, 1942

My Commission Expires Sept. 25, 1945.

(SEAL)

Notary Public, residing at SAN DIEGO, CALIF.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-208-001-281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342828
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ada (b) City Boise
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 34 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada.
(c) City Boise
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho. Boise.

4. FULL NAME OF CHILD Velma Lucile Whitlock.

5. Date of Birth of Child (Month, day, year) Dec 8. 1906.

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Elisha David Whitlock
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Star ada County Idaho. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Elizabeth Shawver Whitlock
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace America City Nemaha Co Kansas. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Ventura } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for all her life years, and that Velma Lucile Whitlock (First name) (Last name), who attended this birth Dr. J B Lewis Dec'd (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires July 2, 1942

Eva Elizabeth Shawver Whitlock Signature
176 E. Barnett Ventura Calif P. O. Address

Subscribed and sworn to before me this 23rd day of April, 1942

(SEAL) Nellie E Holt Notary Public, residing at Ventura Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 18 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-126-035-399

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342833
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Cecil Charles Tindall

5. Date of Birth of Child (Month, day, year) Dec. 26, 1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd No

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Tindall
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace State of Utah (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpenter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Tripp
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace State of Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 35 years, and that Dr. Phillips (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Tindall Crawford Signature
Lewiston, Ida. P. O. Address

Subscribed and sworn to before me this 24 day of Apr. 1942
(SEAL) John L. Phillips Notary Public, residing at Lewiston Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by [signature], Registrar.

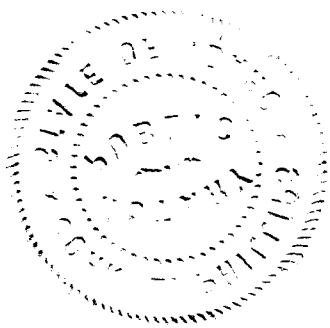
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



262-201-009-133

342837

United States
Department of Commerce
Bureau of the Census

(Be s[illegible] the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Priest River
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Priest River Idaho

4. FULL NAME OF CHILD Flora Bossio

5. Date of Birth of Child (Month, day, year) May 1 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Bossio
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Grimaldi (City or town) Italy (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Altimore
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Grimaldi (City or town) Italy (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 35 years, and that Elizabeth Keyser (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witness: Georgia Hagman
J. E. Richert

Mary Bossio her + mark Signature
Priest River, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of April, 19 42

(SEAL) J. E. Richert Notary Public, residing at Priest River, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

625-12-035-693

342847

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Peck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD HAROLD DAVID O'KEEFE

5. Date of Birth of Child (Month, day, year) July 21, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Timothy Shotwood O'Keefe
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Cornelia Williams
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 36 years, and that Mrs Clawson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Allen A Williams Signature
Deer Park P. O. Address

Subscribed and sworn to before me this 24th day of April, 1942
(SEAL) Notary Public, residing at Deer Park
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by , Registrar.

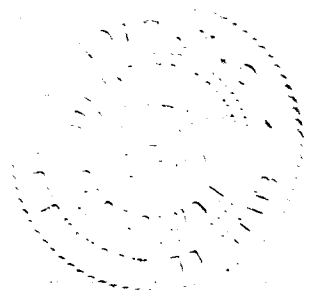
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 28 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



289-102-014-292

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342848
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell R.F.D. 7
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell Ida.

4. FULL NAME OF CHILD Melvin Earl Shrum

5. Date of Birth of Child (Month, day, year) Dec. 2, 1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Carl Joseph Shrum
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Salem, Oregon (City or town) (State or foreign country)
14. Exact Occupation Planer Mill, employee
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Kathleen Bishop
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Connection Wells Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife Address Date

State of Washington } ss.
County of Clallam }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 25 years, and that Dr. James Young (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kathleen Baker Signature
Port Angeles Washington P. O. Address

Subscribed and sworn to before me this 27th day of April, 1942

(SEAL) [illegible] Notary Public, residing at Port Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

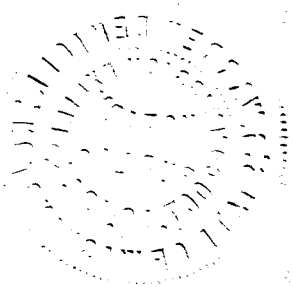
Received for filing on APR 27 1942 by [illegible], Registrar.

APR 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



533-124-044-867

342854

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Wash. (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Buel Allen Edson

5. Date of Birth of Child (Month, day, year) Jun 24, 1906

6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Arthur Elbredge Edson
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace (City or town) California (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Ethelda Hopper
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace (City or town) Kansas (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for almost 36 years, and that Mrs. Steward (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie Lone (Edson) Morris Signature
1490 Saginaw St. Salem Ore. P. O. Address

Subscribed and sworn to before me this 24th day of April, 1942

(SEAL) Karl G. Becke Notary Public, residing at Salem Oregon.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Nov. 23, 1945.

Received for filing on APR 27 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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345-105-029-155

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 342860
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Latah (b) City Potlatch
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 3 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Potlatch
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.
   (f) Mother's mailing address Potlatch, Idaho

3. **RESIDENCE of FATHER** (city, state) Potlatch Idaho

4. **FULL NAME OF CHILD** Carl W. Buell

5. Date of Birth (Month, day, year) Jan. 5, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lemuel W. Buell
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Rooming House
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Ellen Jenkins
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Bolivar Missouri (City or town) (State or foreign country)
20. Exact Occupation Rooming House
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 27 1942 (Date received) (b) Mabel H. Coleman (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Snohomish }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Julia Ellen Buell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Carl W. Buell (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Miss Eades (Name of attendant at birth), who attended said birth cannot be located (~~Is now deceased~~ (or) cannot be located) and that this birth has not been previously recorded.

Julia Ellen Buell Signature

R. F. D. #1, Snohomish, Washington P. O. Address

Subscribed and sworn to before me on this 23rd day of April, 1942

(SEAL) Clarence Coleman Notary Public, residing at Everett

JUN 17 2014

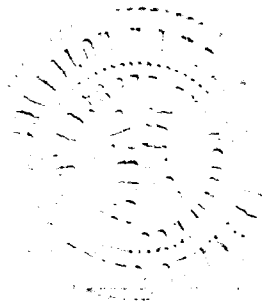
APR 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED



693 - 187-033-694

342868

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Thornton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home On A Farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 31 years 9 months 48 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Thornton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ross J. Williams

5. Date of Birth of Child (Month, day, year) 2/17/ 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Morgan Williams
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Murry Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annis Elnora Firth
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace South Weabber Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by Myself (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 68 years, and that Mrs Wiley (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires Feb. 20, 1945.

X Annis Elnora Williams Signature

Los Angeles California P. O. Address

Subscribed and sworn to before me this 30th day of April 19 42

(SEAL) Maud E. Brown Notary Public, residing at Los Angeles Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-104-014-299

342909

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Idaho

4. FULL NAME OF CHILD Coridon Cullen Barnes

5. Date of Birth of Child (Month, day, year) October 4, 1906

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clarence Edwin Barnes
11. Color or Race White **12.** Age at time of THIS birth 20 yrs.
13. Birthplace On Ranch Fergus County, Montana (City or town) (State or foreign country)
14. Exact Occupation Book Keeper
15. Industry or Business Idaho Implement Co. LTD

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances Augusta Birdwell
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Montesano, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Wyoming } ss.
County of Fremont }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 35 Yrs 7 Mo years, and that Dr. Meyers (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clarence E Barnes Signature
Riverton, Wyoming Box 727 P. O. Address

Subscribed and sworn to before me this 24th day of April, 1942.

(SEAL) Neta Barnes Notary Public, residing at Riverton, Wyoming

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

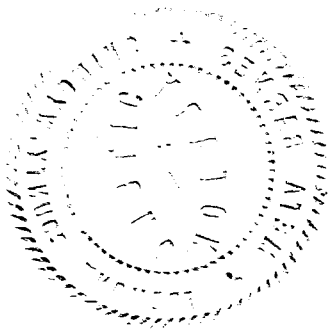
APR 2 6 1946

JUN 25 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



719-125-003-368

342931

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: in own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD RobertVance Parks

5. Date of Birth of Child (Month, day, year) May, 25, 1906

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Labon Dassius Parks
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Pleasant Hill (City or town) Nebraska (State or foreign country)
14. Exact Occupation common laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Idella May Cowdrey
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace near Woldan (City or town) Colorado (State or foreign country)
20. Exact Occupation housewife,
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho-nnie } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father - (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 62 years of age, that I have known this person for 36 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Labon G. Parks Signature
1690 Pacific st. P. O. Address

Subscribed and sworn to before me this 19th day of February, 19 42

(SEAL) Estelle V. Gray Notary Public, residing at Bakersfield, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires December 4, 1945

Received for filing on APR 25 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an additional payment of fifty cents, money order or coin.

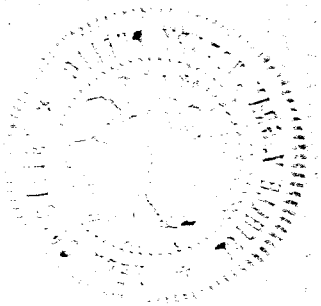
APR 29 1942.

APR 16 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



268-121-508-638

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342952
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City —
(c) Street Address or R.F.D. No. TWIN SPRINGS
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months ✓ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Boise
(c) City —
(d) Street Address or R.F.D. No. TWIN SPRINGS
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) TWIN SPRINGS, IDAHO

4. FULL NAME OF CHILD Noble Edward Boyce

5. Date of Birth of Child (Month, day, year) Sept. 21 1906

6. Sex Male **7.** Twin or Triplet No **If so—born** 1st, 2nd, 3rd ✓ **8.** No. months of Pregnacy 8 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Reuben Ely Boyce
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace MARBLE FALLS (City or town) TEXAS (State or foreign country)
14. Exact Occupation MINE OPERATOR
15. Industry or Business MINING

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Caroline Ochseltree
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace LITTLE ROCK (City or town) ARKANSAS (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN

23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California
County of San Francisco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 35 years, and that Adeline Pearl Boyce (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Reuben E. Boyce Signature
2611 Pine St-San Francisco, Cal. P. O. Address

Subscribed and sworn to before me this 21st day of April, 19 42

(SEAL) ..... Notary Public, residing at San Francisco Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 25 1942 by ..... Registrar.

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-220-APR 044-122

343013

42

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343013
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 1120 E. 2nd St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 6 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. R.F.D. #2
(e) How long has MOTHER lived in Idaho? two yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Edith Elizabeth Galloway

5. Date of Birth of Child (Month, day, year) Oct. 20, 1906

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Augustus Flournoy Galloway
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Weiser, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lulu Edith Abbott
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Sacramento, California (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of IDAHO } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 36 years, and that Dr. Joseph R. Numbers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Augustus Flournoy Galloway Signature

Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of April, 1942.

(SEAL) J. W. Falconer Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by Maud Feder, Registrar.

APR 30 1942

MAY 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-130-008-431 343033 **343033**

United States MAY 1 1942 (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Pearl
(c) Street Address or R.F.D. No. Via Eagle
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Pearl
(d) Street Address or R.F.D. No. Via Eagle
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Pearl, Idaho

4. FULL NAME OF CHILD John Angus McKenney

5. Date of Birth of Child (Month, day, year) June 30, 1906

6. Sex Male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Brasier McKenney
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Velajo (City or town) California (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mable McAskill
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Eureka (City or town) Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Ida
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 35 years, and that Dr Skipping (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mable McKenney Signature
2008 No 16, Boise, Idaho. P. O. Address

Subscribed and sworn to before me this 1st day of May, 1942.
(SEAL) [signature] Notary Public, residing at Boise, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires May 15, 1942

Received for filing on MAY 1 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1942

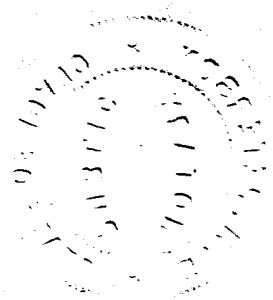
JUN 6 1958

FEB 19 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



469-129-036-214

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343047
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Neeley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Kyrel Baugh Morgan

5. Date of Birth of Child (Month, day, year) July 29, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George William Morgan
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Neeley, Oneida County, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Alice ~~Morgen~~ Baugh
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Wellsville, Utah (City or town) (State or foreign country)
20. Exact Occupation deceased
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by George William Morgan (First name) (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that Richard F. Noth (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George William Morgan Signature
American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of April, 19 42

(SEAL) Notary Public, residing at American Falls, Id

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 29 1942

MAY 13 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-213-006-282

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343060
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BINGHAM (b) City MILO
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County BINGHAM
(c) City MILO
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) MILO, Idaho

4. FULL NAME OF CHILD HARRIET HANCEY

5. Date of Birth of Child (Month, day, year) March 13, 1906

6. Sex FEMALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME ARTHUR CLAUDIUS HANCEY
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Hyde PARK, (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MINNIE BYBEE
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace MANTI, (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ARGYROL

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 36 years, and that DR S.S. (First name) FULLER (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A C Hancey Signature
Box 21 Idaho Falls P. O. Address

Subscribed and sworn to before me this 27 day of April, 1942

(SEAL) G E Demm Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

815-201-066-282

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343062
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BINGHAM (b) City MILO
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County BINGHAM
(c) City MILO
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) LEORIN, IDAHO

4. FULL NAME OF CHILD Guinevere Hancey

5. Date of Birth of Child (Month, day, year) MARCH 1, 1906

6. Sex FEMALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME ARThuR ClaudiuS HANCEY
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Hyde PARK, UTAH (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MINNIE Bybee
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace MANTI (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ARGYROL

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 40 years, and that Josephine Tompson (First name) (Last name), who attended this birth IS NOW deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A C Hancey Signature
Box 24 Idaho Falls P. O. Address

Subscribed and sworn to before me this 27 day of April, 1942
(SEAL) W. E. Pinnis Notary Public, residing at Idaho Falls Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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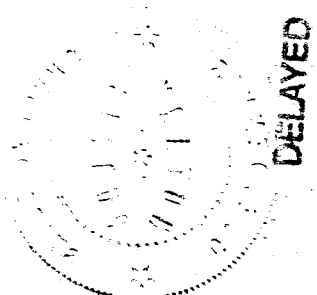

Photo added by Burnt Almond Fudge

Guinevere Hancey

BIRTH 1 Mar 1902 • Idaho, USA

DEATH 16 Oct 1990 • Saint George, Washington County, Utah, USA

BURIAL Saint George City Cemetery • Saint George, Washington County, Utah, USA

PLOT N_1_15

MEMORIAL ID 42869

Guin not born 1906
HOLD
see sibling non twin
1906-343060 born 3/13/06

Deseret News, The (Salt Lake City, UT) - October 18, 1990 Guinevere Hancey, age 88, died late Tuesday, October 16, 1990 at Dixie Medical Center.

She was born March 1, 1902 at Willow Creek, ID to Arthur C. and Minnie Bybee Hancey.

Reared and educated in Yukon, ID, Guinevere has also lived in Osgood, ID, Milo, ID, Idaho Falls, ID, Salt Lake City, UT and St. George, UT. An active member of the LDS Church, she has served as Sunday School Secretary for 16 years for the University 12th Ward. She was a... n exceptional seamstress and loved to make clothes for her nieces and granddaughter. Her most important talent was crocheting, producing beautiful tablecloths. One of her proudest accomplishments was the crocheting of alter cloths for the Salt Lake and Jordan River Temples. She was employed as a domestic at Remington Arms in Salt

343-22-0075-785

343069

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343069
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clayles Fred Luttropp

5. Date of Birth of Child (Month, day, year) July 22, 1904

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Reinhardt A Luttropp

11. Color or Race white

12. Age at time of THIS birth 38 yrs.

13. Birthplace Hartford (City or town) Wisconsin (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mynni Ohlfs

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Ghent (City or town) Kentucky (State or foreign country)

20. Exact Occupation Housework

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Reinhardt (First name) Luttropp (Last name), who is related to this child as Father. (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 35 years, and that Dr. J M Family (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred W. Luttropp Signature

Eugene, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of April, 1942

(SEAL) [illegible] Notary Public, residing at Orofino Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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799-227-021-215

343084

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Treasureton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Treasureton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Treasureton Ida

4. FULL NAME OF CHILD Javabell Griffiths

5. Date of Birth of Child (Month, day, year) April 27 1906

6. Sex Fe **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fredrick Griffiths
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Javaba maude Bavgay
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Treasureton (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the Close Friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 35 years, and that EELEN (First name) BARBAR (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hulda Atkinson Signature
1322 Calumet Ave, Los Angeles P. O. Address

Subscribed and sworn to before me this 24th day of April, 19 42

(SEAL) O. M. Rathsen Notary Public, residing at 1046 Temple St. Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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APR 2 9 1942

DELAYED REGISTRATION LAW

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413-129-043-544

343094

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Valley (b) City Vanwyck
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none- at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise(now Valley)
   (c) City near Vanwyck
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Vanwyck, Ida.

4. **FULL NAME OF CHILD** Chester Vernon Matthews

5. Date of Birth of Child (Month, day, year) June 29, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Matthews
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Heartville, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Jane Emmerson
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Heartville Missouri (City or town) (State or foreign country)
20. Exact Occupation school girl
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Caroline I Matthews (First name) (Last name), who is related to this child as grand mother (Mother, etc.)

25. Attendant's **OWN** signature Caroline I Matthews MRS Midwife Address Star, Idaho Date 4-24,1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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296-219 025-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 343124
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Idaho (b) City Grangeville
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. In THIS county 4 years 6 months 23 days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Grangeville Ida.

3. RESIDENCE OF FATHER (city, state) Grangeville Ida

4. FULL NAME OF CHILD Roselle Carmen Brown

5. Date of Birth (Month, day, year) Feb. 19 1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Horace Victor Brown
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Roseburg (City or town) Oregon (State or foreign country)
14. Exact Occupation stock raiser
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cassie Beatrice Cowan
17. Color or Race white
18. Age at time of THIS birth 24 years
19. Birthplace Yoncalla (City or town) Oregon (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 27 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cassie Beatrice Brown, being first duly sworn, say that I am related to (Related to (or) acquainted with) Roselle Carmen Brown (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stocton (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Cassie Beatrice Brown Name
Grangeville Ida. P. O. Address

Subscribed and sworn to before me on this 23 day of April

(SEAL) [signature] Notary Public, residing at Grangeville Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-103-009-314

343186

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Sandpoint
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Sandpoint
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sandpoint Ida

4. **FULL NAME OF CHILD** Guy Forest Millard

5. Date of Birth of Child (Month, day, year) Aug 3 1906

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry A Millard
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Fond du lac Wis. (City or town) (State or foreign country)
14. Exact Occupation Shingle Manufacture
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura M Campbell
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Fair Child Wis. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 35 years, and that Mrs. W. H. Travis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. W. H. Laura M. Millard Signature

Priest River, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of April, 1942

(SEAL) Notary Public, residing at Coeur d Alene, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 3 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795 118-028-317

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

343284

State File No.
Local Reg. No.
Reg. Dist. No.

APR 29 1942

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Hayden Lake
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Hayden Lake
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address.

3. RESIDENCE OF FATHER (city, state) Hayden Lake, Ida.

4. FULL NAME OF CHILD Leroy Raymon Green

5. Date of Birth (Month, day, year) July 18 1906

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edgar Lee Green

11. Color or Race White

12. Age at time of THIS birth.....yrs.

13. Birthplace Elk River (City or town) Minnesota (State or foreign country)

14. Exact Occupation Maintainance Mill Wright

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Abbie K Lagers

17. Color or Race White

18. Age at time of THIS birth 22 years

19. Birthplace Seneca (City or town) Missouri (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) APR 29 1942 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Klamath } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edgar Lee Green, being first duly sworn, say that I am related to (Related to (or) acquainted with) Leroy Raymon Green (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wenz (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Edgar Lee Green Name

1635 Siskiyou, Klamath Falls, Ore. P. O. Address

Subscribed and sworn to before me on this 21st day of January 1941

(SEAL) [signature] Notary Public, residing at Klamath Falls, Ore.

MY COMMISSION EXPIRES Nov-1-1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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343289

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County IDAHO (b) City STITES
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 6 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City STITES
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD PHILIP JAMES LYONS

5. Date of Birth of Child (Month, day, year) 10-8-06

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME GUSTAVUS JAMES LYONS
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace OATSDALE (City or town) WISCONSIN (State or foreign country)
14. Exact Occupation BLACKSMITH
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME BERTHA A HENDREN
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace GRANGEVILLE (City or town) IDA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by BERTHA A LYONS (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature · M.D. Midwife Address Date

State of California } ss.
County of Contra Costa }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I ~~am~~ now 54 years of age, that I have known this person for 36 years, and that Mrs. L. H. Lyle (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha A Lyons Signature
323 Yosemite Ave Richmond Calif. P. O. Address

Subscribed and sworn to before me this 24 day of April, 1942

(SEAL) Notary Public, residing at El Cerrito

My Commission Expires March 7, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253 107 044 619

343300

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 Mo. yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Albie Lyman Beck

5. Date of Birth of Child (Month, day, year) July 7, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John William Beck
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Chicarta (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Tyla May Farnum
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Bloomer (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature M.D. DECEASED Midwife Address not known(possibly deceased Date

State of Oregon
County of Josephine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 35 years, and that Doctor (First name) P. Numbers (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Tyla May Farnum Beck Signature
114 S. Seventh St. Grants Pass, Ore. P. O. Address

Subscribed and sworn to before me this 21st day of April, 1942.

(SEAL) My commission expires MAY 26 1942 Notary Public, residing at Grants Pass, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth~~ which ~~has occurred subsequent to~~ such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

542-112044-493

343302

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser Idaho

4. **FULL NAME OF CHILD** Maxwell Patrick Nuslein

5. Date of Birth of Child (Month, day, year) November 12, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Patrick Nuslein
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Millie Elenore Miller
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Omaha (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Harney }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 36 years, and that Nelly Turner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs. Myrtle Turner Signature

Medical Springs, Oregon P. O. Address

Subscribed and sworn to before me this 25th day of April, 1942

(SEAL) Mabel M. Jarrett Notary Public, residing at Pendleton, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public for Oregon

My commission expires ~~May 6, 1944~~

Received for filing on APR 30 1942 by Mabel M. Jarrett, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

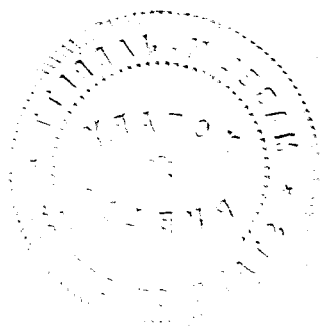
MAY 1 1942

SEP 1 0 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



753 105 009 219

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343304
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sand Point
(c) Street Address or R.F.D. No. General Del.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sand Point
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Sand Point Idaho

4. FULL NAME OF CHILD Ellsworth Fred Pelton

5. Date of Birth of Child (Month, day, year) July 5, 1906

6. Sex Male **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st. **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Bertrand Nelson Pelton
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Canada (City or town) Maine (State or foreign country)
14. Exact Occupation Stationary Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lizzie Alice Baxter
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Plymouth (City or town) Indiana (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 35 years, and that Dr. Page (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lizzie Alice Pelton Signature
Seattle Wash. 9436 Greenwood P. O. Address

Subscribed and sworn to before me this 28th day of April, 1942.

(SEAL) R. C. Turney Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by Mabel Nielsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693-119 004-213

343341

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Bloomington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bloomington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Bloomington, Idaho

4. FULL NAME OF CHILD Charles William Wilkes

5. Date of Birth of Child (Month, day, year) Dec. 19, 1906

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Wilkes
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace St. Charles, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Rebecca Ball
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Coalville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of ~~birth and including this~~ child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Wyoming } ss.
County of Lincoln }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 36 years, and that Dr. (First name) Haywood (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Wilkes
Signature
Frontier, Wyoming
P. O. Address

Subscribed and sworn to before me this 28 day of April, 1942

(SEAL) Mae Bentley Notary Public residing at Kemmerer, Wyo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar.

APR 30 1942

MAY 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253 -106- MAY 2 014 -253 1942

343349 343349

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343349
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Ida.

4. FULL NAME OF CHILD Donald Lawrence Beckstead

5. Date of Birth of Child (Month, day, year) Oct. 6, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Perry Lasalle Beckstead
11. Color or Race white
12. Age at time of THIS birth 20 yrs.
13. Birthplace Racetrack (City or town) Montana (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Maud Ketcham
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Wyoming (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Adams }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 35 years, and that Dr. Away (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Maud Beckstead Signature

Council, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of May, 19 42.

(SEAL) [signature] Notary Public, residing at Council

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1942 by Maud F. Elder, Registrar.

MAY 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-220-001853

PLACE OF BIRTH

County of Ada

City of Meridian

No. Rural St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 343355

Registration District No. ..... State File No. 343355

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Mary Alice Pierce
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female				Yes	June (Month) 20 (Day) 1906 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth One (a) Born alive and now living One

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME William Pierce	FULL MAIDEN NAME Elizabeth Hellawell
Residence (Usual place of abode) Meridian	Residence (Usual place of abode) Meridian
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 30 (Years)	Color or race White Age at last Birthday 44 (Years)
Birthplace Merriam Kansas (City and State or County)	Birthplace Youngstown Ohio (City and State or County)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

(Signature) Ella Beckdolt

Kuna, Idaho
~~[illegible]~~ midwife

Address Mabel F. Elder

Filed May 2 1942 Mabel F. Elder, Reg.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 4 19[illegible]

JUL 12 1954

DELAYED

219-111-014 - 22 MAY 4 1942

343361 343361

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343361
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. Nampa
(d) Name of Hospital or Maternity Home: Mercy Hospital
(e) Mother's stay BEFORE delivery: IN THIS county — years 4 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Murphy
(d) Street Address or R.F.D. No. Murphy
(e) How long has MOTHER lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) dead

4. FULL NAME OF CHILD John Barriatua

5. Date of Birth of Child (Month, day, year) 11-11-06

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Domingo Barriatua
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Madrid, Spain (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Stock raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Teodora Baetarica
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Madrid, Spain (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 4 gtts 1%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Geo. A. McKillop M.D. ~~Midwife~~ Address Nampa, Idaho Date 5-2-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Her (X) mark Teodora Baetarica Signature
401-Pioneer St. Boise Idaho P. O. Address

Subscribed and sworn to before me this 2 day of May, 1942.
(SEAL) Donald C. Potts Notary Public, residing at Nampa, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mark H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1942

DELAYED

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

600—ACKNOWLEDGMENT—SINGLE emudd Printed and for sale by Statesman Ptg. Co., Boise, Idaho

STATE OF IDAHO,
County of Canyon } ss.

On this 2nd day of May, in the year 19 42 before me Donald C. Potter, a Notary Public in and for said State, personally appeared Geo O.H. Kellogg

known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.

Donald C. Potter

Notary Public for Idaho, Residing at Nampa, Idaho.

600—ACKNOWLEDGMENT—SINGLE emudd Printed and for sale by Statesman Ptg. Co., Boise, Idaho

STATE OF IDAHO,

County of Canyon } ss.

On this 2 day of May, in the year 19 42 before me Nicola C. Fitts a Notary Public in and for said State, personally appeared Geo. O. H. Kellogg known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.

Nicola C. Fitts

Notary Public for Idaho, Residing at Nampa, Idaho.

STATE OF IDAHO NOTARY PUBLIC

St. John's Cathedral
804 NORTH NINTH STREET
PHONE 52
BOISE - IDAHO

Dec 29, 1943

To whom it may concern:

Our "official Baptismal Record Book," shows John Barriatua was born Nov 11, 1906; and was baptized Jan. 5, 1909. The photostatic copy shows he was born, 1908 - which is wrong. It should read 1906, according to his Baptismal certificate, as registered here at St. Johns Cathedral Rectory.

signed B. J. Carey - asst
Boise Idaho.

DEC 30 1943

DEC 20 1943

SEP 10 1969

864 718-008-693 343368

United States Department of Commerce Bureau of Census

MAY 4 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 343368
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Boise (b) City Sweet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ___ days. IN THIS county ___ years ___ month ___ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Sweet
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 60 Yrs. yrs.
(f) Mother's mailing address Sanitarium

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD George Elmer Hodges

5. Date of Birth (Month, day, year) Jan. 18, 1906

6. Sex Male.

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Thomas Robert Hodges	16. FULL MAIDEN NAME Mary Ellen Williams
11. Color or Race White 12. Age at time of THIS birth 26 yrs.	17 Color or Race White 18. Age at time of THIS birth 24 yrs.
13. Birthplace Bates County (City or town) Missouri (State or foreign country)	19. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ___ (born alive, stillborn) at ___ M. on the date and at the place stated above, and that personal particulars were furnished by ___ (First name) (Last name), who is related to this child as ___ (Mother, etc.)

26. (a) MAY 4 1942 (Date received) (b) Mary F. Elder (Registrar's signature)

27. Given name added on ___ by ___ (Registrar's signature)

25. Attendant's OWN signature ___ M.D. (D.O., Midwife, etc.) and address ___ Date ___

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Dollie Whitney, being first duly sworn, say that I am related (Related to (or) acquainted with) to George Elmer Hodges (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Skippen (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Dollie Whitney Signature

Middleton, Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of May, 1942

(SEAL) Alta Donovan Notary Public, residing at Boise, Idaho

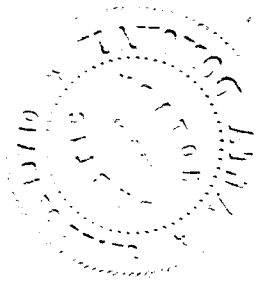
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



813 121 007 466

343378

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

MAY 5 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343378
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Carey, Idaho

4. FULL NAME OF CHILD James Ezra Hale

5. Date of Birth of Child (Month, day, year) Sept. 21, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Ezra Hale
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Sever County, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Lucina Moore
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Wills County, North Carolina (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 35 years, and that Mrs. Carey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary L. Att
Signature

Nettus, Idaho
P. O. Address

Subscribed and sworn to before me this 30 day of April, 1942.

(SEAL) Clive Snow
Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by Mary Fielder, Registrar.

JUN 26 1968

MAY 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-107-008 MAY 6 1942 236 343386

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343386
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Van Wyck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Van Wyck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Van Wyck, Ida

4. FULL NAME OF CHILD Ezer Oran Evans

5. Date of Birth of Child (Month, day, year) 2/7/1906

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andrew Evans
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Hickory County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Stockam
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Joplin, Missouri (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Valley } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 36 years, and that Mrs. Thayer (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew Evans Signature
Cascade, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of May, 19 42

(SEAL) Forest E. Robb, Auditor ~~Notary Public~~, residing at Cascade, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) by Mildred Kimball Deputy Registrar.

Received for filing on MAY 6 1942 by Maud F. Elder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-101-020 383 MAY 0 1942

343395 343395

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Glenns Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenns Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Odessa Gilberta Hickey

5. Date of Birth of Child (Month, day, year) Sept 1 - 1906

6. Sex White **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd 2nd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Granville Warham Hickey
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Glenns Ferry (City or town) Idaho (State or foreign country)
14. Exact Occupation Deceased
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Ardeele Tyler
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Girard (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 36 years, and that Dr John Baugh (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Myrtle Hickey Ball Signature
Boise Idaho P. O. Address

Subscribed and sworn to before me this 4th day of May, 1942

(SEAL) William A. Hickey Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by Mavel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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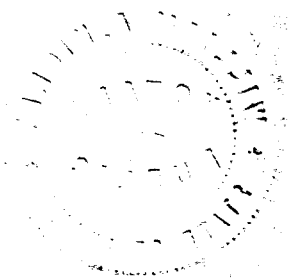
MAY 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343407
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Morrow
(c) Street Address or R.F.D. No. Gen'l Delivery
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Morrow
(d) Street Address or R.F.D. No. Gen'l Del.
(e) How long has **MOTHER** lived in Idaho? four yrs.
(f) Mother's mailing address Morrow, Nez Perce Co. Idaho

3. RESIDENCE of FATHER (city, state) " " "

4. FULL NAME OF CHILD Charles Elmer Pierstorff

5. Date of Birth (Month, day year) Oct. 4th 1906

6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Elmer Pierstorff
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Riverton (City or town), Nebr. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Charlotte Vennigerhof
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Alpowa P.O. (City or town) Wash. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at four P.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 30 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Sarah Charlotte Pierstorff, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Charles Elmer Pierstorff (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Turner (Name of attendant at birth), who attended said birth Cannot Now be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sarah Charlotte Pierstorff Signature
Star Route - Lewiston Idaho P. O. Address

Subscribed and sworn to before me on this 29th day of April, 1942
(SEAL) [signature] Notary Public, residing at Lewiston Idaho

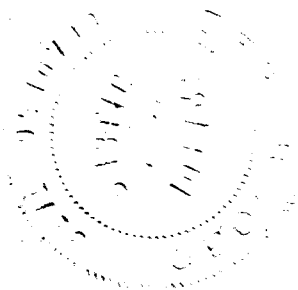
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



447-121019-155

343420

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Chilly
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Chilly
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Chilly, Idaho

4. **FULL NAME OF CHILD** Stephen Arthur Duggins

5. Date of Birth of Child (Month, day, year) April 21, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wilburn Duggins
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Fillmore (City or town) Utah (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Stock Raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Myrtle Averitt
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Mount Pleasant (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Borix Water
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Arizona } ss.
County of Maricopa }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 36 years, and that Dr. (First name) Charley Baker (Last name), who attended this birth No contact (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wilburn Duggins Signature

1805½ W. Jefferson St., Phoenix, Ariz. P. O. Address

Subscribed and sworn to before me this 27 day of April, 1942.

(SEAL) Adam Abel Notary Public, residing at 1012 W. Washington Phoenix, Ariz

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17 ... Code Annotated.)

Received for filing on MAY 1 1942 by Maud Fiedler, Registrar.

MAY 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure ~~to report any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343427
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Wardner Idaho

4. FULL NAME OF CHILD Sadie Mae Stout

5. Date of Birth of Child (Month, day, year) Nov. 25, 1906

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Roy Stout
11. Color or Race White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Columbus (City or town) Missouri (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Della Alkire
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Columbus (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 35 years, and that Dr. Matthet (First name) (Last name), who attended this birth x (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Della Alkire Stout Signature
Savoy Mont. P. O. Address

Subscribed and sworn to before me this 29 day of April, 1942
(SEAL) [signature] Notary Public, residing at Dodson Mont.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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238 - 107 - 028 - 432

343436

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Medimont
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Medimont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Medimont Ida

4. FULL NAME OF CHILD Harry Bryson Bollin Schuttler.

5. Date of Birth of Child (Month, day, year) Oct 7th 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Gustav Harry Schuttler

11. Color or Race white

12. Age at time of THIS birth 34 yrs.

13. Birthplace Chicago (City or town) Ill. (State or foreign country)

14. Exact Occupation Farm - road work

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Fay Mc Kelvey

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Bismarck (City or town) Ill. (State or foreign country)

20. Exact Occupation

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 35 years, and that Dr. John Busby (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Fay Schuttler Signature

2112 - Perkins ave, apt # 5 Dc. P. O. Address

Subscribed and sworn to before me this 24th day of April 1942.

(SEAL) Notary Public, residing at Washington D.C.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Mabel Keleher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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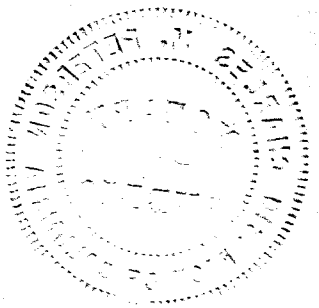
MAY 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



168 111-033168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343437
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Ruston
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Ruston
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Ruston Idaho

4. FULL NAME OF CHILD Daniel Hofmann Johnson

5. Date of Birth of Child (Month, day, year) April 11, 1906

6. Sex white **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Nephi Johnson
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Hofmann Johnson
17. Color or Race white **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Thun, Bern (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 11 a. M. on the date and at the place stated above, and that personal particulars were furnished by Lena H. (First name) Johnson (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 36 years, and that Maryanne (First name) Watts (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena H. Johnson Signature
2028 Lake St. Salt Lake City Utah P. O. Address

Subscribed and sworn to before me this 30 day of April, 19 42

(SEAL) Notary Public, residing at Salt Lake

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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343542

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. 113 ADA ST.
(d) Name of Hospital or Maternity Home: CHILD WAS DELIVERED AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No. 113 ADA ST.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) DECEASED.

4. FULL NAME OF CHILD DANIEL BOYDE CATHCART

5. Date of Birth of Child (Month, day, year) 12-8-06 1906

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES.

FATHER OF CHILD

10. FULL NAME CLYDE ELMER CATHCART
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace KANSAS (City or town) (State or foreign country)
14. Exact Occupation DECEASED.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME PLEZA FLORA ROBERTS.
17. Color or Race WHITE
18. Age at time of THIS birth 31 yrs.
19. Birthplace MADRID (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 8:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by PLEZA (First name) CATHCART (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Mrs. J. C. Talbott ~~M.D. - MIDWIFE~~ Address 2511 CATALINA ST. L.A. CALIF. Date 4-27-42

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 26 years of age, that I have known this person for 35 years, and that DR. S BECK & LENON (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pleza Cathcart Bartel Signature
1907 Hyperion Ave P. O. Address

Subscribed and sworn to before me this 27th day of April, 19 42.

(SEAL) Marguerite F. Sanchez Notary Public, residing at Los Angeles, Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Mabel Weeks, Registrar.

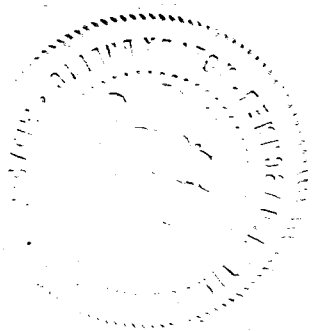
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY [illegible] 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County NEZ PERCE (b) City MOHLER
(c) Street Address or R.F.D. No. IDAHO USA
(d) Name of Hospital or Maternity Home: MOHLER IDAHO - USA
(e) Mother's stay BEFORE delivery: IN THIS county 18 years — months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County NEZ PERCE
(c) City MOHLER
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD IVAN MOSES RICKETTS

5. Date of Birth of Child (Month, day, year) Feb 17-1906

6. Sex MALE

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOHN HENRY RICKETTS
11. Color or Race WHITE **12.** Age at time of THIS birth 44 yrs.
13. Birthplace DUNDAS (City or town) MISSOURI (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMER.

MOTHER OF CHILD

16. FULL MAIDEN NAME BERTHA ANN WILLOUGHBY
17. Color or Race WHITE **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Troy (City or town) Idaho (State or foreign country)
20. Exact Occupation ~~Stenographer~~ Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Agno3

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at II-45 P.M. on the date and at the place stated above, and that personal particulars were furnished by mother (First name) Bertha Ann Rickett (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's **OWN** signature R C Douglas — M.D. ~~Midwife~~ Address Craigmont Idaho Date Apl 23-1942

State of Province of Alberta
County of CANADA. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 36 years, and that Mrs Jemima Jackson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Ann Ricketts Signature

Millet.. Alberta Canada. P. O. Address

Subscribed and sworn to before me this 29th day of April, 1942

(SEAL) Arthur Phillipson Notary Public, residing at Millet Alberta Canada

My Commission Expires Dec. 31st 1944

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Bbise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 11 1976

MAY 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Residence
(e) Mother's stay BEFORE delivery: IN THIS county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ella May Gould

5. Date of Birth of Child (Month, day, year) June 8, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Edward Gould

11. Color or Race white

12. Age at time of THIS birth 33 yrs.

13. Birthplace Buffalo, Kas (City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Andrews

17. Color or Race white

18. Age at time of THIS birth 19 yrs.

19. Birthplace Hibbard, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 35 years, and that Mrs. (First name) Riggs (Last name), who attended this birth is now deseased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph E. Gould Signature

P. O. Address

Subscribed and sworn to before me this 25th day of April, 19 42

(SEAL) Kathryn C. Johnson Clerk of District Court Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 8 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to ~~report any birth which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 857 So Main St
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 3 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 857 So Main
(e) How long has **MOTHER** lived in Idaho? 3 Mo-5 da ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Pocatello Ida

4. FULL NAME OF CHILD Zella Belle Butcher

5. Date of Birth of Child (Month, day, year) Jan-14, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Javan Giles Butcher
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Chapin (City or town) Illinois (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Lawrence
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Lake City (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 36 years, and that Anna ~~Bird~~ Bird (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Lawrence Butcher, Whitcomb Signature
430 Park Ave Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 24 day of March, 1942

(SEAL) [signature] Notary Public, residing at Pocatello Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Winona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Winona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? five yrs.

3. RESIDENCE OF FATHER (city, state) Winona, Idaho

4. FULL NAME OF CHILD Lyle Rex Mitchell

5. Date of Birth of Child (Month, day, year) Apr. 15, 1906

6. Sex male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd ------

8. No. months of Pregnacy regular

Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elvie Elmer Mitchell

11. Color or Race white

12. Age at time of THIS birth 31 yrs.

13. Birthplace Christian Co., (City or town) Illinois (State or foreign country)

14. Exact Occupation farming

15. Industry or Business farming, agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Belle Jinks

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Rochester, (City or town) Minnesota (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business housewife in home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Minnie (First name) & Elvie Mitchell (Last name) who is related to this child as parents (Mother, etc.)

25. Attendant's **OWN** signature deceased M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now -69----- years of age, that I have known this person for ------ years, and that Charles (First name) Busey (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Bell Mitchell Signature

E3002 Diamond Ave., Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 30th day of April, 19 42.

(SEAL)

Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Mary E Eller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None - home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Shelley, Idaho

4. FULL NAME OF CHILD Jessie LeRoy Williams

5. Date of Birth of Child (Month, day, year) March 22, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Spencer Williams
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Malad, Idaho (City or town) (State or foreign country)
14. Exact Occupation Grocerman and Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margueretta Oler
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace American Fork, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 36 years, and that Mrs. Jimmett (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Spencer Williams Signature
Bone, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of March, 19 42

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343658
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Kaufman
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Kaufman
(d) Street Address or R.F.D. No. Star Route
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Kaufman Idaho

4. FULL NAME OF CHILD Thelma Irene Franklin

5. Date of Birth of Child (Month, day, year) Oct 14, 1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Mit Franklin
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Emporia (City or town) Kansas (State or foreign country)
14. Exact Occupation Freighter
15. Industry or Business Lead Ore

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Adell Richardson
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace McPherson (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Oregon } ss.
County of Lane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 35 years, and that Mattie (First name) Goddard (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Grace Adell Mulkey Signature

Eugene, Oregon—907 W. 8th Ave. P. O. Address

Subscribed and sworn to before me this 30th day of April, 19 42

(SEAL) ____ Notary Public, residing at Eugene, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com. expires 3/8/1944

Received for filing on MAY 4 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-127-001-659 MAY. 7 1942 343702 343702

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Madison St.,
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Ida.

4. FULL NAME OF CHILD Oren Fay Breshears

5. Date of Birth of Child (Month, day, year) June 22, 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Winfield Breshears
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Boise, Idaho (City or town) (State or foreign country)
14. Exact Occupation Freighter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Ferrell
17. Color or Race wht
18. Age at time of THIS birth 24 yrs.
19. Birthplace Star, Ada County, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature O W Hall M.D. ~~Midwife~~ Address Meridian Ada Date 5-9-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1967

MAY 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-227001-312

343714 **343714**

United States MAY 7 1942
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 502 So. 5th St.
(d) Name of Hospital or Maternity Home: ✓
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 502 S. 5th St.
(e) How long has **MOTHER** lived in Idaho? 8 mos. yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Esma Victoria Smith

5. Date of Birth of Child (Month, day, year) Nov 27, 1906

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur William Smith
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Manitowoc (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Office Mgr & Bookkeeper
15. Industry or Business Carlson Lusk Hdwe Co

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esma M. La Salle
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Helena (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 35 years, and that Hailey Geo T., (First name) (M.D.) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arthur William Smith Signature
215 Warm Springs Ave. Boise Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of April, 1942

(SEAL) Florence La Salle Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been~~ recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295 113 016 864 343741

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343741
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Albion Idaho

4. FULL NAME OF CHILD William Francis Kinkade

5. Date of Birth of Child (Month, day, year) July 13th 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Forrest Lee Kinkade
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Appanoose Co Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Josephine Young
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Putnam Co Mo (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 12:15 P.M. on the date and at the place stated above, and that personal particulars were furnished by Sarah (First name) Young (Last name), who is related to this child as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 35 years, and that Sarah (First name) Young (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Forest Lee Kinkade Signature
King Hill, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of May, 1942

(SEAL) M. R. Hart Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Exp. Feb 17, 1946

Received for filing on MAY 12 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343774
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 10 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Burke, Idaho

4. FULL NAME OF CHILD Frank Highland

5. Date of Birth of Child (Month, day, year) Jan., 16, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Highland
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Jakobstad (City or town) Finland (State or foreign country)
14. Exact Occupation Shift Boss
15. Industry or Business Tiger Mine

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Snell
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Wasa (City or town) Finland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 36 years, and that Dr. Isaac Collins (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Hannah Highland. Signature
4345-8th Ave. N. E. Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 4 day of April, 19 42

(SEAL) Glenn H. Ridgway Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mabel McLaren, Registrar.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 113035-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343857
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ..... (b) City Lewiston
(c) Street Address or R.F.D. No. .....
(d) Name of Hospital or Maternity Home: .....
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County .....
(c) City Lewiston
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston Idaho

4. FULL NAME OF CHILD Lewiston Clark Williams

5. Date of Birth of Child (Month, day, year) 11-13-1906

6. Sex Mal

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Wesley Williams
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Hickman (City or town) Kentucky (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business Timber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Cook
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Fancyform (City or town) Ky (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Penn
County of Shelby } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for all his life years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mary E Williams Signature
271 Buena Vista P. O. Address

Subscribed and sworn to before me this 2 day of Memphis May, 1942
(SEAL) Chas Jahlin Notary Public, residing at 1914 Poplar
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Con Ep 1-7-46

Received for filing on MAY 6 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

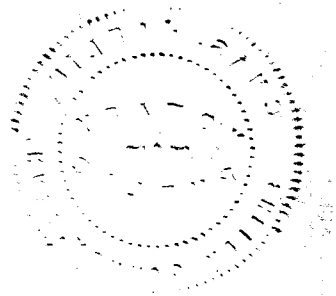
APR 29 1952

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Ferdinand
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Ferdinand
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Ferdinand Ida

4. FULL NAME OF CHILD Gladys Mae Mitchell

5. Date of Birth of Child (Month, day, year) May 10, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ira Marvin Mitchell

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Des Moines (City or town) Iowa (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Elsie King

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Cameron (City or town) Idaho (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 35 years, and that Mrs Ascken Brenner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie E. Mitchell Signature

314 — W Glass Spokane P. O. Address

Subscribed and sworn to before me this 27th day of April, 19 42

(SEAL) Eva Seaton Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

857-115029-235

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343866
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. Genesee Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. Genesee Ave
(e) How long has **MOTHER** lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Idaho

4. FULL NAME OF CHILD Alfred Herman Heppner

5. Date of Birth of Child (Month, day, year) Oct. 15th, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Carl Fredrick Heppner

11. Color or Race white

12. Age at time of THIS birth 23 yrs.

13. Birthplace Wausau Wis. (City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Emma Steltz

17. Color or Race white

18. Age at time of THIS birth 21 yrs.

19. Birthplace Milbanks S. Dak. (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 35 years, and that Dr. Conant (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Emma Steltz Heppner Signature
Box 140, Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of April, 1942.

(SEAL) [illegible] Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

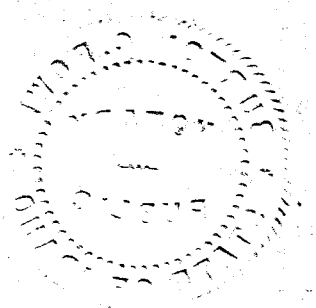
Received for filing on MAY 4 1942 by [illegible], Registrar.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



613 211 029 652

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343867
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. RFD #3
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay BEFORE delivery: IN THIS county 6 years 5 months (Walker) 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City RFD #3, Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Edith Madalene [illegible]

5. Date of Birth of Child (Month, day, year) 5-11-1906

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Oliver Walker
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Asheville N.C (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mollie Lee West
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Leicester, N.C. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of IDAHO
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 38 years, and that Dr. W.A. Adair (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mollie Lee West Walker Signature

524 East Spotswood, Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of April, 1942.

(SEAL) [signature] Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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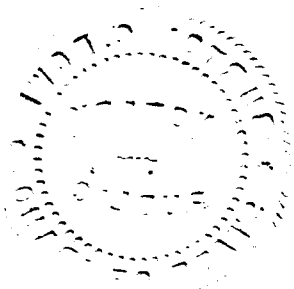

454 216 003-753

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343921
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Thatcher
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Thatcher
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lytha Medford

5. Date of Birth of Child (Month, day, year) June 16, 1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Mark Medford

11. Color or Race White **12.** Age at time of THIS birth 54 yrs.

13. Birthplace Georgia (City or town) (State or foreign country)

14. Exact Occupation Stock Raiser

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Lenore Peterson

17. Color or Race White **18.** Age at time of THIS birth 34 yrs.

19. Birthplace Jarlscrona Sweden (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Louise Medford (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 35 years, and that Anna Toone (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise Medford Signature
Grace Idaho P. O. Address

Subscribed and sworn to before me this ..... day of MAY 7 1942, 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Merl Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1961
AUG 6 1965

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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269-125007-236

343942

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Blaine (b) City Haley
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Haley
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.
   (f) Mother's mailing address Haley, Idaho

3. **RESIDENCE of FATHER** (city, state) Haley, Id.

4. **FULL NAME OF CHILD** Alfred James Swift

5. Date of Birth (Month, day, year) April 25, 1906

6. Sex Male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Swift

11. Color or Race white

12. Age at time of THIS birth 31 yrs.

13. Birthplace Puyallup, Washington (City or town) (State or foreign country)

14. Exact Occupation laborer

15. Industry or Business wood- timber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fannie May Scott

17. Color or Race white

18. Age at time of THIS birth 28 yrs.

19. Birthplace Holt County, Missouri (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 2 1942 (Date received) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Clackamas } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fannie May Swift, being first duly sworn, say that I am related to (Related to (or) acquainted with) Alfred James Swift (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Plumber (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Fannie May Swift Signature

Willamette, Oregon P. O. Address

Subscribed and sworn to before me on this 15 day of April, 1942

(SEAL)

[signature] Notary Public, residing at Oregon City, Ore.

My Comm. Ex; 8/18/44

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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119-103-022-867

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344002
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FREMONT (b) City CLAWSON
(c) Street Address or R.F.D. No. RURAL
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County FREEMONT
(c) City CLAWSON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) CLAWSON, IDAHO

4. FULL NAME OF CHILD ORIE CORNELL JARMAN

5. Date of Birth of Child (Month, day, year) JAN. 3, 1906

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ARTHUR JARMAN
11. Color or Race WHITE
12. Age at time of THIS birth 41 yrs.
13. Birthplace TADLOW (City or town) CAMBRIDGE ENGLAND (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LYDIA ELIZABETH HOPKINS
17. Color or Race WHITE
18. Age at time of THIS birth 35 yrs.
19. Birthplace SMITHFIELD (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business HOUSE WIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) 10 A M. on the date and at the place stated above, and that personal particulars were furnished by LYDIA E (First name) JARMAN (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature MIDWIFE DECEASED M.D. Midwife Address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER OF (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 36 years, and that MRS (First name) HOMER (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia E Jarman Signature
11619 Lynwood Dr P. O. Address

Subscribed and sworn to before me this 5 day of May, 1942 Lyn Calif
(SEAL) Irene McQuarrie Notary Public, residing at 141 W Compton Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES APR 22, 1944

Received for filing on MAY 7 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

OCT 5 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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555-128005 465

344061

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City St. Joe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St. Maries
(d) Street Address or R.F.D. No. 325 main st
(e) How long has **MOTHER** lived in Idaho? May 1-1886 yrs.

3. RESIDENCE OF FATHER (city, state) St. Maries, Idaho

4. FULL NAME OF CHILD Harold Hannibal Nevin

5. Date of Birth of Child (Month, day, year) Aug. 28, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Sure

FATHER OF CHILD

10. FULL NAME James Gilmore Nevin
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Brusfield, Ontario, Canada (City or town) (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Marie Montandon
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Cant Neuchatel, Switzerland (City or town) (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business Father was watch maker

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Stillborn (Born alive, stillborn) at 1:15 M. on the date and at the place stated above, and that personal particulars were furnished by Clara (First name) Nevin (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Benewah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 35 years, and that Dr. (First name) Salmon (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara M. Nevin Beckwith signature
St Maries Idaho P. O. Address

Subscribed and sworn to before me this 1 day of May, 1942

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by Mabel Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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249-207029-281

344066

United States Department of Commerce Bureau of the Census

(Be sure the [illegible] birth of THIS child)

[illegible] BIRTH [illegible] IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Potlatch

(c) Street Address or R.F.D. No. [illegible]

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 22 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah

(c) City Potlatch

[illegible] Street Address or R.F.D. No.

[illegible]ong has **MOTHER** lived in Idaho? 20 yrs.

FATHER (city, state) Idaho

4. FULL NAME OF CHILD Irene Violet Smith

5. Date of Birth of Child (Month, day, year) March 7 1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alfred Davis Smith

11. Color or Race White **12.** Age at time of THIS birth 33 yrs.

13. Birthplace Tarrington (City or town) Wash (State or foreign country)

14. Exact Occupation Mill worker

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Emily Shurtz

17. Color or Race White **18.** Age at time of THIS birth 22 yrs.

19. Birthplace Kansas City (City or town) Kansas (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum nothing

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle Emily Smith (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mattie Smith M.D. Midwife Address Potlatch Idaho Date 4/21/42

State of Oregon } ss.
County of Klamath }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 35 years, and that Mattie Smith (First name) (Last name), who attended this birth, (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Emily Smith Signature

1426 Kane St., Klamath Falls, Oreg. P. O. Address

Subscribed and sworn to before me this 5th day of May, 1942

(SEAL) Coral Sabo Notary Public, residing at Klamath Falls Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires July 14 1945

Received for filing on MAY 7 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386-206031-792

344083

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home,
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Nezperce, Ida

4. FULL NAME OF CHILD Norma Ellen Lyons,

5. Date of Birth of Child (Month, day, year) Dec. 6, 1906.

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Roy Norman Lyons,
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Fond Du Lac, (City or town) Wisconsin, (State or foreign country)
14. Exact Occupation Blacksmith,
15. Industry or Business Blacksmith,

MOTHER OF CHILD

16. FULL MAIDEN NAME Bernice America Gibbons
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Chillicothe, (City or town) (State or foreign country)
20. Exact Occupation Housewife,
21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California, County of Contra Costa, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for years, and that Dr. Kelley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Roy Norman Lyons Signature

323 El Dorado St., Richmond, Calif. P. O. Address

Subscribed and sworn to before me this 5th day of May, 1942

(SEAL) Lillian W. Chase Notary Public, ~~residing at~~ Contra Costa County Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by Mabel Heller, Registrar.

MAY 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263125016-613

344089

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. Oakley P.O.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 6 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. Oakley P.O.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley Ida.

4. FULL NAME OF CHILD John Fredrick Bolinder

5. Date of Birth of Child (Month, day, year) Aug. 25 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. ~~Legitimate~~?

FATHER OF CHILD

10. **FULL NAME** John Lorenzo Bolinder
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Grantsville (City or town) Utah (State or foreign country)
14. Exact Occupation Black Smith
15. Industry or Business Black Smith

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Lillian Walters
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Oakley (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 35 years, and that Dr. C. Peterson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maria Lillian Walters Signature
1028 West 2nd So. Salt Lake City P.O. Address

Subscribed and sworn to before me this 2nd day of May 1942

(SEAL) [signature] Notary Public, residing Salt Lake City Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8, 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381 217 009 247

344093

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344093
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Cocolalla
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Cocolalla
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cocolalla, Idaho

4. **FULL NAME OF CHILD** Baltie Frances Chapman

5. Date of Birth of Child (Month, day, year) July 17, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Francis Jefferson Chapman
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Gentry County, Mo. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lettie Elvira Bugh
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't Know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Wash } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 35 years, and that Mrs. (First name) Shoderick (Last name), who attended this birth She now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elvira Chapman Signature

..... P. O. Address

Subscribed and sworn to before me this 20 day of April, 1942

(SEAL) W. L. Cruden Notary Public, residing at Spokane, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by ..... Registrar.

MAY 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419 219 035 391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344098
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Winchester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mother's home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Winchester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14-- yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Vicie Mabel Martin

5. Date of Birth of Child (Month, day, year) Jan. 19-1906

6. Sex female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd -- 8. No. months of Pregnacy full 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Fred Martin.
11. Color or Race White 12. Age at time of THIS birth 41 yrs.
13. Birthplace State of New York (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ----

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rebecca May Crawford,
17. Color or Race White 18. Age at time of THIS birth 24. yrs.
19. Birthplace Marshall Town Iowa. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business -----

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 4. (b) Born alive and now living 8.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother------ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60. years of age, that I have known this person for 37------- years, and that Mrs Charles Miller (First name) (Last name), who attended this birth is now deceased, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rebecca May Bullis Signature
1204 East Race St. Yakima Wash. P. O. Address

Subscribed and sworn to before me this 5th-- day of MAY--------- 1942.

(SEAL) S. H. Mason Notary Public, residing at Yakima in said County.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

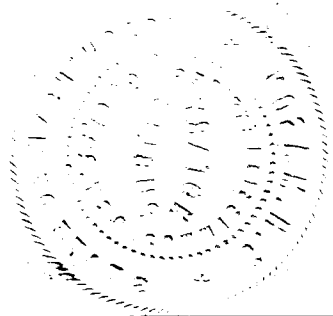
MAY 1 1 1942

MAY 1 9 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



366-204003-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344115
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BANNOCK (b) City OXFORD
(c) Street Address or R.F.D. No. GEN. DEL.
(d) Name of Hospital or Maternity Home: IN OWN RESIDENCE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years ? months ? days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City OXFORD
(d) Street Address or R.F.D. No. GEN. DEL.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.

3. RESIDENCE OF FATHER (city, state) OXFORD, IDAHO

4. FULL NAME OF CHILD MARY EUGENIA LOWRY

5. Date of Birth of Child (Month, day, year) AUG-4-1906

6. Sex FEMALE

7. Twin or Triplet NO — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ERNEST EUGENE LOWRY
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace MANTI (City or town) UTAH (State or foreign country)
14. Exact Occupation RANCH FOREMAN
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MATTIE LISLE TAYLOR
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace LEVAN (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was DECEASED (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for (63) 35 years, and that Ellen (First name) Hodge (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

OK W.B. notary

Mattie Lisle Lowry Signature
841 Santa Cruz P. O. Address

Subscribed and sworn to before me this 28th day of April, 1942

(SEAL) William Starr Baldwin Notary Public, residing at San Pedro Calif.
My Commission Expires Dec. 16, 1943

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

275-21 7040-236

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344147
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County SHOSHONE (b) City KELLOGG
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: HOME
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 36 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State KELLOGG IDA. County SHOSHONE
   (c) City KELLOGG
   (d) Street Address or R.F.D. No. ~
   (e) How long has **MOTHER** lived in Idaho? 10 ~~Months~~

3. **RESIDENCE OF FATHER** (city, state) KELLOGG IDA.

4. **FULL NAME OF CHILD** GOLDIE BEATRICE SPEAKE

5. Date of Birth of Child (Month, day, year) MAR. 17TH 1906

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** SAMUEL H. SPEAKE
11. Color or Race WHITE
12. Age at time of THIS birth 25 yrs.
13. Birthplace MONTROSE (City or town) IOWA (State or foreign country)
14. Exact Occupation MINING
15. Industry or Business MINING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MINNIE FLORENCE SCOLES (SCOLES)
17. Color or Race WHITE
18. Age at time of THIS birth 36 yrs.
19. Birthplace INDIANA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 60 years of age, that I have known this person for Since Birth years, and that Dr. (First name) Mason (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel H. Speake Signature

R2 Beaverton Ore P. O. Address

Subscribed and sworn to before me this 3rd day of Feby, 1942

(SEAL) Notary Public residing at Beaverton Ore

My Comm. Expires Oct 2-1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 9 1942 by ..... Registrar.

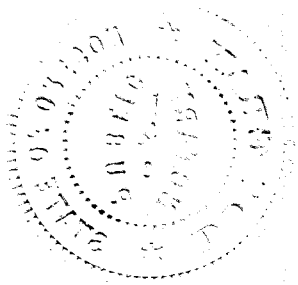
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



399-21801 6418

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344156
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 11 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 6/1 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley Idaho

4. FULL NAME OF CHILD Lora Mae Gritchfield

5. Date of Birth of Child (Month, day, year) June 18 1906

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Arsen Parley Gritchfield
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Oakley (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maryetta Dayley
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Oakley (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bonneville }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 6/1 years of age, that I have known this person for 36 years, and that Janet (First name) Dayley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maryetta Gritchfield Signature
319 Harvard Ave Belmont Calif. P. O. Address

Subscribed and sworn to before me this 6 day of May, 1942

(SEAL) [illegible] Notary Public, residing at Belmont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires March 2, 1943

Received for filing on MAY 8 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

489 215030 299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344167
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: native born
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City ~~xxxx~~ Salmon
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Lemhi Co, Id.

4. FULL NAME OF CHILD FOX, Rilla Myrtle

5. Date of Birth of Child (Month, day, year) 12-15-06

6. Sex F

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Frederock Fox
11. Color or Race W
12. Age at time of THIS birth 35 yrs.
13. Birthplace Batavia (City or town) Wisc. (State or foreign country)
14. Exact Occupation Farmer & lumber man
15. Industry or Business --

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie M. Siria
17. Color or Race W
18. Age at time of THIS birth 29 yrs.
19. Birthplace Sheridan, Mont. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address (No physician; midwife now dead.) — Date

State of Montana
County of Ravalli } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for lifetime years, and that ~~xxxxxxxxxxxxxx~~ (First name) Amanda Noble (Last name), who attended this birth is now dead. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nettie M. Fox
Signature

Darby, Montana
P. O. Address

Subscribed and sworn to before me this 25 day of March, 1942.

(SEAL) Ernest Glore Notary Public, residing at Hamilton, Mont.

NOTARY PUBLIC for State of Montana
Residing at Hamilton, Montana
My Commission Expires Jan. 23, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386120 007 415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344175
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At own residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Idaho

4. FULL NAME OF CHILD William John Thomas

5. Date of Birth of Child (Month, day, year) Dec. 20, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William John Thomas
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Hardwood Hill, Nova Scotia, Canada (City or town) (State or foreign country)
14. Exact Occupation Hoisting Engineer
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margarethe Rosalie Mavius
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Pittsburg, Penn. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Kern } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 35 years, and that Dr. Plummer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret H. Heiskell Signature
P.O. Box 717 Tulare Calif. P. O. Address

Subscribed and sworn to before me this 4th day of May, 1942

(SEAL) Mildred Foley Notary Public, residing at Bakersfield, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249 21 1-016-766

344206

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: IN THIS county years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 2 1 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida.

4. FULL NAME OF CHILD Geneura Genevieve Burke

5. Date of Birth of Child (Month, day, year) 11-11-1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Thomas Burke

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Quincy (City or town) Illinois (State or foreign country)

14. Exact Occupation Civil Engineer

15. Industry or Business U.S. Reclamation Ser.

MOTHER OF CHILD

16. FULL MAIDEN NAME Isabella Alvira Powers

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Sublett (City or town) Idaho (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for ____ years, and that Isabella Powers (First name) (Last name), who attended this birth (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Thomas Burke Signature

1401 W. Adams P. O. Address

Subscribed and sworn to before me this 27th day of April, 1942

(SEAL)

My Commission expires ____ Notary Public, residing at Phoenix, Ariz.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Mark Ittner, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 24 1954

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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295-207-008-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344223
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Idaho City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in own home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Idaho City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho City, Ida.

4. FULL NAME OF CHILD Blanche Breckenridge

5. Date of Birth of Child (Month, day, year) Aug. 7 1906

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jeff Breckenridge
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Tumway (City or town) Iowa (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rindy Smith
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Rome (City or town) Georgia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 35 years, and that Mrs. Lida (First name) Dupray (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Rinda Breckenridge Signature
12418-1 ave S.W. Seattle P. O. Address

Subscribed and sworn to before me this 8th day of May, 1942, 19

(SEAL) Catherine McClellan Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289-207008-313

344245

MAY 12 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344245
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Alpha
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: IN THIS county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Alpha
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) alpha Idaho

4. FULL NAME OF CHILD Gladys Muriel Shields

5. Date of Birth of Child (Month, day, year) February 7 1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Samuel Lester Shields
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace unknown (City or town) Oregon (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Fay Evelyn Lathrop
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Bushnell Center Iowa (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 36 years, and that Emily (First name) Lathrop (Last name), who attended this birth dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fay L Shields Signature
Rt 2 Boise Idaho P. O. Address

Subscribed and sworn to before me this 12th day of May, 1942

(SEAL) Jessie Taylor Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Mary F Elder, Registrar.

MAY 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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638-105-004 MAY 13 1942 344252

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census 231

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344252
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county 34 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier, Idaho

4. FULL NAME OF CHILD Herman Ochsenbein

5. Date of Birth of Child (Month, day, year) Nov. 5, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fredrick Ochsenbein
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Stauffer
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Switzerland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bear Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 35 years, and that Dr. D'Orr Poynter (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Stauffer Ochsenbein Signature

..... P. O. Address

Subscribed and sworn to before me this 9th day of May, 1942.

(SEAL) ..... Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by Maud Fields, Registrar.

MAY 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

452-118-044-717

344258

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 1 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344258
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City WEISER
(c) Street Address or R.F.D. No. E-COMMERCIAL
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years 2 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County WASHINGTON
(c) City WEISER
(d) Street Address or R.F.D. No. EAST-COMMERCIAL
(e) How long has **MOTHER** lived in Idaho? 5 J yrs.

3. RESIDENCE OF FATHER (city, state) WEISER-IDAHO

4. FULL NAME OF CHILD RAYMOND-ALBERT DESOMERS

5. Date of Birth of Child (Month, day, year) Jan. 18, 1906

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME PETER JHON DESOMERS

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace MILWAUKEE (City or town) WISCONSIN (State or foreign country)

14. Exact Occupation PAINTER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ANNA FRANCIS-PAGE

17. Color or Race White

18. Age at time of THIS birth 17 yrs.

19. Birthplace WEISER (City or town) IDAHO (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 36 years, and that Dr. (First name) Anderson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ann Miller ..... Signature

1017 River St., Boise, Ida. ..... P. O. Address

Subscribed and sworn to before me this 13th day of May, 1942

(SEAL) Mavis E. Orr ..... Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by Mavis E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

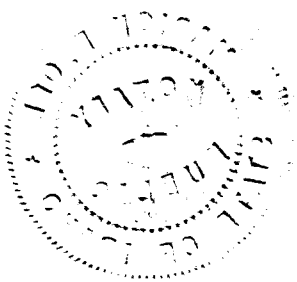
MAY 14 1962

JAN 14 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



867105022-753 344270

United States
Department of Commerce MAY 15 1942
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344270
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No. S 2nd West
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No. S 2nd West
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles Ronald Hopkins

5. Date of Birth of Child (Month, day, year) May 5. 1906

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Hopkins
11. Color or Race white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Rhodes Valley Utah (City or town) (State or foreign country)
14. Exact Occupation Musician
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Virginia Peterson
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Logan Utah (City or town) (State or foreign country)
20. Exact Occupation Musician
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 36 years, and that Dr. O. C. (First name) ORMSBY (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Virginia Marlor Signature
412-N. 21st. Boise, Idaho P. O. Address

Subscribed and sworn to before me this 5 day of May, 1942
(SEAL) W. S. Graber Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1942 by Maud F. Elder, Registrar.

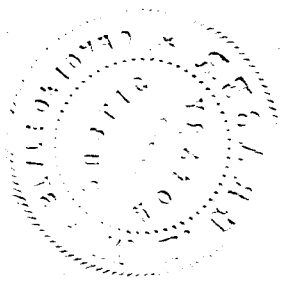
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



313 225029 693

344308

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 10 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Mary Elizabeth Talbot

5. Date of Birth of Child (Month, day, year) October 25, 1906

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John P. Talbot
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Pleasant Hill, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie M. Wilmoth
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Glenville, West Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Oregon } ss.
County of Douglas }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 33 years of age, that I have known this person for 36 years, and that Dr. Joseph Aspray (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Wilmoth Talbot Signature
Canyonville, Oregon. P. O. Address

Subscribed and sworn to before me this 7th day of May 19 42

(SEAL) T. L. Weaver Notary Public, residing at Days Creek, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1932.) My commission expires 12-5-43

Received for filing on MAY 11 1942 by Mabel Nielsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1942

JUL 29 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344329
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City P.O. Southwick
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: IN THIS county 13 years ✓ months ✓ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City P.O. Southwick
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Hubbard-Ore

4. FULL NAME OF CHILD Donald Wayne Hepler

5. Date of Birth of Child (Month, day, year) 1-18-1906

6. Sex male **7.** Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓ **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Christopher Columbus Hepler
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Leland (City or town) – Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Lee Stump
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Sheridan Co. (City or town) Kansas (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Arizona } ss.
County of Maricopa }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 35 years, and that Dr. Haraeus (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Jessie Lee Schultz Signature
1464 E. Van Buren, Phoenix, Ariz. P. O. Address

Subscribed and sworn to before me this 8 day of May, 1942

(SEAL) My Com. Exp. 1-18-43 L.M. Hamman Notary Public, residing at Phoenix, Ariz.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Mabel Hedelius, Registrar.

MAY 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296 230009-791

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344394
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay BEFORE delivery: IN THIS county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Bonners Ferry
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Harriett Florine Brody (Redlach)

5. Date of Birth of Child (Month, day, year) Apr. 30, 1906

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME John Burdette Brody
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Urbana (City or town) Iowa (State or foreign country)
14. Exact Occupation Pharmacist
15. Industry or Business Drug store

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriett Cecilia Gray
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Oneka (City or town) Minn. (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Sacramento }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 59 years, and that Dr. E. E. Frey (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs J B Brody Signature
Everett Wash. P. O. Address

Subscribed and sworn to before me this 8th day of May, 1942

NOTARY PUBLIC IN & FOR THE COUNTY OF SACRAMENTO STATE OF CALIFORNIA (SEAL)

Naomi B. Widtke Notary Public, residing at Sacramento, Calif.

MY COMMISSION EXPIRES JULY 30, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Mabel Redlin Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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34442 5

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Wallace, Idaho

4. FULL NAME OF CHILD EILEEN KATHLEEN RYAN

5. Date of Birth of Child (Month, day, year) December 2, 1906

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME JOHN PATRICK RYAN
11. Color or Race White **12.** Age at time of THIS birth yrs.
13. Birthplace Thurles (City or town) Ireland (State or foreign country)
14. Exact Occupation cook
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Katie Ryan
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Thurles, Ireland (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 35 years, and that Mrs. Moxty (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katie Moxty Ryan Signature

409 Pine Street, Wallace, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of April, 19 42

(SEAL) [illegible] Notary Public, residing at Wallace, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record Typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 4 19

JUN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386-207040-294 MAY 11 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 344426
Local Reg. No. 146
Reg. Dist. No. 140

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. Box 111
(d) Name of Hospital of Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. Box 111
(e) How long has MOTHER lived in Idaho? 45 yrs.
(f) Mother's mailing address (For registration notice)
Box 111 (Street or R.F.D.) Wallace Idaho (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Wilma Catherine Thomas

5. DATE OF BIRTH (Month, day, year) Sept 7-1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Stanley Thomas

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Ione (City or Town) Nevada (State or foreign country)

14. Exact Occupation Miner

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sophie Brunner

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Lincoln (City or Town) Nebraska (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 2 36 A. M. on the date and at the place stated above, and that personal particulars were furnished by Sophie Thomas (First name) (Last name), who is related to this child as ..... (Mother, etc.)

May-5-1942

26. (a) ~~Feb. 17-42~~ (Date received) (b) John A Bever (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mrs Alice McGaren M.D. (D.O., Midwife, etc.)
and address ..... Date .....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

MAY 13 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

795-106-014-766

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 344437
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: at home
In Hosp. or Mat. Home ..... days.
IN THIS county years 7 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Parma Idaho

3. RESIDENCE of FATHER (city, state) Parma Idaho

4. FULL NAME OF CHILD Walter Smith Green Jr.

5. Date of Birth (Month, day year) Aug. 6. 1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Walter S. Green Sr.
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace ~~Parma~~ a Clayton Co. Iowa. (City or town) (State or foreign country)
14. Exact Occupation Carpenter.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ora Vestalina Powell.
17. Color or Race White
18. Age at time of THIS birth 37 yrs
19. Birthplace Chatfield Minn. (City or town) (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum I dont know.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 12 1942 (Date received) (b) Mabel F. Elifer (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature not any. M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Yamhill } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Walter Smith Green, being first duly sworn, say that I am Father (Related to (or) acquainted with) Walter Smith Green Jr. (Name of person on certificate above) as My Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that No attendant (Name of attendant at birth) who attended said birth No attendant (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Walter Smith Green Sr. Signature

P. O. Address

Subscribed and sworn to before me on this 4 day of April 1942

(SEAL) Hester P. Walker Notary Public, residing at Yamhill

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

165-107 044-213

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344503
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** James Myrle Jones

5. Date of Birth of Child (Month, day, year) Feb 7th 1941

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Andrew Jones
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Idaho (City or town) Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Jannette Saling
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Weiser (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Washington }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 61 years of age, that I have known this person for all his life years, and that J R Young (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Jannette Jones ..... Signature

Weiser Idaho ..... P. O. Address

Subscribed and sworn to before me this 5th day of May, 1942.

(SEAL) G W Lloyd ..... Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by Mabel Weeden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Clark (b) City Dubois
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
child born at home of parents
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Dubois
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address Dubois, Idaho

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Bonita Mae Denny

5. Date of Birth (Month, day year) 10-17-1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Rolly Denny
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace DuQuoin, Illinois (City or town) (State or foreign country)
14. Exact Occupation Barbering
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Elvira Rees
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Lemhi Agency, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 12 1942 (Date received) (b) Mary F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Annie Denny Vreeland, being first duly sworn, say that I am related to (Related to (or) acquainted with) Bonita Mae Denny (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Annie Davis (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Annie Denny Vreeland Signature
Leadore Idaho P. O. Address

Subscribed and sworn to before me on this 9 day of May 1942
(SEAL) May V. Stone Notary Public, residing at Leadore Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received~~ and ~~filed by~~ the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344536
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 58 years 9 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John R. Seymour

5. Date of Birth of Child (Month, day, year) February 3, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Seymour
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Liscard, Cornwall, England (City or town) (State or foreign country)
14. Exact Occupation Miner and merchant
15. Industry or Business pool hall

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Fleming
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Fairbury, Illinois (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 36 years, and that Dr. John J. Plumer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Agnes Seymour Signature

Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of April, 19 42

(SEAL) R. K. McCoy Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1942 by Mary Helen, Registrar.

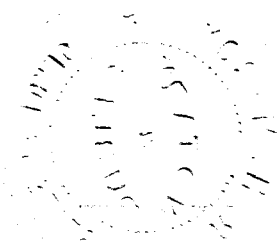
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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331

MAY 14 1942

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344579
Local Reg. No. 93
Reg. Dist. No. 47-1

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No. abt
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Edward Irwin

5. Date of Birth of Child (Month, day, year) 26 June 1906

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnacy Reg

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Franklin Irwin
11. Color or Race Wh.
12. Age at time of THIS birth 49 yrs.
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna M. Clarkson
17. Color or Race Wh.
18. Age at time of THIS birth 34 yrs.
19. Birthplace Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nit.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7-9 M. on the date and at the place stated above, and that personal particulars were furnished by Anna M Irwin (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature J. L. Reynolds M.D. Midwife Address Emmett Ida Date 5-9-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 5-12-1942 by Laura G Sprecher, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4).

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154730-006-957

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344587
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. House
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. House
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clifford John Anderson

5. Date of Birth of Child (Month, day, year) Nov 30 1906

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME John Arthur Anderson
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Minnesota (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Elvira Ingelstrom
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Matma (City or town) Sweden (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bingham }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 36 years, and that Elsa (First name) Ingelstrom (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X John Arthur Anderson (Signature)
X Shelley Idaho (P. O. Address)

Subscribed and sworn to before me this [illegible] day of May, 1942

(SEAL) [illegible] Notary Public, residing at Shelley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by [illegible], Registrar.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau ~~of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653 223 022 - 743

MAY 13 1942

344611

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County FREMONT (b) City ASHTON
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county 15 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State IDAHO (b) County FREMONT
   (c) City ASHTON
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.
   (f) Mother's mailing address (For registration notice): HAGERMAN IDAHO
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** LAURA JANE WELLS

5. **DATE OF BIRTH** (Month, day, year) Jan. 23 - 1906

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** RICHARD D. WELLS

11. Color or Race White

12. Age at time of THIS birth 45 yrs.

13. Birthplace MARYSVILLE (City or Town) OHIO (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MAHALEY LUCINDA PULLEY

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace AMERICAN FORK (City or Town) UTAH (State or foreign country)

20. Exact Occupation Home Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 9: A M. on the date and at the place stated above, and that personal particulars were furnished by MAHALEY (First name) PAUL (Last name), who is related to this child as MOTHER (Mother, etc.)

Mabel Hedelin

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** E L Thomas M.D. (D.O., Midwife, etc.)
and address Ashton, Idaho Date .....

MAY 15 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

CLEARED

259-226 020 693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344667
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Sunnyside
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Sunnyside
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Sunnyside, Ida.

4. FULL NAME OF CHILD Mary Donna Berry

5. Date of Birth of Child (Month, day, year) Dec. 26, 1906

6. Sex Female Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lowry Logan Berry
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Enyart (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Josephene Williams
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Fredonia (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 35 years, and that Lorraine (First name) Berry (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Florence Etter Signature
Viola Idaho P. O. Address

Subscribed and sworn to before me this 11 day of May, 1942
(SEAL) J. A. Harrison Notary Public, residing at Notary Public for the State of Idaho Residing at Potlatch, Idaho My Commission Expires Dec. 3, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by Mabel E. Eifert, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AFFIDAVIT

STATE OF IDAHO)
) ss
County of Latah)

Florence Josephine Etter, being first duly sworn on oath, deposes and says:

That she is the mother of Mary Donna Berry, who was born in Ada County, Idaho on the 26th day of December, 1906; that at the time of the birth of said Mary Donna Berry, this affiants name was Florence Josephine Berry, and that the name of the father was Lowrey Logan Berry, who died November 30, 1911; that this affiant further states that the said Mary Donna Berry made an application for delayed certificate of birth as provided for and in the laws of the State of Idaho, but that due to a mistake, the said delayed certificate of birth shows the said Mary Donna Berry as born December 26, 1907; this error was due to the fact that most of the records showing the true date of birth was lost by fire. Subsequently, the discreptancy was discovered and affiant states that the said Mary Donna Berry was born at the time and place shown herein.

Dated this 11th day of July, 1942.

Florence Josephine Etter

Subscribed and sworn to before me this 11th day of July, 1942.

Robert W Peterson
Notary Public in and for the State of Idaho, residing at Moscow, Idaho

JUL 15 1942

SEP 21 1965

457-210 006-457

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34470I
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. R#3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. R#3
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Ida.

4. FULL NAME OF CHILD Hilda Lena Meppen

5. Date of Birth of Child (Month, day, year) May 10, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** August Edward Meppen
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Oldenburg (City or town) Germany (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa Franke Meppen
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Dumfries (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Neo silvol

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 36 years, and that Dr. P. M. (First name) Bridges (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louisa Franke Meppen Signature
Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of May, 1942
(SEAL) [signature] Notary Public, residing at Idaho Falls, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

145-21-2025 154

344711

United States Department of Commerce Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Fenn
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: (child born in home)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 7 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Fenn
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Fenn, Idaho

4. FULL NAME OF CHILD Tillie Victoria Juvet

5. Date of Birth of Child (Month, day, year) Dec. 12, 1906

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd no **8.** No. months of Pregnacy Nine **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ole Juvet
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Odda (City or town) Norway (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Wilhelmine Sofie Andreasen
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Bukkness, Norway (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 35 years, and that Dr. Stockton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wilhelmine Juvet Signature
Seattle, Washington P. O. Address

Subscribed and sworn to before me this 7th day of May, 1942

(SEAL) Chas. O. Sargent Notary Public, residing at Seattle Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by Mabel Holden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1970

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-122-021-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344718
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Treasureton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Treasureton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Harvey Cole

5. Date of Birth of Child (Month, day, year) May 22, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Alfred Cole
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Willard, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Millington
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Treasureton, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 25 years, and that Mary Lundgreen (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jane Millington Cole Signature
Preston, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of April, 1942
(SEAL) [signature] Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-127-022-281

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344719
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Parker, Idaho

4. FULL NAME OF CHILD Arden Sharp William Packer

5. Date of Birth of Child (Month, day, year) Apr. 27, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Walter Packer
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace San Bernardino (City or town) California (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Armenta Elizabeth Sharp
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Preston (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 36 years, and that Mrs. Arilda (First name) LeBrice (Last name) who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wm. Walter Packer Signature
Route #1, Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of May, 1942

(SEAL) W. Smith Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942
JUN 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-21302-364

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344745
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Minidoka
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home In our own home
(e) Mother's stay BEFORE delivery: IN THIS county 5 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Minidoka
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Minidoka, Ida.

4. FULL NAME OF CHILD Evelyn Lu Williams

5. Date of Birth of Child (Month, day, year) Dec. 13-1906

6. Sex female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Benjamin Lu Williams
11. Color or Race white **12.** Age at time of THIS birth 25 yrs.
13. Birthplace (City or town) San Carlos (State or foreign country) Washington
14. Exact Occupation Railroad Lumber
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Mary Lounsbury
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace (City or town) Martinsburg (State or foreign country) Nebraska
20. Exact Occupation Housekeeping
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now over 21 years of age, that I have known this person for 25 years, and that Mary R. Lounsbury (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Mary Lu Williams Signature
Albion Idaho P. O. Address

Subscribed and sworn to before me this 20th day of April, 19 42.

(SEAL) [signature] Notary Public, residing at Albion, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 8 1960

JUN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755 127 001-866

344772

United States
Department of Commerce
Bureau of the Census

MAY 18 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344772
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years 5 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Meridian Idaho

4. FULL NAME OF CHILD Louis, Crawford, Peer.

5. Date of Birth of Child (Month, day, year) March 27 1906

6. Sex ~~White~~ Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert, Brackett, Peer.
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Jacksonville (City or town) Ill. (State or foreign country)
14. Exact Occupation Construction. work.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Z. Howry.
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Powersville (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6.00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Elsie J. (First name) Peer (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mary A Peer ~~M.D.~~ Midwife Address Meridian Idaho Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 36 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie Z. Peer. Signature
Meridian Idaho P. O. Address

Subscribed and sworn to before me this 15 day of May, 1942.
(SEAL) O M Laing Notary Public, residing at Meridian
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-222-014-281 MAY 19 1942 344783

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344783
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 7 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5½ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lora Marie Allison

5. Date of Birth of Child (Month, day, year) May 22, 1906

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Jefferson Allison
11. Color or Race White **12.** Age at time of THIS birth 48 yrs.
13. Birthplace Gallipolis Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Eureka Shonk
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Unionville Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 8
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 36 years, and that Wm. Martin (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora L. Allison Signature
1502 Main — Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of May, 1942
(SEAL) Frank J. Kester Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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259-229.037-3/12 MAY 20 1942 344808

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344808
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Flint
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Flint
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mae Isabel Bernasconi

5. Date of Birth of Child (Month, day, year) June 29, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Louis Bernasconi
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Italy (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Selina Alice Lake
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Jordan Valley, Oregon (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 66 years of age, that I have known this person for 36 years, and that Mrs. Chas. Lake, midwife (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Victor Bernasconi Signature

Boise, Idaho, Route #1 P. O. Address

Subscribed and sworn to before me this 19th day of May, 19 42.

(SEAL) Wm B Dunn Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by Mary F Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 20 1942

DEC 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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253-220-024-219

344816

344816

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344816
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Hagerman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Hagerman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Pearl Louise Bell

5. Date of Birth of Child (Month, day, year) Apr. 20, 1906

6. Sex Female

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Frank Bell
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Parsons (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Cuba Mae Barker
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Bloomfield (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0.G. No. 1 1% Ag NO3

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Minidoka }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 36 years, and that Mrs E. M. Bell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cuba Mae Bell Signature

Heyburn, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of May, 19 42

(SEAL) [signature] Notary Public, residing at Rupert, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by Mary H Elder, Registrar.

Dr $1.97 1/2 Tho by mistake

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 20 1942

DELAYED REGISTRATION LAW

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866-228 035 562

344832

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nezperce (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) 10

4. **FULL NAME OF CHILD** Bertha Grace Howd

5. Date of Birth of Child (Month, day, year) November 28, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harley Barnes Howd
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Dayton (City or town) Wash (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Nobles
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Pt Arena (City or town) Calif. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for all life years, and that Doctor Cooper (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie Nobles Howd Signature
Morton Lewis Co Wash P. O. Address

Subscribed and sworn to before me this 9th day of May 1942, 19

(SEAL) Delos Spaulding Notary Public, residing at Morton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 19 1942

DELAYED REGISTRATION LAW

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367-214-028-318

344888

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Wrencoe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Wrencoe now Bonner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Frances Ursula Cope

5. Date of Birth of Child (Month, day, year) Sept. 14, 1906

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Stephen Cope
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Wayne, Michigan (City or town) (State or foreign country)
14. Exact Occupation Owner
15. Industry or Business Plumbing company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Emma Taylor
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Northfield, Mich. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that Dr. Earl Prindle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas Stephen Cope Signature
Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me this 13th day of May, 1942

(SEAL) Helga M. Johnson Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 18 1942

OCT 27 1966
MAR 24 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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214-21-040-155

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344935
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Birth at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county , years , months , days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Wallace Idaho

4. FULL NAME OF CHILD Helen Isibell Samuels

5. Date of Birth of Child (Month, day, year) July 12 1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Floyd Samuels
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Washington County Mississippi (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Maria Jenkins
17. Color or Race Wht.
18. Age at time of THIS birth 30 yrs.
19. Birthplace Farmington Crawford Co Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Shoshone }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for Birth years, and that Adam Blase (First name) (Last name), who attended this birth cant locate him (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Floyd Samuels Signature
Samuels Bunn Co. Idaho P. O. Address

Subscribed and sworn to before me this 14 day of May, 1942.

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 18 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 21 1942

DELAYED REGISTRATION LAW

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Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

512-22-5025-766

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344946
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Whitebird
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 6 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Whitebird
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 6½ yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Beatrice Elizabeth Nash

5. Date of Birth of Child (Month, day, year) July 25, 1906

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Richard P. Nash
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Chapman, (City or town) Kansas (State or foreign country)
14. Exact Occupation cow rancher
15. Industry or Business rancher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora J. Coogan
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Leavenworth, (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of WASHINGTON } ss.
County of SPOKANE }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 36 years, and that Dr. W. A. Foskett (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Richard P. Nash Signature

324 E. Providence, Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 11th day of May, 1942

(SEAL) F. H. Fullquist Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 16 1942 by Mabel Hilton, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 6 1969

JAN 2 1 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

494-126-028-454

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344983
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Springston
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: UNKNOWN
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 5 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Springston
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Springston, Ida.

4. FULL NAME OF CHILD Mike Dimico

5. Date of Birth of Child (Month, day, year) 4-26-1906

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd 1st.

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Sebastian Dimico
11. Color or Race Italian
12. Age at time of THIS birth 46 yrs.
13. Birthplace Santa Croce (City or town) Italy (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Sawmill.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann De Maria
17. Color or Race Italian
18. Age at time of THIS birth 22 yrs.
19. Birthplace Santa Croce (City or town) Italy (State or foreign country)
20. Exact Occupation House wife -
21. Industry or Business Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 36 years, and that John (First name) Busby (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

witness her mark to Charles A. Coppula + Her mark Signature
witness her mark to E. D. Flatz P. O. Address

Subscribed and sworn to before me this 4th day of May, 1942

(SEAL) Charles A. Coppula Notary Public, residing at Spokane, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 16 1942 by ..., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure ~~to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-22-514-291

344990

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 2½ miles from Caldwell
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. Country
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell - Idaho

4. FULL NAME OF CHILD Wayland G Murphy

5. Date of Birth of Child (Month, day, year) May 22, 1906

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jirah Murphy
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Tug Fork County (City or town) W. Virginia (State or foreign country)
14. Exact Occupation Magnetic healer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Esta Ettie Bray
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon } ss.
County of Lane }

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for all his life years, and that Mary (First name) Murphy (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Jirah Murphy Signature
760 Willamette Street - Eugene, Ore. P. O. Address

Subscribed and sworn to before me this 22nd day of April, 19 42

(SEAL) William Dunn Notary Public, residing at Eugene - Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires 11-25-45

Received for filing on MAY 16 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

857-104-029-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344991
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. R.F.D. #2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. R.F.D. #2
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Ida

4. FULL NAME OF CHILD Arthur Hegstad

5. Date of Birth of Child (Month, day, year) Sept. 4 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Hegstad
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Throndhjem (City or town) Norway (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Thorsness
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Bergen (City or town) Norway (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 36 years, and that Mrs. Christina Bakken (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Albert Hegstad Signature
Billups St., Clarkston, Washington P. O. Address

Subscribed and sworn to before me this 13th day of May, 1942

(SEAL) Burt C Halsey Notary Public, residing at Clarkston, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Mabel F Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-110-029-553

344997

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Asbury St
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. Asbury St
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD Vernon Edmond Carlyle Martinson

5. Date of Birth of Child (Month, day, year) Sept 10th 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Theodore Edward Martinson
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Essex (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kathinka Amelia Nelson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Wheaton (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 35 years, and that C. L. Gretman M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kathinka Martinson Craig Signature
109 Howe St Seattle Wash. P. O. Address

Subscribed and sworn to before me this 8th day of May, 1942

(SEAL) H D Edwards Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by [signature], Registrar.

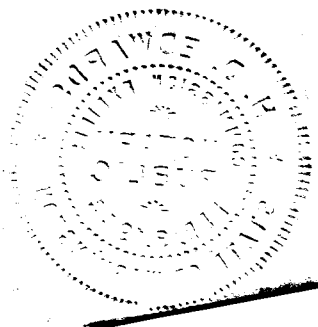
Only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope ...ng FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified ... requires an advance payment of fifty cents, money order or coin.

MAY 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



345043

396-119-201-466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 345043
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1021 N 22nd St
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ✓ days.
In **THIS** county 65 years ✓ months ✓ days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1021 N 22nd St
(e) How long has **MOTHER** lived in Idaho? 65 yrs.
(f) Mother's mailing address (For registration notice): 1021 N 22nd St Boise Idaho
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Arnett Carey Brown

5. Date of Birth (Month, day, year) Aug 19 1906

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd 4th **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Emmons W Brown

11. Color or Race White **12.** Age at time of THIS birth 36 yrs.

13. Birthplace Brothers (City or Town), Indiana (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Ellis Moore

17. Color or Race White **18.** Age at time of THIS birth 32 yrs.

19. Birthplace Sibley (City or Town), Minn. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2
(c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 P M. on the date and at the place stated above, and that personal particulars were furnished by Edith Ellis Brown (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAY 22 1942 (Date received) (b) Mark F Felder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's Signature)

25. Attendant's OWN signature James L. Stewart M.D. (D.O., Midwife, etc.)
and address Boise Idaho Date May 21 1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

MAY 22 1962

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

DELAYED

866-P4-037-319

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 345984
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Oswyhee (b) City Flint
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: In own Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Flint
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Flint Idaho

3. **RESIDENCE of FATHER** (city, state) Flint Idaho

4. **FULL NAME OF CHILD** Frank Leonard Howard

5. Date of Birth (Month, day year) July 24, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Henery Howard
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Evansville Indiana (City or town) (State or foreign country)
14. Exact Occupation Rancher & Stock
15. Industry or Business Raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura May Carlton
17. Color or Race White
18. Age at time of THIS birth 27 yrs
19. Birthplace Boise Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 19 1942 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura Mary Howard, being first duly sworn say that I am related to (Related to (or) acquainted with) Frank Leonard Howard (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Bromingham (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Laura Mary Howard Signature

..... P. O. Address

Subscribed and sworn to before me on this 18 day of May, 1942

(SEAL) Donald C. Patten Notary Public, residing at Nampa, Idaho

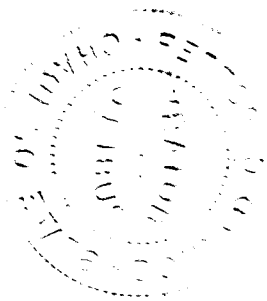
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



165-122-1028-619

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 345998
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Bonners Ferry Idaho

4. FULL NAME OF CHILD Richard Daniel Jones

5. Date of Birth of Child (Month, day, year) Jan 22, 1906

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME Richard Daniel Jones
11. Color or Race white **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Watson (City or town) Missouri (State or foreign country)
14. Exact Occupation Hay Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nettie Belle Farris
17. Color or Race white **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Cumberland (City or town) Ohio (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 36 years, and that Mrs. Fryge (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nettie Belle Jones Signature
Morton, Wash. Box 264 P. O. Address

Subscribed and sworn to before me this 16th day of May, 1942

(SEAL) Helen G. Spaulding Notary Public, residing at Morton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 7 1963

MAY 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-10-1022-299

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346009
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FREMONT (b) City WILFORD
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City WILFORD
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) WILFORD, IDAHO

4. FULL NAME OF CHILD ORVAL WOOLSTENHULME

5. Date of Birth of Child (Month, day, year) Sept. 7, 1906

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME DANIEL WOOLSTENHULME
11. Color or Race WHITE **12.** Age at time of THIS birth 23 yrs.
13. Birthplace KAMAS (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ELLEN URSULA BIRCH
17. Color or Race WHITE **18.** Age at time of THIS birth 21 yrs.
19. Birthplace HOYTSVILLE (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of OREGON
County of Columbia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 36 years, and that DR. MIDDLETON (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Ursula Woolstenhulme Signature

P. O. Address

Subscribed and sworn to before me this 14th day of APRIL, 19 42.

(SEAL) L. C. Elliott Notary Public, residing at HOULTON, OREGON

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 4 1968

MAY 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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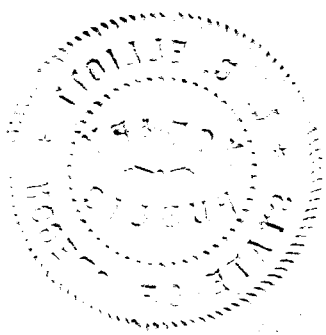

165-108-014-545

346024

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD CECIL VERNON JONES

5. Date of Birth of Child (Month, day, year) Oct. 8, 1906

6. Sex Male

7. Twin or Triplet Single Birth If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** WALTER VERNON JONES
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace White Sulphur Springs, W. Va. (City or town) (State or foreign country)
14. Exact Occupation Stationary Fireman
15. Industry or Business Sugar Factory

MOTHER OF CHILD

16. **FULL MAIDEN NAME** RINDA CAROLINE EMERSON
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Competition Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Washed eyes with Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Walter V. Jones (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature J H Murray M.D. ~~Midwife~~ Address Nampa Ida Date May 16 1942

State of CALIFORNIA
County of SAN JOAQUIN } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 36 years, and that DR. (First name) MURRAY (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter Vernon Jones Signature
622 S. Anteros St., Stockton, Calif. P. O. Address

Subscribed and sworn to before me this 4th day of May, 1942

(SEAL) H. W. Evans Notary Public, residing at Stockton, San Joaquin Cty., Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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213-108'007-495

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346032
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Soldier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Claude Lavalle Ballard

5. Date of Birth of Child (Month, day, year) May 8, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elmer Edward Ballard
11. Color or Race White
12. Age at time of THIS birth 254 yrs.
13. Birthplace Duab County (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Ida Mink
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Volney (City or town) Virginia (State or foreign country)
20. Exact Occupation Farners Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for ..... years, and that Mrs. S. C. Mink (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie Ida Patterson Signature
P.O. Box 68 Fairfield, Idaho P. O. Address

Subscribed and sworn to before me this 11 day of May 1942
(SEAL) John L. Edwards, Clerk of District Court Notary Public, residing at Fairfield, Ida
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

CLERK OF DISTRICT COURT

Received for filing on MAY 19 1942 by Mabel L. Edwards, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1942

DELAYED REGISTRATION LAW

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231-121-Idaho 367

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346034
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Route #3
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot,
(d) Street Address or R.F.D. No. #3
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Idaho

4. FULL NAME OF CHILD Frederick J. Stanger

5. Date of Birth of Child (Month, day, year) Aug. 21, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 6

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Moroni Stanger
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Ogden, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Isabell Locklin
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Pioche, (City or town) Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11: P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Isabell Stanger (First name) Farnworth (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 35 years, and that Nancy Nailor (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy J. Farnworth Signature

Route #1, Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of May, 1942.

(SEAL) Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by Mabel Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Rexburg county

City of Union, Idaho

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 346043

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Dora May Williams

3. Sex | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth June 14, 1906 (Month, Day, Year)

FATHER	MOTHER
9. Full name Henry Elwin Williams	18. Full maiden name Susan Jane Martin
10. Residence (usual place of abode) (If non-resident, give place and State) Deceased	19. Residence (usual place of abode) (If non-resident, give place and State) Seattle Wash.
11. Color or race white | 12. Age at last birthday 72 (years)	20. Color or race white | 21. Age at last birthday 68 (years)
13. Birthplace (city or place) (State or Country) Murray, Utah.	22. Birthplace (city or place) (State or Country) Minnesota Rockford, Wright County
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Brickmason	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work June, 1934 | 17. Total time (years) spent in this work 50 years	25. Date (month and year) last engaged in this work May, 1942 | 26. Total time (years) spent in this work 54 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 7

Eight (a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

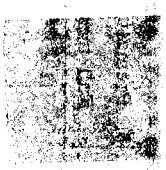
or Deceased, Midwife

Address .....

Give name added from a supplemental report ..... (Date of)

Filed MAY 18 1942, 193 Marvel F. Elder

Registrar. Registrar.



DELAYED

693-214-033-419

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Washington } ss.
County of King, County }

Susan Jane Martin Williams being first duly sworn says that she is the Mother (Relationship of child)* of Dora May Krahmer born June 14 - 1906 (Date of birth) at Union, Idaho, whose certificate of birth is hereto attached, and that Susan J. Williams desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Dora May Williams Krahmer hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Wiley (deceased) ~~M. D. was~~ Midwife medical attendant at the birth of said Dora May Williams Krahmer and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Susan J. Williams

P. O. Address 918 N. 87th St.

Subscribed and sworn to before me this 15th day of May, 1942

Wm T. Paynter
Notary Public.

Residing at 8406 - Greenwood ave, Seattle

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

437-128-025-565

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346245
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. W. 208 So. 1st St.
(d) Name of Hospital or Maternity Home: Our home
(e) Mother's stay BEFORE delivery: IN THIS county 22 years 8 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. W. 208 S. 1st St.
(e) How long has MOTHER lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville, Ida

4. FULL NAME OF CHILD Frank Thomas Henry McGrane

5. Date of Birth of Child (Month, day, year) May 28, 1906

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank McGrane
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Portland, Oregon (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Department Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Millie Von Berge
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Tinley Park, Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 36 years, and that Dr. Frederick Campbell (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank McGrane Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 19 day of May, 1942

(SEAL) H. Pothwell Notary Public, residing at Grangeville

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-118-007-613

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 346262
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bellevue.
(c) Street Address or R.F.D. No. Postoffice.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 1 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine.
(c) City Bellevue.
(d) Street Address or R.F.D. No. None.
(e) How long has **MOTHER** lived in Idaho? 46 ~~84~~ yrs.

3. RESIDENCE OF FATHER (city, state) Bellevue, Ida.

4. FULL NAME OF CHILD Oran Purcell Walker.

5. Date of Birth of Child (Month, day, year) May 18, 1906

6. Sex male

7. Twin or Triplet no. If so—born 1st, 2nd, 3rd xx

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Walter George Walker.

11. Color or Race White

12. Age at time of THIS birth yrs.

13. Birthplace Scotland. (City or town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business Sheep Ranching.

MOTHER OF CHILD

16. FULL MAIDEN NAME Lula Walker.

17. Color or Race Negro.

18. Age at time of THIS birth 24 yrs.

19. Birthplace Ogden Utah U.S.A. (City or town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid,

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 37 years, and that Mrs Ward (First name) Davis (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harold E Walker Signature

1632-22nd Ave. P. O. Address

Subscribed and sworn to before me this 8th day of May, 1942

(SEAL) Sarah Barnes Notary Public, residing at 702 23rd Ave Seattle, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Mabel Weldin, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

751-106-028-789

346280

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Near Rathdrum
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: at above place
IN **THIS** county 5 years 6 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City near Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs. 7 mos. yrs.

3. RESIDENCE OF FATHER (city, state) Rathdrum Ida

4. FULL NAME OF CHILD Ernest Theodore Peacock

5. Date of Birth of Child (Month, day, year) Feb 6 1906

6. Sex male **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Peacock
11. Color or Race white **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Cayuga Ont Canada (City or town) (State or foreign country)
14. Exact Occupation logger
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Chick
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 36 years, and that Dr Henry (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Peacock Signature

S. 1320 Bernard Spokane Wn P. O. Address

Subscribed and sworn to before me this 27 day of May, 1942.

(SEAL) Thomas Corkery Notary Public, residing at Spokane Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-27-0222-765 346322

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346322
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemont (b) City Rexburg
(c) Street Address or R.F.D. No. Route 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Rexburg
(d) Street Address or R.F.D. No. Route 1
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Ida

4. FULL NAME OF CHILD Dorothy Kathryn Klenk

5. Date of Birth of Child (Month, day, year) July 23, 1906

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mo **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gotlieb William Klenk
11. Color or Race white **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Württenburg, (City or town) Germany (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Klenk Foell
17. Color or Race white **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Hull (City or town) Germany (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California
County of Orange } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 35 years, and that Wm M Klenk (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gotlieb William Klenk Signature

P. O. Address

Subscribed and sworn to before me this 17th day of May, 19 42.

(SEAL) Everett L. Wells Notary Public, residing at Santa Ana, Calif.

(Note: Perjury is punishable as a felony in Idaho. MY COMMISSION EXPIRES JAN. 30, 1944 ed.)

Received for filing on MAY 22 1942 by Mabel M. Gredon, Registrar.

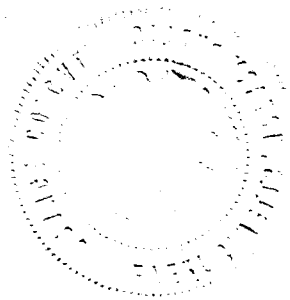
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



264-206- MAY 614-753 346328

United States Department of Commerce Bureau of the Census

MAY 23 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346328
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Ida

4. FULL NAME OF CHILD Anna Elvira Elisabet Soderman

5. Date of Birth of Child (Month, day, year) Aug. 6, 1906

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Nicholas Wilhem Soderman
11. Color or Race white **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Finland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Maria Peterson
17. Color or Race white **18.** Age at time of THIS birth 41 yrs.
19. Birthplace Finland (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Pierce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 35 years, and that midwife, name not known (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Maria Soderman Signature

Route 2, Box 277, Tacoma, Wash P. O. Address

Subscribed and sworn to before me this 20 day of May, 19 42.

(SEAL) [signature] Notary Public, residing at Tacoma, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1942 by Maud Fielder, Registrar.

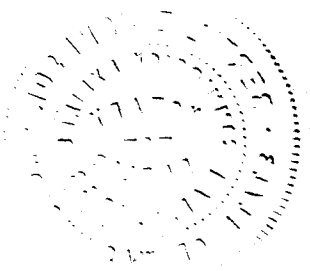
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



955-102-026-864

346351

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Grant, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Grant
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grant, Idaho

4. **FULL NAME OF CHILD** Hyrum Lavon Rees

5. Date of Birth of Child (Month, day, year) Mar. 2, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Rees Hyrum Rees
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Adamsville (City or town) Utah (State or foreign country)
14. Exact Occupation
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Ann Young
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Kanarra (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that Dr. Tucker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires June 26th, 1943.

Mabel J. Priest Signature

Route 1, Shelley, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of May, 19 42.

(SEAL) Myrta McLaughlin Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by Ward H. [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

451-10-025-453

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346367
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Lucile P.O.
(c) Street Address or R.F.D. No. near John Day
(d) Name of Hospital or Maternity Home at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days at home

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City John Day Creek
(d) Street Address or R.F.D. No. Lucile P.O.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Michael Harvey Deasy

5. Date of Birth of Child (Month, day, year) Nov 2nd 1906

6. Sex male **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Michael Deasy
11. Color or Race White **12.** Age at time of THIS birth yrs.
13. Birthplace Virginia City (City or town) Nevada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business own farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Henrietta Samyra Delmage
17. Color or Race White **18.** Age at time of THIS birth yrs.
19. Birthplace Kennebec Co-Dunawick (City or town) Maine (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business my own house

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Stevens }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 36 years, and that Dr. W. A. Tasker (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henrietta Samyra Delmage Deasy Signature
2023 W. 3rd Ave Spokane, Wn. P. O. Address

Subscribed and sworn to before me this 18 day of May, 19 42

(SEAL) Alice Jones Notary Public, residing at Cheney Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1942 by Mary [illegible], Registrar.

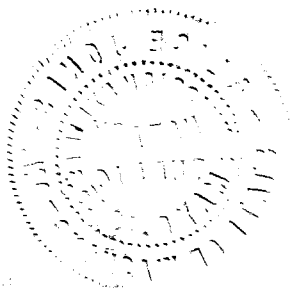
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



261-220034-143

346397

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH. (All items at time of this birth)
(a) County MINIDOKA (b) City HEYBURN
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: MRS SWAN YOUNG
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State XXX IDAHO (b) County MINIDOKA
(c) City HEYBURN
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD MINNIE SWANSON

5. Date of Birth of Child (Month, day, year) OCT 20, 1906

6. Sex FEMALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME CHAS SWANSON
11. Color or Race WHITE **12.** Age at time of THIS birth 40 yrs.
13. Birthplace LIDKAPING (City or town) Sweden (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ANNA LOUISE JULIN
17. Color or Race WHITE **18.** Age at time of THIS birth 30 yrs.
19. Birthplace BJORNEBORG (City or town) Sweden (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of UTAH } ss.
County of SALT LAKE }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that DR V.R. KILLEN (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Anna Swanson Signature
Route #2 Rupert Idaho P. O. Address

Subscribed and sworn to before me this 21 day of May, 1942.

6-27-44 (SEAL) Leland Clayton Notary Public, residing at Salt Lake City, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

MAY 23 1942

Received for filing on by Mabel Keeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 [redacted]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659-216-025 843

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346408
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho, (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville, Idaho

4. FULL NAME OF CHILD Winona Myrtle Wessnett

5. Date of Birth of Child (Month, day, year) Feb 16 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Francis Wessnett
11. Color or Race
12. Age at time of THIS birth 34 yrs.
13. Birthplace Effingham (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida May Hutchinson
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Belmont (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for life years, and that Dr. Hopkins (First name) (Last name), who attended this birth believe now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Wessnett Signature
Route 1, box 269, Pasco, Washington P. O. Address

Subscribed and sworn to before me this 18th day of May, 19 42.

(SEAL) Cora Jean Hammond Notary Public, residing at Pasco

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by Mabel Holden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 1959

FEB 16 1971

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 129, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-108-029-964

346486

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Idaho

4. FULL NAME OF CHILD Fred Roderick Cann

5. Date of Birth of Child (Month, day, year) 4-8-1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Paul L. Cann

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Lindsay (City or town), Ontario (State or foreign country), Canada

14. Exact Occupation Painter & Paperhanger

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Jane Roderick

17. Color or Race White

18. Age at time of THIS birth 39 yrs.

19. Birthplace Rio Maine (City or town), Iowa (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 35 years, and that Dr. W. H. Ehlen (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruby Asmundson Signature

Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of May, 19 42

(SEAL) ____ Notary Public, residing at Genesee, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1971

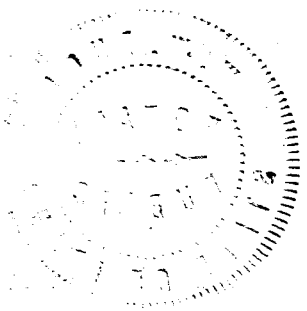
MAY 26 1942

JUN 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



291-123-11-279

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346489
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 4 years Approximate months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Petersburg, Mich.

4. FULL NAME OF CHILD Lester Paskel Bragg

5. Date of Birth of Child (Month, day, year) August 23, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Irving Bragg
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Petersburg (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Spicer
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Petersburg (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

State of Michigan } ss.
County of Oakland }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 35 years, and that Unknown (First name) ____ (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Claude J Bragg Signature
595 LeBaron, Pontiac, Michigan P. O. Address

Subscribed and sworn to before me this 20 day of May, 1942

(SEAL) E. E. Lechman Notary Public, residing at Oakland Co.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. Exp. 10-12-42

Received for filing on MAY 22 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

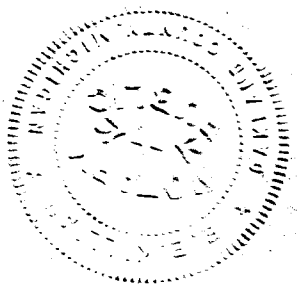
JUN 4 1968

MAY 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



841-122-028-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346500
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1302 2nd Street.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1302 2nd St.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Lloyd Jay Quaintance

5. Date of Birth of Child (Month, day, year) March 22, 1906

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James M. Quaintance
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Sawmill work
15. Industry or Business Lumbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Blanche Green
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace (City or town) Panama, (State or foreign country) New York
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am ~~the~~ a friend of family (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for since birth years, and that Mrs. Ziegler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha J. Wonnacott Signature
Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me this 20th day of May, 1942.
(SEAL) Eric G. Osterberg Notary Public, residing at Coeur d'Alene
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 30 1971

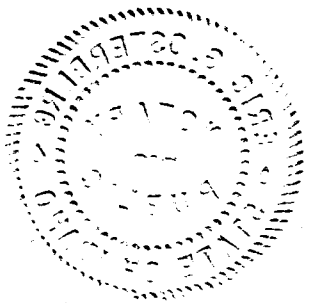
MAY 26 1942

MAR 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



154-118-038-299

346509

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fayette (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery: IN THIS county years 7 months + days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fayette
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD ~~Elbert~~ Albert Myron Anderson + one

5. Date of Birth of Child (Month, day, year) 3-14-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Mons Heber Anderson

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Utah (City or town) (State or foreign country)

14. Exact Occupation Stationary Engineer

15. Industry or Business Sugar Factory

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Kirkham

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Utah (City or town) (State or foreign country)

20. Exact Occupation Nurse

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child. 5 (b) Born alive and now living. 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Arizona } ss.
County of Maricopa }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 36 years, and that Have no record (First name) (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Kirkham Anderson Signature

#5 E. Avalon - Phoenix Ariz. P. O. Address

Subscribed and sworn to before me this 8 day of May, 1942

(SEAL) Ruth C. Gregg Notary Public, residing at Phoenix Arizona

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My commission expires: July 26, 1945

Received for filing on MAY 22 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

also known as Myron Albert Anderson

SEP 10 1959

MAY 26 1942

APR 6 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

217-104-009-513

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346573
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City on farm
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at the home
(e) Mother's stay BEFORE delivery: IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City 4 miles from Priest River
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Priest River, Idaho

4. FULL NAME OF CHILD Edmond Saccomanno

5. Date of Birth of Child (Month, day, year) May 4, 1906

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy (9)

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Saccomanno
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Grimaldi (City or town) Italy (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Naccarato
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Grimaldi (City or town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 36 years, and that Elizabeth Keyser (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Saccomanno Signature
Priest River, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of May, 19 42

(SEAL) Josephine Lindsay Notary Public, residing at Priest River

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by ..... Registrar.

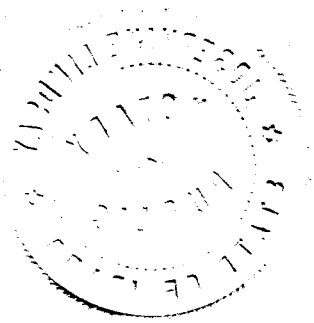
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



791-202-028-959

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346581
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootney (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootney
(c) City Coeur d'Alene, Ida
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Ida

4. **FULL NAME OF CHILD** Beatrice Clarice Granum
5. Date of Birth of Child (Month, day, year) Jan 2, 1906
6. Sex female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Gustave Granum
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Madison (City or town), Wisc (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Louisa Reratt
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Oshon (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature John O Wood M.D. Midwife Address Coeur d'Alene Ida Date May 15 '42

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for ~~62~~ 36 years, and that Dr. (First name) Woods (Last name) ~~who~~ attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Maria Louisa Granum Signature
Portland Oregon P. O. Address

Subscribed and sworn to before me this day of 59 NE 14 ave, 19
(SEAL) Robert Bellay Notary Public, residing at Portland Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437-224-029-281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346588
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD Theda Emogene McGahan

5. Date of Birth of Child (Month, day, year) June 24 1906

6. Sex Femal

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William McGahan
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Neda (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Magnola Sharpe
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Maynardville (City or town) Tenn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ~~none~~ one (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 35 years, and that Dr. Olson (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William McGahan Signature
Troy, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of May, 1942

(SEAL) Frank Matz Notary Public, residing at Moscow, Ida.

(Note: Perjury is punishable as a felony in Idaho; See Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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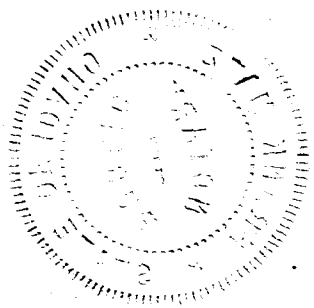

252-208.014-755

346612

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County In the country near Canyon (b) City Middleton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Out in the country near Middleton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Middleton, Idaho

4. FULL NAME OF CHILD Elvira Amanda Besse

5. Date of Birth of Child (Month, day, year) Sept. 8, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Full term 9 mos

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel Duncan Besse
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace Black Lake Station, Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD (Genrick)

16. **FULL MAIDEN NAME** Ottilie E. Genrick
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Kern } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 35 years, and that Daniel Duncan Besse (Father) (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Ottilie E. Besse Signature
156 North St., Taft, Calif. P. O. Address

Subscribed and sworn to before me this 23rd day of April, 1942

(SEAL) Coker Rathbone Notary Public, residing at Taft Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 8 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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319-107-035-299.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346626
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Le Noire
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Le Noire
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD PHILIP GEORGE CARTER

5. Date of Birth of Child (Month, day, year) Oct. 7, 1916

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles B. Carter
11. Color or Race Wht. Am.
12. Age at time of THIS birth 35 yrs.
13. Birthplace Elhorn West Virginia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Birdsell
17. Color or Race Wht. Am.
18. Age at time of THIS birth 26 yrs.
19. Birthplace Umatilla County Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington }
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 36 years, and that no One (First name) (Last name), who attended this birth is alive (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles B. Carter, Signature

P. O. Address

Subscribed and sworn to before me this 2 day of April, 1942

(SEAL) John Turner Notary Public, residing at Camas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 19[illegible]

AUG 11 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-204-035-39.9

346680

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346680
Local Reg. No.
Reg. Dist. No.

MAY 29 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Southwick, Ida.

4. FULL NAME OF CHILD Ora Ethel McCoy

5. Date of Birth of Child (Month, day, year) Aug. 4, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Austin Wray McCoy
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace DesMoines, (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lovina Nancy Triplett
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Little Rock, (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Canyon }

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 35 years, and that Eliza (First name) Triplett (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Susie Ode — Signature
Caldwell, RFD 2, Idaho — P. O. Address

Subscribed and sworn to before me this 28th day of May, 19 42.

(SEAL) Emma E. Thompson — Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

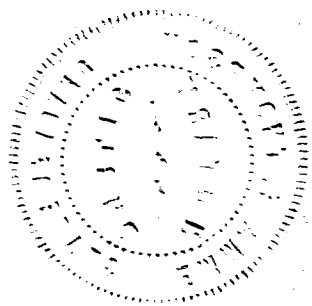
Received for filing on MAY 29 1942 by Mary F. Elder, Registrar.

MAY 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



693-126001-113

346681

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346681
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 402 E. Jefferson
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 402 E. Jefferson
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Ernest Herbert Williams

5. Date of Birth of Child (Month, day, year) July 26, 1906

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Alfred Williams
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Aspen (City or town) Colorado (State or foreign country)
14. Exact Occupation Silversmith
15. Industry or Business Jewelry Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Margaret Jackson
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 35 years, and that Dr. W. D. Springer (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah M. Williams Signature

1209 E. Washington, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of May, 1942.

(SEAL) Dorothy M. Gray Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by Mary F. Eden, Registrar.

MAY 29 1942

FEB 17 1943

MAY 7 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

95-5-103-003-697

346695

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello Idaho

4. FULL NAME OF CHILD Earl Benjamin Iverson

5. Date of Birth of Child (Month, day, year) 3 March 1916

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hans Iverson

11. Color or Race White

12. Age at time of THIS birth yrs.

13. Birthplace Ragnum (City or town) Utah (State or foreign country)

14. Exact Occupation Labor

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Lavina Wilson

17. Color or Race White

18. Age at time of THIS birth yrs.

19. Birthplace Ogden (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that Bird (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hans Iverson Signature

P. O. Address

Subscribed and sworn to before me this 26 day of May 1942

(SEAL)

Notary Public, residing at Pocatello, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by Mary Keller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

AUG 2 1948

JUN 7 1949

APR 19 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-102-208-163

346710

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Center
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Center - Long Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clarence Duvall Hammond

5. Date of Birth of Child (Month, day, year) Sept 2, 1906

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Leroy Hammond
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Garden Prairie (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Patricia Anna Holley
17. Color or Race White **18.** Age at time of THIS birth 16 yrs.
19. Birthplace Utah (City or town) Oklahoma (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Kern }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 36 years, and that Dr. Joseph (First name) Tuttle (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Patricia Anna Hammond Signature

Tehachapi, California. P. O. Address

Subscribed and sworn to before me this 5th day of May, 19 42

(SEAL) Mae E. McCormick Notary Public, residing at Tehachapi, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-129-035-249

346715

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346715
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperse (b) City Southwick
(c) Street Address or R.F.D. No. Rte. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperse
(c) City Southwick
(d) Street Address or R.F.D. No. Route 1
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ford O'Neal Baker

5. Date of Birth of Child (Month, day, year) 1/29/1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME George David Baker
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Lake Port (City or town) California (State or foreign country)
14. Exact Occupation Sawyer
15. Industry or Business Lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME Candice Myran Smith
17. Color or Race white
18. Age at time of THIS birth yrs.
19. Birthplace Woonsocket, (City or town) South Dak. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Coos }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 36 years, and that Dr Harrigus (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Candice Myran Baker Signature
684 So-10 St Marshfield Oregon P. O. Address

Subscribed and sworn to before me this 25th day of May, 19 42

(SEAL) Hilary L. Pearson Notary Public, residing at Marshfield, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) my com exp 3/28/44

Received for filing on MAY 27 1942 by, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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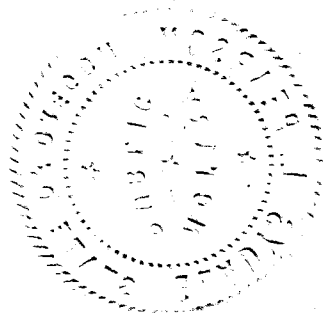


818-112-001-315

346727

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1017 E Bannock
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years 2 months 25 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1315 no 6th
(e) How long has **MOTHER** lived in Idaho? ..... yrs.

3. RESIDENCE OF FATHER (city, state) Boise

4. FULL NAME OF CHILD William Jackson Hayes
5. Date of Birth of Child (Month, day, year) June 12. 1906
6. Sex M
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy full term
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Norse Hayes
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Neosho (City or town) Mo (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Elizabeth Lane
17. Color or Race W
18. Age at time of THIS birth 32 yrs.
19. Birthplace Pulaski Co. (City or town) Mo (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag no 3 - Sol - 1%
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3.15 A M. on the date and at the place stated above, and that personal particulars were furnished by Nancy (First name) Hayes (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature John Boick M.D. Midwife Address Boise Ida Date 5-27-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-223-015-533

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346766
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Wetzel Hotel
(e) Mother's stay BEFORE delivery: IN THIS county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Soda Springs, Ida.

4. FULL NAME OF CHILD Nellie Elizabeth Burton

5. Date of Birth of Child (Month, day, year) July 23, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Alvin Burton
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Palmyra (City or town) New York (State or foreign country)
14. Exact Occupation
15. Industry or Business Sheepman

MOTHER OF CHILD

16. FULL MAIDEN NAME Jane Garvin Ellison
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Salt Lake (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by Jane C. Ellison Burton (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature Ellis Kackley M.D. Midwife Address Soda Springs, Idaho Date 5-20-42 11 A.M

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

APR 3

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

995-118-025-859

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346783
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County IDAHO (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD GLENN EDWIN RINK

5. Date of Birth of Child (Month, day, year) MARCH 18, 1906

6. Sex MALE **7.** Twin or Triplet NO If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME JUNIUS HENRY RINK
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Hickory (City or town), N. CAROLINA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY CATHERINE HERMAN
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace TAYLORSVILLE (City or town), N. CAROLINA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary Herman (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature J. W. Turner M.D. ~~Midwife~~ Address Riverdale Date Calif.

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any ~~birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 14 1951

386-11-009-234

346787

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint Ida

4. FULL NAME OF CHILD Joseph James Thomas

5. Date of Birth of Child (Month, day, year) May 11th 1906

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ludger Joseph Thomas
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Lacoosee (City or town) Quebec (State or foreign country) Canada
14. Exact Occupation Printer
15. Industry or Business Printing

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian Angus Stussi
17. Color or Race White **18.** Age at time of THIS birth 17 yrs.
19. Birthplace Middleton (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Wgelington } ss.
County of Spokane }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 36 years, and that Dr Schlusser (First name) (Last name), who attended this birth cannot be Located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs. Lillian A. Thomas Signature
E 902 Dalton Spokane Wash. P. O. Address

Subscribed and sworn to before me this 25 day of May, 19 42.
(SEAL) Augusta Stussi Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by, Registrar.

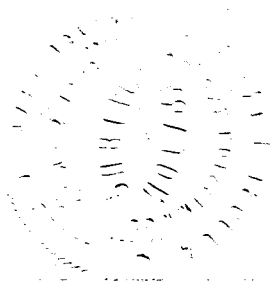
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



125-108-044-419

346801

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346801
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Cambridge-Ida

4. FULL NAME OF CHILD Leslie Harwood Abernathy

5. Date of Birth of Child (Month, day, year) Feb. 8, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Henry Harrison Abernathy
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Cambridge, (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Goldie Martin
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Berkley (City or town) Calif. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 36 years, and that Mrs. Jack Windes (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry Abernathy Signature

Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of May, 1942

(SEAL) Arthur Wilson Notary Public, residing at Cambridge, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

JAN 20 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-104-025-214

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346805
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery: IN THIS county 11 years 8 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kamiah
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Virgil Paul Baldwin

5. Date of Birth of Child (Month, day, year) Sep 4-1906

6. Sex male Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Chas. A. Baldwin.
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Steamboat Rock Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Mae Badger
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Kenton Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business House Keeping.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Nezperce }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 35 years, and that William Hollingshead (First name) (Last name) who attended this birth Is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Mae Baldwin Signature

P. O. Address

Subscribed and sworn to before me this 25 day of May 1942

(SEAL) E. D. Prin Notary Public, residing at Lewiston Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1942 by Mabel H. Baker, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 29 1967

JUN 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

555-231-006-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346820
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. Elm Street
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: IN THIS county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Elm Street
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Barbara Mozelle Neve

5. Date of Birth of Child (Month, day, year) July 31, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jack Fay Neve

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)

14. Exact Occupation

15. Industry or Business Billiard Hall

MOTHER OF CHILD

16. FULL MAIDEN NAME Lutie Elizabeth Johnson

17. Color or Race white

18. Age at time of THIS birth 24 yrs.

19. Birthplace Providence, (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 35 years, and that Dr. Franklin LaRue (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires June 26th, 1943

Lutie Neve Signature

1803-4th St. So. Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of May, 19 42

(SEAL) Myrtle McKaughan Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1942 by Mabel Weeks, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

846-206-033-235 346837

United States JUN 1 1942
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346837
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Sugar City
(c) Street Address or R.F.D. No.
(d) ~~Name of Hospital or Maternity~~ Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? -20- yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Ida

4. FULL NAME OF CHILD Melvina Huffaker

5. Date of Birth of Child (Month, day, year) Dec. 6, 1906

6. Sex Female 7. Twin or Triplet ~~If so~~ born 1st, 2nd, 3rd 8. No. months of Pregnacy 8 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Welby Winn Huffaker
11. Color or Race White 12. Age at time of THIS birth 22 yrs.
13. Birthplace South-Cottonwood (City or town), Utah (State or foreign country)
14. Exact Occupation Sugar Chemist
15. Industry or Business Utah-Idaho Sugar Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Imogene Stephens
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now -56- years of age, that I have known this person for -40- years, and that Geo. E. Hyde, M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Imogene Huffaker Signature
#1601 No. 12 St. Boise, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of June, 1942
(SEAL) [signature] Notary Public, residing at [illegible]
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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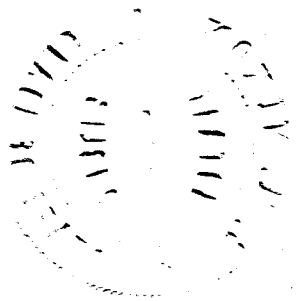

235-229-044-458 1942 346857 346857

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Meadows
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Meadows
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? Two yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gwendolyn Genevieve Stewart
5. Date of Birth of Child (Month, day, year) July 29-1906
6. Sex Female
7. Twin or Triplet None
If so—born 1st, 2nd, 3rd None
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Harry Charles Stewart
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Fort Madison Iowa (City or town) (State or foreign country)
14. Exact Occupation Auto mechanic
15. Industry or Business Garage

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Josephine Meyer
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Paxton Neb (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum As given by Dr Tuick
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Josephine Meyer (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature R. W. Tuick M.D. ~~Midwife~~ Address Midvale Utah Date May 28-42

State of..... }ss.
County of..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that ..... (First name) (Last name), who attended this birth..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289-124-025-436

346875

346875

United States Department of Commerce
Bureau of the Census

JUN 2 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Elk City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Elk City
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 1yr. 7mo. yrs.

3. RESIDENCE OF FATHER (city, state) Elk City, Idaho

4. FULL NAME OF CHILD Thomas David Shinnick

5. Date of Birth of Child (Month, day, year) 12-24-1906

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Dill Shinnick
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Watertown (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Physician & Surgeon
15. Industry or Business M.D.

MOTHER OF CHILD

16. FULL MAIDEN NAME RoSAnna McFadden
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born Alive (Born alive, stillborn) at 2:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by John Dill (First name) Shinnick (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature J. D. Shinnick M.D. and Father ~~Midwife~~ Address Grangeville, Idaho Date 6-1-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by Maud F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-119-036-259 346882

United States Department of Commerce Bureau of the Census

JUN 3 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346882
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. RESIDENCE OF FATHER (city, state) Preston, Idaho

4. FULL NAME OF CHILD Golden Daniel Johnson

5. Date of Birth of Child (Month, day, year) Sept 19 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Charles Johnson
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Burns (City or town) Minnesota (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Bertoch
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Morgan, (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 35 years, and that Fannie (First name) McQueen (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary B. Johnson Signature
Preston, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of May, 1942

(SEAL) Ben B. Johnson Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-123-014-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346894
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay BEFORE delivery: IN THIS county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Vernon Allen

5. Date of Birth of Child (Month, day, year) 11/23/1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Vernon Agrippa Allen
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Ontario (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Rebecca Smith
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Montpelier (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Canyon }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 35 years, and that Dr. (First name) Green (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Rebecca Allen Signature

P. O. Address

Subscribed and sworn to before me this 12th day of May, 1942

(SEAL) Maud Henry Notary Public, residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by Maud Henry, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1 1966

JUN 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345-209-035-413

346906

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 346906
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) IN
(a) County NEZ PERCE (b) City COUNTRY NEAR
(c) Street Address or R.F.D. No. LEWISTON, IDAHO
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay BEFORE delivery: IN THIS county / years / months / days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County NEZ PERCE
(c) City COUNTRY NEAR LEWISTON
(d) Street Address or R.F.D. No. FREIGHT STATION NEAR LEWISTON
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) DECEASED NOW

4. FULL NAME OF CHILD MADGE LOUELLA CUNNINGHAM

5. Date of Birth of Child (Month, day, year) OCTOBER 9TH, 1906

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME IRVIN CUNNINGHAM
11. Color or Race WHITE
12. Age at time of THIS birth 22 yrs.
13. Birthplace SIOUX FALLS (City or town) IOWA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. FULL MAIDEN NAME TERESA DALLAS
17. Color or Race WHITE
18. Age at time of THIS birth 18 yrs.
19. Birthplace CHIPPEWA FALLS (City or town) WISCONSIN (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOUSEWIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOTHING OTHER THAN WATER

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

State of FLORIDA
County of PALM BEACH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 36 years, and that MRS. OTT POLLY (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(MRS) Teresa Dallas Cunningham Dukes
Signature

Box 276, PAHOKEE, FLORIDA
P. O. Address

Notary Public, State of Florida at Large
My Commission Expires Apr. 26, 1943

Subscribed and sworn to before me this 27 day of MAY, 1942

(SEAL) Elizabeth S. Kann Notary Public, residing at PAHOKEE, FLORIDA

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by Mary McClure, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of FREMONT.
City of ST. ANTHONY.
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 346956
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD BERNARD MARTIN HENRICHS.

3. Sex | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth APRIL 9, 1906. (Month, Day, Year)

FATHER	MOTHER
9. Full name BERNARD WILLIAM HENRICHS.	18. Full maiden name ELLA ELIZABETH HENRICHS.
10. Residence (usual place of abode) (If non-resident, give place and State) SALT LAKE CITY - UTAH.	19. Residence (usual place of abode) (If non-resident, give place and State) LOS ANGELES CALIF.
11. Color or race WHITE | 12. Age at last birthday 61 (years)	20. Color or race WHITE | 21. Age at last birthday 59 (years)
13. Birthplace (city or place) (State or Country) LATONIA OHIO.	22. Birthplace (city or place) (State or Country) ST. JOHN TOOELE COUNTY - UTAH.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PAINTER.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEKEEPER.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HOME.
16. Date (month and year) last engaged in this work 5/MAY, 1942 | 17. Total time (years) spent in this work 40 YRS.	25. Date (month and year) last engaged in this work MAY, 1942 | 26. Total time (years) spent in this work 35

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead NONE (c) Stillborn NONE.

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 A m. on the date above stated. (Born Alive or Stillborn).

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Ella Elizabeth Henrichs, Mother, M.D.
or ..... Midwife
Address 370 N. 59 Pl. Los Angeles, Calif.

Give name added from a supplemental report ..... (Date of)

Filed MAY 28 1942, 193.. Mabel F. Elder
Registrar.

DELAYED

855-109-022-855

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California } ss.
County of Los Angeles }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

ELLA ELIZABETH HENRICHS being first duly sworn says that SHE is the MOTHER of BERNARD MARTIN HENRICHS.
(Relationship of child)*

born APRIL 9 + 1906 at ST. ANTHONY, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that BERNARD MARTIN HENRICHS desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said BERNARD MARTIN HENRICHS hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that DR. MIDDLETON M. D. was the ~~Midwife~~ medical attendant at the birth of said BERNARD MARTIN HENRICHS and that the said medical attendant is NOW DECEASED.
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Ella Elizabeth Henrichs mother

P. O. Address 370 W. 59 Pl. LOS ANGELES CALIF.

Subscribed and sworn to before me this 23rd day of May, 1942

B F Trautman
Notary Public.

Residing at Los Angeles California, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My commission expires Sept. 5, 1945

JUN 1942

659-205-035-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346961
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Now Dead

4. FULL NAME OF CHILD Hazel Ruth Weipert

5. Date of Birth of Child (Month, day, year) March 5-1906

6. Sex Female 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X 8. No. months of Pregnacy 9 mo 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Antone Weipert
11. Color or Race White 12. Age at time of THIS birth 50 yrs.
13. Birthplace Near St Joe (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Otie Walston
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Near Carrollton (City or town) Mo (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 36 years, and that Mrs Robert May (First name) (Last name), who attended this birth Cannot Now be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Otie Weipert Roemer Signature
Del Carlo Apartments Opp. Address

Subscribed and sworn to before me this 27 day of May, 1942
(SEAL) Leo E Eh Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 18 1968

JUN 2 1942

JUN 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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415-125-022-766

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347004
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County FREMONT (b) City ST. ANTHONY
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: RESIDENCE
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County FREMONT
   (c) City ST ANTHONY
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) ST. ANTHONY Idaho

4. **FULL NAME OF CHILD** LORIN ROBERT MANGUM

5. Date of Birth of Child (Month, day, year) Aug 25, 1906

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** ROBERT S. MANGUM
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace PAHREAH (City or town), UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LOVISA ADELINE POWELL
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace SPANISH FORK (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of UTAH } ss.
County of UTAH }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 35 years, and that DR. W. W. MIDDLETON (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louisa Adeline Mangum Signature
R.D.2. PROVO, UTAH P. O. Address

7/21/42

Subscribed and sworn to before me this 27 day of May, 1942
(SEAL) A. W. Washburn Notary Public, residing at Orem Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by Mabel Whelan, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-106-001-445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347008
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 14th Street
(d) Name of Hospital or Maternity Home: At Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 14th St
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Howard Lee Cannon

5. Date of Birth of Child (Month, day, year) Feb. 6, 1906

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Benjamin D. Cannon
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Des Moine (City or town) ~~Idaho~~ Iowa (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business General Repair

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude M Munden
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of San Joaquin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 36 years, and that Dr (unknown) (First name) Smith (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Benjamin D Cannon Signature
R.I. Box 656 D. Stockton P. O. Address

Subscribed and sworn to before me this 26 day of May, 1942

(SEAL) Daniel D Hill Notary Public, residing at Stockton, Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 [redacted]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-125-025-916

347027

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No. Harris Ridge
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county 42 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) Kooskia Idaho

4. FULL NAME OF CHILD Donald Carl Harris

5. Date of Birth of Child (Month, day, year) 5-25-06

6. Sex male **7.** Twin or Triplet no **If so—born** 1st, 2nd, 3rd IIth **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samual Jackson Harris
11. Color or Race white **12.** Age at time of THIS birth 56 yrs.
13. Birthplace Missouri, U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Alice Raffety
17. Color or Race white **18.** Age at time of THIS birth 45 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child II (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Arizona
County of Maricopa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) brother of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 35 years, and that Mrs C.M. Butler (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julius Fourtin Harris
Signature

620 N. 10th Street, Phoenix, Arizona
P. O. Address

Subscribed and sworn to before me this 22nd day of May, 1942.

(SEAL) John W Evans
Notary Public, residing at Phoenix, Arizona

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1942 by Mabel Weldon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 6 1961

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

367-21-014-569

347032

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. Suburban Road
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 1 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. Suburban Road
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Idaho

4. FULL NAME OF CHILD ROBERT LEE COXE

5. Date of Birth of Child (Month, day, year) July 21, 1906

6. Sex Male

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Bloomfield Coxe
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Chicago, (City or town) Illinois (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business Law

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances Eaton Ewing
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Evansville, (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Oregon } ss.
County of Columbia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 35 years, and that Dr. (First name) Avey (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances E. Coxe Signature
Box 65, Houlton, Oregon P. O. Address

Subscribed and sworn to before me this 27th day of May, 19 42

(SEAL) Ruth J. Mercer Notary Public, residing at St. Helens, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

462-220- JUN 3 1942 620-713 347049

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347049
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Glenns Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenns Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alta Dorothy Mosgrove

5. Date of Birth of Child (Month, day, year) 7-20-1906

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Taylor Mosgrove
11. Color or Race White 12. Age at time of THIS birth 18 yrs.
13. Birthplace Carbon (City or town) - Wyo. (State or foreign country)
14. Exact Occupation R.R. Cashier
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Patterson
17. Color or Race White 18. Age at time of THIS birth 17 yrs.
19. Birthplace Billings (City or town) Mont (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 36 years, and that Dr J. W. Davis (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Taylor Mosgrove Signature
Glenns Ferry Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of June, 1942
(SEAL) Dorothy M. Gray Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-21-008-235

347050

347050

United States Department of Commerce
Bureau of Census

JUN 3 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Ada (b) City ~~City~~ Country
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In ~~Hosp. or Mat.~~ None days.
   IN **THIS** county years 1 month 12 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) ~~City~~ Live in the Country
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.
   (f) Mother's mailing address Boise Idaho

3. **RESIDENCE of FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Laura Edith Schoonover

5. Date of Birth (Month, day year) Aug 14, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Richard Eugene Schoonover
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Owego (City or town) New York (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Bird Stephenson
17. Color or Race White
18. Age at time of THIS birth 34 yrs
19. Birthplace Cottonwood Falls (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother etc.)

26. (a) JUN 3 1942 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Annie Bird Schoonover, being first duly sworn, say that I am related to (Related to (or) acquainted with) Laura Edith Schoonover as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Annie Bird Schoonover Signature
Box 1231 Boise Idaho P. O. Address

Subscribed and sworn to before me on this 3rd day of June, 1942

(SEAL) Mary Bagley Notary Public, residing at Boise Idaho

JUN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

669-108'001-296 347062

JUN 3 1942

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 347062
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: at home
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Star, Idah

3. RESIDENCE of FATHER (city, state) Star, I

4. FULL NAME OF CHILD Victor Cecil Ford

5. Date of Birth (Month, day, year) MAY 8th, 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? ye

FATHER OF CHILD

10. FULL NAME John Glen Ford
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace near Jedburg Scotland (City or town) (State or foreign country)
14. Exact Occupation Stockman and farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Brown
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace near Jedburg, Scotland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 6:00 PM. on the date and at the place stated above, and that personal particulars were furnished by Bessie Ford (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) JUN 3 1942 (Date received) (b) Mary F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.) and address Boise Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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343-227-016 JUN 3 1942 289 347067

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347067
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 30 years months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley, Idaho

4. FULL NAME OF CHILD Delsa Tuttle

5. Date of Birth of Child (Month, day, year) May 27, 1906

6. Sex F.

7. Twin or Triplet — If ~~so~~ born 1st, 2nd, 3rd 7th

8. No. months of Pregnacy Reg

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Ormus Henry Tuttle
11. Color or Race Wh.
12. Age at time of THIS birth 32 yrs.
13. Birthplace Tooele, Utah (City or town) (State or foreign country)
14. Exact Occupation Miller
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Shields
17. Color or Race Wh.
18. Age at time of THIS birth 30 yrs.
19. Birthplace Lincoln, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address Dr. Emerson, now deceased. — Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 36 years, and that Dr. Emerson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Caroline S. Finnell Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of May, 1942
(SEAL) Henry W. Tucker Notary Public, residing at Burley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Send certificate to Delsa Tuttle Pettingill.
Elba, Idaho.

JUN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-21-006-362 JUN 6 1942 347103 347103

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Eagle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Eagle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elizabeth Franklin Corn

5. Date of Birth of Child (Month, day, year) Nov 11th 1906

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Benjamin Franklin Corn
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida mae Cobb
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Eagle (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Four (b) Born alive and now living Four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 53 years of age, that I have known this person for 36 years, and that Delos (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Minnie Boyd Signature
R 1 Boise P. O. Address

Subscribed and sworn to before me this 5th day of June, 19 42
(SEAL) Jewell B Randall Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 6 1942 by Mabel H Eagle, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

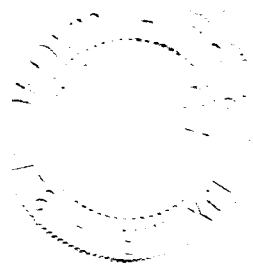
JUN 6 1942

JUN 17 1968
MAR 23 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



266-128-034-271

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347158
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Rupert
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state) Rupert Ida

4. FULL NAME OF CHILD James Wellington Bowlby

5. Date of Birth of Child (Month, day, year) Aug. 28 1906

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Wilson Bowlby
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Hillsboro (City or town) Oregon (State or foreign country)
14. Exact Occupation Pharmacist
15. Industry or Business Bowlby Pharmacy

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Edith Spangler
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Freeport (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known if any

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 8 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 35 years, and that W. I. Rowley (First name) (Last name), who attended this birth Do not Know (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha E. Bowlby Signature
310 South Kelly Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of May 1942

(SEAL) Fra [signature] Notary Public, residing at Notary Public, Residing at Moscow, Idaho Commission expires August 26, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 16 1970

JUN 8 1971

JUN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-118-029-294

347161

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 233 S. Polk St.
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 0 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 233 S. Polk St.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho.

4. FULL NAME OF CHILD Charles Judson Watkins

5. Date of Birth of Child (Month, day, year) May 18, 1906.

6. Sex Male.

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Charles Franklin Watkins
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Scotland County, Missouri. (City or town) (State or foreign country)
14. Exact Occupation Dentist.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Mildred Simpson
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Bureau (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Nevada } ss.
County of Washoe }

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 36 years, and that Dr. Carithers (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leah Watkins VanCleve Signature
555 Broadway, Reno, Nevada. P. O. Address

Subscribed and sworn to before me this 28th day of May, 1942

(SEAL) Edward Farrell Notary Public, residing at Reno Nev

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Maud Watkins, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-105-029-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347166
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD Roy Valentine Stratton

5. Date of Birth of Child (Month, day, year) Nov. 5, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Frank Wilbert Stratton
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Elk Point (City or town) South Dakota (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Lumber Mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katie Belle Bartle
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Colfak (City or town) Wash. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 35 years, and that Dr. Worthington (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Wilbert Stratton Signature
Des Moines P. O. Address

Subscribed and sworn to before me this 27 day of May, 1942
(SEAL) Cliff Skroudal Notary Public, residing at Des Moines
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 10 1968

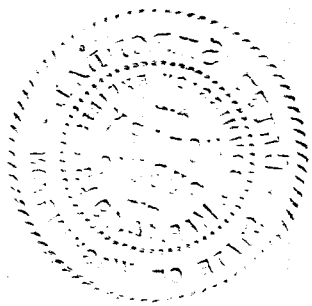
JUN 3 1942

NOV 30 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such~~ report may be received and filed ~~by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



433-118-007-465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347212
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Ketchum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Ketchum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Ketchum Ida

4. FULL NAME OF CHILD George Francis McCoy

5. Date of Birth of Child (Month, day, year) April 18 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James F. McCoy
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Shasta County Calif. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Belle Monks
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Beth (City or town) Nevada (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Mrs Ida Mahan ~~MD~~ Midwife Address 890 Church St, Baker, Or Date 5-19-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-209.006.815

347218

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. C Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. C Street
(e) How long has MOTHER lived in Idaho? 5-3 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Wallean Johnson

5. Date of Birth of Child (Month, day, year) January 9, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hyrum Walter Johnson

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace St. Catharines, Canada (City or town) (State or foreign country)

14. Exact Occupation Barber

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Carlia Bodell Hansen

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Pleasant View, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Jefferson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 36 years, and that Carlia Hansen (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carlia Bodell Johnson Signature

Roberts, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of May, 1942

(SEAL) Arthur P. Jensen Notary Public, residing at Roberts, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by Mabel Keeler, Registrar.

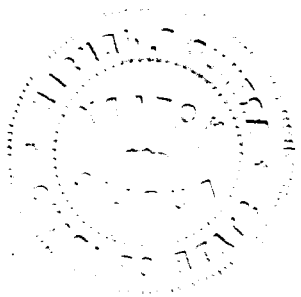
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



433-24-037-916

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347222
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Reynolds Creek
(c) Street Address or R.F.D. No. On ranch
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owhyhee
(c) City Reynolds Creek
(d) Street Address or R.F.D. No. On ranch
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Reynolds Creek Idaho

4. FULL NAME OF CHILD Alma Elizabeth McClung

5. Date of Birth of Child (Month, day, year) May 24, 1906

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd ####

8. No. months of Pregnacy 9 mos Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Archabald William McClung

11. Color or Race White **12.** Age at time of THIS birth 29 yrs.

13. Birthplace Grundy Center, Iowa (City or town) (State or foreign country)

14. Exact Occupation Farming and stock raising

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha May Rawlings

17. Color or Race White **18.** Age at time of THIS birth 25 yrs.

19. Birthplace Alpine, Colorado (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Lewis }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 60 years of age, that I have known this person for 35 years, and that William R Hamilton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Bertha M Clung Signature
Route 4 Chehalis Wash. P. O. Address

Subscribed and sworn to before me this 2nd day of May, 19 42

(SEAL) J. A. Huber Notary Public, residing at Chehalis, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-130-029914

347251

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edwin Kenneth Whiteside

5. Date of Birth of Child (Month, day, year) Dec 30 1906

6. Sex male

7. Twin or Triplet no

If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwin F Whiteside
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Cleburn (City or town) Missouri (State or foreign country)
14. Exact Occupation Carpenter helper
15. Industry or Business Potlatch Lbr. Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie May Rader
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Mooresville (City or town) Indiana (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. ~~Name~~ prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Sarah B Knight Midwife Address Myrtle Creek Ore. Date April 13, 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by Mabel Heiden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed~~ by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-102-028-463

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347258
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 141 Maple St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Same
(c) City Same
(d) Street Address or R.F.D. No. Same
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** Carl John Stark

5. Date of Birth of Child (Month, day, year) June 2. 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Stark.
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Laborer.
15. Industry or Business Saw-mill.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Moldenhauer.
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Alpena Mich. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 4 a M. on the date and at the place stated above, and that personal particulars were furnished by Hattie (First name) Stark (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature John O Wood M.D. Midwife Address Coeur d'Alene Ida. Date March 3-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 4

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263-105 009-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347286
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At family residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint, Ida.

4. FULL NAME OF CHILD Arnold Glenn Clifford Solberg

5. Date of Birth of Child (Month, day, year) Oct. 5, 1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Olson Solberg
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Oslo (City or town) Norway (State or foreign country)
14. Exact Occupation Lumber Grader
15. Industry or Business Lumbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertie Hansen
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Trondjhem (City or town) Norway (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Gertie (First name) Solberg (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 35 years, and that Dr. John McKinnon (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Gertie Solberg Signature
Sandpoint, Idaho P.O. Address

Subscribed and sworn to before me this 22nd day of May, 1941

(SEAL) Carl R. Vufft Notary Public, residing at Sandpoint Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-22-1-010-799

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 347326

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Placier Ave
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery: IN THIS county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls Idaho
(d) Street Address or R.F.D. No. Placier Ave
(e) How long has MOTHER lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Ida

4. FULL NAME OF CHILD Augusta Brosius Smith

5. Date of Birth of Child (Month, day, year) Aug 21, 1914

6. Sex Female Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Albion Smith
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Omaha (City or town) Nebraska (State or foreign country)
14. Exact Occupation Rail Road Brakeman
15. Industry or Business Rail Road Co - U.P.

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Mae Price
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
20. Exact Occupation Houswife
21. Industry or Business in home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that Dr. William-Ls (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nurse is also deceased

Hattie Caroline Wilson Signature

204 Lomax Idaho Falls Ida. P. O. Address

Subscribed and sworn to before me this 29 day of May, 1942

(SEAL) Martha Martin Notary Public, residing at Idaho Falls Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 29 1942 by ..... Registrar.

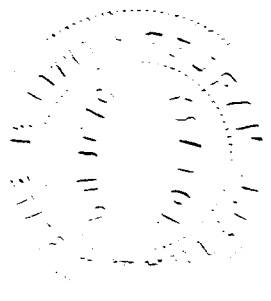
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



392-211-029-253

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347380
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Potlatch
   (c) Street Address or R.F.D. No. Gen. Del.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Ida (b) County Latah
   (c) City Potlatch
   (d) Street Address or R.F.D. No. Gen. Del.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Potlatch.

4. **FULL NAME OF CHILD** Imelda Louise Libey

5. Date of Birth of Child (Month, day, year) Oct. 11. 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Deward Belmont Libey
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Mich. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Bell.
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Ruby (City or town) Mo. (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ellen Libey (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Nina Mendenhall M.D. Midwife Address Moscow Idaho Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

763-118026-815

347461

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Menan
   (c) Street Address or R.F.D. No. Roberts Star Rte.
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years ... months ... days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Menan
   (d) Street Address or R.F.D. No. Star Rte
   (e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** Clarence Edward Polson

5. Date of Birth of Child (Month, day, year) March 18 1902

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George W. Polson
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Monte Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Elsie Hansen
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Brigham City Utah (City or town) (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... at ... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ... (First name) (Last name), who is related to this child as ... (Mother, etc.)

25. Attendant's **OWN** signature ... M.D. Midwife Address ... Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 36 years, and that Ida Tucker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emily Elsie Hansen Polson signature
200 I St. Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 2 day of June, 1942.
(SEAL) ... Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 5 1942 by ... Registrar.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-105-022-814

347479

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Fremont (b) City Sugar City
   (c) Street Address or R.F.D. No. I
   (d) Name of Hospital or Maternity Home: Family residence
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Sugar City
   (d) Street Address or R.F.D. No. I
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.
   (f) Mother's mailing address Route I, Sugar C

3. **RESIDENCE of FATHER** (city, state) Rte I, Sugar City

4. **FULL NAME OF CHILD** Weston John Naef

5. Date of Birth (Month, day year) May 5, 1908

6. Sex Male

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Henry Naef

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Providence, Cache Co. Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosalie Haderlie

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Providence, Cache Co. Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Mother

22. Name prophylactic used to prevent Ophthalmia Neonatorum –

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead I (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 5 1942 (Date Received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of California
County of Riverside } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Robert Henry Naef, being first duly sworn, say that I am Father (Related to (or) acquainted with)
Weston John Naef (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mary Sorensen (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Robert Henry Naef Signature
3952 Third Street, Riverside, Calif. Address

Subscribed and sworn to before me on this 7th day of May 1942

(SEAL) [signature] NOTARY PUBLIC In and for the County of Riverside, State of California Notary Public, residing at Riverside Calif.

My Commission Expires September 24, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No change for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1942
AUG 30 1946
30 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

234-2181-IV-633

347506

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 1422 - 4 st No
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 1422 - 4 St No
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Olive Esther Stumbaugh

5. Date of Birth of Child (Month, day, year) November 18, 1906

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ralph Bartle Stumbaugh
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Bedford (City or town) Iowa (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business Carpenter

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Otto
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Toronto (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 5 cc argyrol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by Ralph B Stumbaugh (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature J H Mursay M.D. Midwife Address Nampa Ida Date June 1, 1942

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 5 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

613406 004-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347510

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Iden Osborn Watkins		2. Date Of Birth (month) (day) (year): H 6 1906	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Montpelier Idaho Bear Lake	b. City or Town of Birth: Montpelier
FATHER	6. Full Name of Father: Thomas Frances Watkins		7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Emily Angelina Hards		9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Iden O. Watkins	11. Present Address of Registrant: Rt 1 Bx 133 Nashville Wa	
NOTARY (Seal)	Subscribed and sworn to before me on: April 6 1973	12. Signature of Notary: Marian Watkins	13. Notary Commission expires: Nov. 20 1976	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: St. Elizabeth Hospital, Yakima WA, Carolyn Steiner, Clerk	Date Issued: Apr. 5, 1973	Date Orig. Entry: June 6, 1967	
	Date of Birth: Apr. 6, 1906	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Holy Family Church, Yakima, WA Richard Queen, Pastor	Date Issued: ---	Date Orig. Entry: baptized Sept. 22, 1960	
	Date of Birth: Apr. 6, 1906	Birth Place: Montpelier, Idaho	Full Name of Mother: Emily Hards	Name of Father: Thomas Watkins	
SUPPORTING RECORD 3.	Type of Document: Statement & photocopy of employment records	By whom issued and signed: Pacific Power & Ligh Co., Roy Wright, Power Supt.	Date Issued: Apr. 4, 1973	Date Orig. Entry: Oct. 16, 1944	
	Date of Birth: Apr. 6, 1906	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

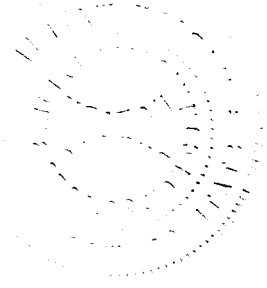
Affidavit by brother, James F. Watkins issued March 29, 1973 gives birthdate: April 6, 1906 in Montpelier, Bear Lake County, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	fc Glenda Larson	April 9, 1973

FORM BH 56067 — 1 c.c. paid rec. 14300 — RUSH — 4/3/73/gm1



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347510
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Sharon County
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay BEFORE delivery: IN THIS county 21 years 4 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Sharon County
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Bear Lake Idaho

4. FULL NAME OF CHILD Iden Osborne Watkins

5. Date of Birth of Child (Month, day, year) 5-6 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Francis Watkins
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Glostershire South Wales England (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Angelina Hards
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Kent England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 36 years, and that Mary Hymas (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emily Angelina Watkins Signature
Naches Wash. P. O. Address

Subscribed and sworn to before me this 2nd day of June, 1942

(SEAL) [signature] Notary Public, residing at Naches

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1973

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

156-22-040-846

347518

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Shoshone (b) County Idaho
(c) City WARDNER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Wardner Idaho

4. FULL NAME OF CHILD Cecelia Delphine Jewell

5. Date of Birth of Child (Month, day, year) 1-24-06

6. Sex FEMALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry W Jewell
11. Color or Race White **12.** Age at time of THIS birth yrs.
13. Birthplace (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha HUFF
17. Color or Race White **18.** Age at time of THIS birth yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature J. R. Mason M.D. Midwife Address Kellogg Ida Date 5/18-42

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 5 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-112-003-466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347524
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Robin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Robin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Robin, Idaho

4. FULL NAME OF CHILD Otto Elyndith Jenkins

5. Date of Birth of Child (Month, day, year) July 12, 1906

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Jenkins
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Provo, Utah (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Mower
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Lewiston, Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business house wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mary Jenkins (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature deceased M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 36 years, and that Nancy E. Marley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jenkins Signature
Arimo, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of May, 1942
(SEAL) [signature] Notary Public, residing at Arimo, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1942

AUG 6 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

631-108031-955 JUN 8 1942

347666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. H
Reg. Dist. No. 220

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nyssa
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years , months , days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nyssa
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clifton Raymond Flatt

5. Date of Birth of Child (Month, day, year) Nov 8 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Chas Philip Flatt
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Carrollton Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business on farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Reese
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business on home

22. Name prophylactic used to prevent Ophthalmia Neonatorum August 5th

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 10 P M. on the date and at the place stated above, and that personal particulars were furnished by Annie F Flatt (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for since birth years, and that Dr Cooper (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie F Flatt Signature

Nezperce, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of June, 19 42.

(SEAL) Perry W Mitchell Notary Public, residing at Nezperce, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 2 — 42 by Allen Hoop Mabel Hughes, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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814-103-025-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347674
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Parents Residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville, Ida.

4. **FULL NAME OF CHILD** Floyd Robert Hamill

5. Date of Birth of Child (Month, day, year) 11-3-1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clyde Robert Hamill
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Centerville (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Olive Burris
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Calkax (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Shoshone }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 35 years, and that Dr. George - Stockton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Olive Hamill — Signature
Kingston, Idaho — P. O. Address

Subscribed and sworn to before me this 1st day of June, 1942

(SEAL) W. Murdock — Notary Public, residing at Kingston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

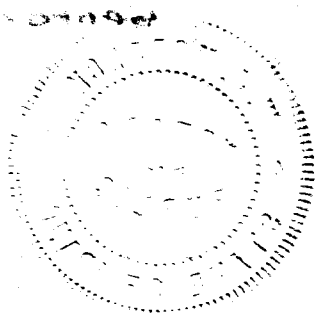
SEP 20 1968

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



362-117-025-24Y

347733

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347733
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. Rural
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville, Id

4. FULL NAME OF CHILD LLOYD H. COSAND

5. Date of Birth of Child (Month, day, year) June 17, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert S. Cosand
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Des Moines, (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Vesta Sumpter
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Linn County, (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 65 years of age, that I have known this person for 36 years, and that Dr G. S. Stockton (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena V Farmer Signature

424 W Mansfield, Spokane, Wash P. O. Address

Subscribed and sworn to before me this 6th day of June, 19 42

(SEAL) Lorraine D. Peterson Notary Public, residing at Spokane, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by Mary F Ledger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 18 1949

JUN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

643-120-014-319

347738

347738

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 9 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 347738
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ~~days~~.
   IN THIS county 11 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Fredrick Theodore Fuller

5. Date of Birth (Month, day, year) April 20, 1906

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd 6th

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Francis Gwinn Fuller
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Boise, Idaho (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Stockman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma V. Laing
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Windom, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.).

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

26. (a) JUN 9 1942 (Date received) Registrar's signature

27. Given name added on ____ by ____ Registrar's signature)

State of Idaho
County of Adams } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma V. Fuller, being first duly sworn, say that I am related to (Related to (or) acquainted with) Fredrick Theodore Fuller (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Annie Freeman (Name of attendant at birth), who attended said birth not located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma Fuller Signature

Council, Idaho P. O. Address

Subscribed and sworn to before me on this 14 day of July 19 42

(SEAL) Matilda Mayo Clerk District Court Notary Public, residing at Council, Idaho

JUN 10 1942

MAY 5 1943

MAR 23 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-22-038-261

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347848
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County PAYETTE (b) City PAYETTE
(c) Street Address or R.F.D. No. 9th Street
(d) Name of Hospital or Maternity Home: Born AT Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County PAYETTE
(c) City PAYETTE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD LaPriel Irene Chapin

5. Date of Birth of Child (Month, day, year) May 22, 1906

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Julius Constant Chapin

11. Color or Race French

12. Age at time of THIS birth 54 yrs.

13. Birthplace ____ (City or town) FRANCE (State or foreign country)

14. Exact Occupation merchant -

15. Industry or Business Store - Retired

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Amelia Swanson

17. Color or Race Swedish

18. Age at time of THIS birth 41 yrs.

19. Birthplace Stockholm (City or town) Sweden (State or foreign country)

20. Exact Occupation Housewife -

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol - Boric acid. 9

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 9 .M. on the date and at the place stated above, and that personal particulars were furnished by Alyce (First name) Powell (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature Alyce Powell M.D. ~~Midwife~~ Sister Address 2261 McMillan St Eugene Ore. Date 5-18-42

State of Oregon } ss.
County of Lane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 30 years of age, that I have known this person for Since Birth years, and that Dr. O.H. Avey (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alyce C. Powell Signature
2261 Mc. Millan St. P. O. Address

Subscribed and sworn to before me this 17 day of May, 19 42

(SEAL) ____ Notary Public, residing at Eugene Ore.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-216-022-154

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347874
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 17 months 30 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony Ida

4. FULL NAME OF CHILD Margaret Ethel Kenney

5. Date of Birth of Child (Month, day, year) April 16 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Willmott Kenney
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Maysville, (City or town) Kentucky (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Alice Andrews
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Helena, (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 36 years, and that Dr M.M.Harshbarger (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Willmott Kenney —Signature
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of June, 19 42.

(SEAL) E. J. Rumsey Clerk of District Court Notary Public, residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by Mabel Hester, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

362-223-001-796

347891

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Eagle
(c) Street Address or R.F.D. No. 3 Boise
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Eagle
(d) Street Address or R.F.D. No. 3, Boise
(e) How long has **MOTHER** lived in Idaho? seven yrs.

3. RESIDENCE OF FATHER (city, state) Eagle, Idaho

4. FULL NAME OF CHILD Lavilla Grace Cobb

5. Date of Birth of Child (Month, day, year) Oct. 23, 1906

6. Sex Female **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd First **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Bert Edward Cobb
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Naar Wichita (City or town), Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Viola May Proctor
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Salene Co. (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:00 P M. on the date and at the place stated above, and that personal particulars were furnished by Viola (First name) Cobb (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature J. W. Taylor M.D. ~~Midwife~~ Address Boise, Idaho Date June 6 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 10 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 17 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

347898

434-224-004-142

JUN 10 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 12
Reg. Dist. No. 550

1. **PLACE OF BIRTH:**
(a) County Bear Lake (b) City Liberty
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: at home
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City Liberty
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address (For registration notice):
~~Mrs~~ R.F.D. 1 Box 71 Ovid
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ina McMurray
5. Date of Birth (Month, day, year) July 24 1906
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George V. McMurray
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Liberty (City or Town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Austin
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Liberty (City or Town) Idaho (State or foreign country)
20. Exact Occupation farmer's wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living ~~yes~~
(c) Born alive and now dead None (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was July 24 1906 (born alive, stillborn) at 12:12 a.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 8-1942 (Date received) (b) Beulah Hess (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** J W Hayward M.D. ~~(D.O., Midwife, etc.)~~
and address Logan Utah Date May 31-42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FEB 17 1949

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

DELAYED

331-216-001-367

347908

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347908
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1609 No. 12th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1609 No. 12th St.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Mary Ellen Clarkson

5. Date of Birth of Child (Month, day, year) May 16, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edgar Price Clarkson
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Centerville (City or town), Idaho (State or foreign country)
14. Exact Occupation Mechanic & Machinist
15. Industry or Business State Machine Shop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Ann Coggburn
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Kirbyville (City or town), Mo. (State or foreign country)
20. Exact Occupation ~~Housewife~~ (Housewife)
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 36 years, and that Dr. Geo. Collister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Ann Coggburn Clarkson Signature
1610 Franklin P. O. Address

Subscribed and sworn to before me this 13 day of June, 1942 Boise, Ida.
(SEAL) H. B. Joy Notary Public, residing at Boise, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 13 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1942

JUN 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-118-001-819

347917

United States
Department of Commerce
Bureau of the Census

JUN 16 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347917
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 908 North 11th
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years — months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Placerville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Placerville, Idaho

4. FULL NAME OF CHILD Robert Elmo Blain

5. Date of Birth of Child (Month, day, year) August 18, 1906

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Franklin Blain
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Elkport (City or town) Iowa (State or foreign country)
14. Exact Occupation Superintendent
15. Industry or Business Gold Mine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachel Annie Harnett
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Albia (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Credes Sol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature John Boeck M.D. Midwife Address Boise Ida Date June 13th 42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-124-022-993

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347953
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 57 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello Ida.

4. FULL NAME OF CHILD Walter Harry Woodvine

5. Date of Birth of Child (Month, day, year) 9.24.1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur H Woodvine
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Scranton Penn. (City or town) (State or foreign country)
14. Exact Occupation Watchman
15. Industry or Business U. P. Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ricks
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Benson Ward Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of ____ County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 35 years, and that Dr. Lorin Rich (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Woodvine Signature

Burley P. O. Address

Subscribed and sworn to before me this 11th day of June, 1942

(SEAL) Notary Public, residing at Burley

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by M. L. Webster, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4473 - 205 044 225

348002

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: -
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Esther Lucile Dutton

5. Date of Birth of Child (Month, day, year) April 5, 1906

6. Sex Female

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Dutton
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Waterbury, Connecticut (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Construction

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Marie Skeffington
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Mendota, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum -

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Orange } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that Mrs. Ella Glascock (First name) (Last name), who attended this birth is now deceased; (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Marie Dutton Signature
833 North Parton Street, Santa Ana P. O. Address
California.

Subscribed and sworn to before me this 5th day of June, 1942

(SEAL) Edith Schaniel Notary Public, residing at Santa Ana, Calif. Orange County

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-104014-364

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348014
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. R.F.D. at that time.
(d) Name of Hospital or Maternity Home: at Farm house.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Ira Louis Le Valley
5. Date of Birth of Child (Month, day, year) July 4 - 1906
6. Sex Male
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd ✓
8. No. months of Pregnacy 9
9. Legitimate? Yes.

FATHER OF CHILD
10. **FULL NAME** William Emerson Le Valley
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Fort Scott (City or town) Kansas (State or foreign country)
14. Exact Occupation Ranch foreman
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Electa Louise St Louis.
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Pots Dam (City or town) N.Y. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Farming.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10 P.M. on the date and at the place stated above, and that personal particulars were furnished by myself Wm E. Le Valley (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that I (First name) (Last name), ~~who~~ attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wm E. Le Valley Signature
Kuna, Idaho. P. O. Address

Subscribed and sworn to before me this 11 day of June, 1942
(SEAL) J. A. Martin Notary Public, residing at Kuna, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 26 1971

JUN 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-126004-845

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348018
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Paris
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 77 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Paris
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 77 yrs.

3. **RESIDENCE OF FATHER** (city, state) Paris Idaho

4. **FULL NAME OF CHILD** Allan Shepherd

5. Date of Birth of Child (Month, day, year) Nov. 26-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes mother

FATHER OF CHILD

10. **FULL NAME** Edward Tracy Shepherd
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Southampton (City or town) England (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriett Ann Humpherys
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Springville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bear Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 36 years, and that Dr Warren West (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet Ann Shepherd Signature
Ovid Idaho P. O. Address

Subscribed and sworn to before me this 11 day of June, 1942

(SEAL) Ken Adams Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1942
NOV 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795 118014 366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348019
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 3 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Parma Idaho

4. FULL NAME OF CHILD Walter Greenstreet

5. Date of Birth of Child (Month, day, year) 12-18-1906

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Medford Greenstreet
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Shell Knob (City or town) Missouri (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Cooper
17. Color or Race white **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Prescott (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Kansas } ss.
County of Labette }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 36 years, and that Doctor (First name) Brock (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie Greenstreet Signature
Welch okla. P. O. Address

Subscribed and sworn to before me this 29th day of May, 1942

(SEAL) [illegible] Notary Public, residing at Edna Kansas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9[illegible] Idaho Code Annotated) 5-8-1942 My com expires

Received for filing on JUN 2 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 23 1970

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

688-212014819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348043
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? Six yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Idaho

4. FULL NAME OF CHILD Esther Cheany Whybark

5. Date of Birth of Child (Month, day, year) March 12, 1906

6. Sex female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd No 8. No. months of Pregnacy nine 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William McKnight Whybark
11. Color or Race white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Marblehill (City or town), Missouri (State or foreign country)
14. ~~Exact~~ Occupation farmer
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Eleanor Harris
17. Color or Race white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Bismark (City or town), North Dakota (State or foreign country)
20. ~~Exact~~ Occupation homemaker
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Alaska Mans } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (~~Mother~~, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 36 years, and that Susan (First name) Harris (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas E. Whybark Signature
Deary Idaho P. O. Address

Subscribed and sworn to before me this 9th day of June, 1942

(SEAL) [signature] Notary Public, residing at Oregon City Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) my Com. Exp. 11-12-1944

Received for filing on JUN 11 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 18 1967

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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348047

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. N. 13th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: **IN THIS** county years 12 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. N. 13th St
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Evelyn Aleen Osborne

5. Date of Birth of Child (Month, day, year) Feb. 9 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Tevis Tracy Osborne
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Portsmouth Ohio (City or town) (State or foreign country)
14. Exact Occupation St. Car motorman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Lillian Montague
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Fountain Colo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Michigan } ss.
County of Eaton }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 36 years, and that Jessie (First name) Beck (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Montague Osborne Signature
Charlotte, Michigan P. O. Address

Subscribed and sworn to before me this 1st day of June, 1942

(SEAL) C E Fisher Notary Public, residing at Charlotte, Mich.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Com. Exp. Jan. 30 1944

Received for filing on JUN 11 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required in advance payment of fifty cents, money order or coin.

JUN 17 1942

JUN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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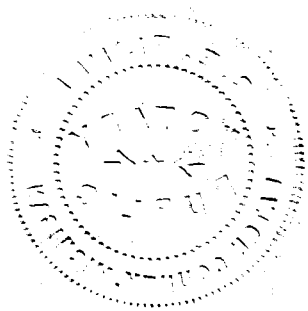

719-204016-816

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348081
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. Gen Del
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. Gen Del
(e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho. Oakley

4. FULL NAME OF CHILD Grace Phyllis Parkinson

5. Date of Birth of Child (Month, day, year) Dec 4th 1906

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Charles Graham Parkinson
11. Color or Race White 12. Age at time of THIS birth 53 yrs.
13. Birthplace Grantsville Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Harris
17. Color or Race White 18. Age at time of THIS birth 42 yrs.
19. Birthplace Ruby City Nevada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Francisco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 35 years, and that Dr. Emmerson (First name) (Last name), who attended this birth Can not be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mabell Parkinson Hancock Signature
2640 Baker St San Francisco P. O. Address

Subscribed and sworn to before me this 9th day of June 1942
(SEAL) [signature] Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC
In and for the City and County of San Francisco,
State of California.
MY COMMISSION EXPIRES NOV. 20, 1943

Received for filing on JUN 16 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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399 129-009819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348125
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Sandpoint
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county – years – months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Sandpoint
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sandpoint, Ida.

4. **FULL NAME OF CHILD** Kenneth George Critchell

5. Date of Birth of Child (Month, day, year) Oct. 29, 1906

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Henry Crithhell
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Hillsdale, Michigan (City or town) (State or foreign country)
14. Exact Occupation Lumber Setter
15. Industry or Business same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Harrington
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace McCustie, Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at -- M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address -- Date --

State of Idaho } ss.
County of Bonner }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 36 years, and that Dr. O-J. Page (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George H. Critchell Signature

P. O. Address

Subscribed and sworn to before me this 11th day of June, 19 42

(SEAL) Francis J. Long Probate Judge, Notary Public residing at Sandpoint, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by Mabel Helen, Registrar.

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LINCOLN (b) City SHOSHONE
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LINCOLN
(c) City SHOSHONE
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) SHOSHONE IDAHO

4. FULL NAME OF CHILD PETER FRANCIS DI IORIO

5. Date of Birth of Child (Month, day, year) Nov-20-1906

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ANTONIO DI IORIO
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace (City or town) ITALY (State or foreign country)
14. Exact Occupation SECTION FOREMAN
15. Industry or Business RAILROAD

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MAGDELENA DI MARCO
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace (City or town) ITALY (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business — —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of UTAH
County of SALT LAKE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for SINCE BIRTH years, and that DOCTOR (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carmen J. Di Iorio Signature
254 W. 1st North Salt Lake City Utah Address

Subscribed and sworn to before me this 4th day of June, 1942

(SEAL) C A Watts Notary Public, residing at Garfield Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 19 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to [redacted] report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Understanding that this statement is to be used in connection with delayed registration of the birth of Peter Francis Donovan, born Peter Francis DiIorio, this is to certify that I am the foster-father of the above named----------

who was born November 20, 1906, at Shoshone, Idaho to Anthony DiIorio and Madelena Di Marco, and that when he was two years old, December 25, 1908, I took him into my home to raise as my son, and that he then took the surname of Donovan, and has at all times since been known as Peter Francis Donovan, and that Peter Francis Donovan and Peter Francis DiIorio are one and the same person.

Patrick H. Donovan

Subscribed and sworn to before me this 15th day of June at Caldwell, County of Canyon, State of Idaho.

E L Shaw

Notary Public for the State of Idaho.
Residing in Caldwell, Idaho.

JUL 15 1955

JUL 18 1955

NOV 30 2005

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United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 5th and Broadway
(d) Name of Hospital or Maternity Home: Delivery at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 5th and Broadway
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Louise Martha Grunbaum

5. Date of Birth of Child (Month, day, year) 9-23-1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Julius Grunbaum

11. Color or Race White **12.** Age at time of THIS birth 35 yrs.

13. Birthplace Austria-Hungary (City or town) (State or foreign country)

14. Exact Occupation Merchant

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Rachel Ross

17. Color or Race White **18.** Age at time of THIS birth 32 yrs.

19. Birthplace Canby County Oregon (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 A M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Grace Grunbaum, who is related to this child as Mother. (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature Regina Hanley Rn. M.D. ~~Midwife~~ Address 307 Main, Ont. Date 6/18/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 19 1942 by Mary E Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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366-211043-281

348262

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City Mc Call
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 3 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Mc Call
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 11/12 yrs.

3. RESIDENCE OF FATHER (city, state) Mc Call, Idaho

4. FULL NAME OF CHILD Mary Mildred Cooper

5. Date of Birth of Child (Month, day, year) Sept. 11, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Leonidas Clay Cooper
11. Color or Race White **12.** Age at time of THIS birth 49 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Elizabeth Shaw
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Sandy, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Thurston }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 35 years, and that Mrs. Charley Willey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. L. C. Cooper Signature
Yelm, Washington P. O. Address

Subscribed and sworn to before me this 13. day of June, 19 42

(SEAL) Notary Public, residing at Yelm.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-203 028 253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348270
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Coeur d'Alene Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 6th & Foster
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene, Ida

4. FULL NAME OF CHILD Virginia Helen LaVeine

5. Date of Birth of Child (Month, day, year) Oct. 3, 1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mo. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward N. LaVeine
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace (City or town) Kansas City, Mo. (State or foreign country)
14. Exact Occupation Attorney
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maud Estell Bettes
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace St. Ignace, Mich. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 35 years, and that Dr. Scallon (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude E. LaVeine ..... Signature
510 Garden Ave ..... P. O. Address

Subscribed and sworn to before me this 16 day of May, 1942

(SEAL) ..... Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

643-109-028-253

348289

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'alene
(c) Street Address or R.F.D. No. 6th St.
(d) Name of Hospital or Maternity Home: X
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'alene
(d) Street Address or R.F.D. No. 6th Street
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'alene Ida

4. FULL NAME OF CHILD Herman Orton Fuller

5. Date of Birth of Child (Month, day, year) Mch 9-1906

6. Sex male

7. Twin or Triplet X If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Orton Henry Fuller
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Bushnell (City or town) Illinois (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lola Elsie Beck
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Boscobell (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 36 years, and that Dr John Dwyer (First name) (Last name), who attended this birth ✓ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lola E. Fuller Signature
3033-60th ave S.W. P. O. Address

Subscribed and sworn to before me this 11 day of June, 1942

(SEAL) W. L. Hoskins Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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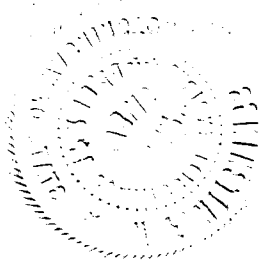
JUN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348320
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No. Rt. #1
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No. Rt. #1
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Rt. #1, Post Falls Idaho

4. FULL NAME OF CHILD Steven Andrew Peters

5. Date of Birth of Child (Month, day, year) April 4, 1906

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Henry Peters
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) Austria (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Elizabeth Moje
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 36 years, and that Dr. Jesse B. Millsaps (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Henry Peters Signature
2903 W. Pacific Ave., Spokane, Washington P. O. Address

Subscribed and sworn to before me this 11 day of June, 1942

(SEAL) Jas. A. Foster CLERK OF DISTRICT COURT ~~Notary Public, residing at~~ By Ardath Bakke, Deputy

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by Mabel F. Elder, Registrar.

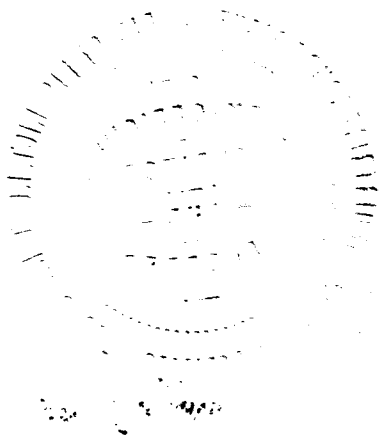
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348326
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida

4. FULL NAME OF CHILD Bernard Lee Whitworth

5. Date of Birth of Child (Month, day, year) Aug. 27, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Alfred Whitworth
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranching

MOTHER OF CHILD

16. FULL MAIDEN NAME Winnie Bell Jacobs
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Ranching

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana } ss.
County of Beaverhead }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 36 years, and that Estelle Jacobs (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs W. D. Higgins
Formerly - Mrs. W. B. Whitworth Signature
Dillon, Montana P. O. Address

Subscribed and sworn to before me this 8th day of June, 1942

(SEAL) Leonard A. Schuly Notary Public, residing at Dillon-Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by Mabel E. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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663-209001-418

348328

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Alphonso Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Mary Josephine Wolfe

5. Date of Birth of Child (Month, day, year) March 9, 1906

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd -- **8.** No. months of Pregnacy 9 mos **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George John Wolfe
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Mediapolis, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer and cattle buyer
15. Industry or Business ----

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Mahedy
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Burlington, Iowa (City or town) (State or foreign country)
20. Exact Occupation Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 36 years, and that (First name) Beck (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Nellie Mahedy Wolfe Signature

3736½ West First St., Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 15th day of June, 19 42

(SEAL) Russell G. Williams Notary Public, residing at 101 So. Vermont Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 12 1960

JUN 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

394 212 001 515 348390

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348390
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Meridian, Ida.

4. FULL NAME OF CHILD Grace Leona Tidwell

5. Date of Birth of Child (Month, day, year) November 12, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Marm Tidwell
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mandy Josephine Venable
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 35 years, and that Dr. Dutton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witness to her mark.
Cora Lea Bernardelli

+ Mandy Josephine her + Tidwell mark Signature
1005 Chicago St. Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of June, 1942

(SEAL) Dutton W Evans Notary Public, residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 19 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Passed 6/22/42 Z.J.

817-106 022-297

348406

348406

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

JUN 29 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348406
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At Residence, St Anthony
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home no days. IN **THIS** county 25 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 47 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Mc Kenzie Yager

5. Date of Birth (Month, day year) Sept. 6 1906

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd No **8.** No. months of Pregnancy 9 **9.** Legitimate? Yea

FATHER OF CHILD

10. FULL NAME William David Yager
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Fort Hall (City or town) Idaho (State or foreign country)
14. Exact Occupation Deceased
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Loretta Anne Bigler
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Mendon (City or town) Utah (State or foreign country)
20. Exact Occupation Deceased
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUN 22 1942 (Date received) (b) Mary E Fisher (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date

27. Given name added on ____ by ____ (Registrar's signature)

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary E. Fisher, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Mc Kenzie Yager (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Middleton (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary E. Fisher Signature
St Anthony, Idaho P. O. Address

Subscribed and sworn to before me on this 22nd day of June 1942

(SEAL) Notary Public, residing at Boise, Idaho

NOTARY PUBLIC
Residence: Boise, Idaho
My Commission Expires Feb. 15, 1943

JUN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-216-006-381

348426

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348426
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth).
(a) County Bingham (b) City WOODVILLE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: OWN HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 9 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City WOODVILLE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD NAOMI MAY GIFFORD

5. Date of Birth of Child (Month, day, year) 1-16-06

6. Sex FEMALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME HENRY ELMER GIFFORD
11. Color or Race White **12.** Age at time of THIS birth 22 yrs.
13. Birthplace HOOPER (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. FULL MAIDEN NAME LILLY MAY CHAFFIN
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace SALT LAKE City - UTAH. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Henry E. Gifford (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Jay Emmaire M.D. Address 1134½ So. Longfellow Ave Los Angeles California Date July 16/1942

State of Idaho } ss.
County of Ada. }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that DR. (First name) KENNEDY (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Elmer Gifford Signature
Route #2, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of May, 19 42.
(SEAL) Esther Rush Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission expires 3-10-46.

Received for filing on MAY 25 1942 by Mary F Eagle, Registrar.

JUN 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

485 709 006-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348484
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Basalt
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Basalt
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Basalt Idaho

4. FULL NAME OF CHILD Stanley Gould Dye

5. Date of Birth of Child (Month, day, year) Sept 9th 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Malden Dye
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Riverdale (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Adelaide Child
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Riverdale (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 34 years, and that Elizabeth Jimmett (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Malden Dye Signature
Basalt P. O. Address

Subscribed and sworn to before me this 17th day of June, 1942

(SEAL) Leo W. Kushwa Notary Public, residing at Firth Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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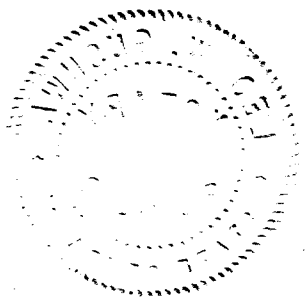

215/15037814

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348532
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County O Wyhee (b) City De Lamar
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home or residence
(e) Mother's stay BEFORE delivery: IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County O Wyhee
(c) City De Lamar
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) De Lamar, Ida.

4. FULL NAME OF CHILD William John Sanders

5. Date of Birth of Child (Month, day, year) 10/15/06

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Sanders
11. Color or Race White-English **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Str Austell, England (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie Hambly
17. Color or Race White, English **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Cornwall, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ------

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Montana } ss.
County of Silver Bow }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 35 years, and that do not remember (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X John Sanders Signature
418 Garden Ave. Butte, Montana P. O. Address

Subscribed and sworn to before me this 15th day of June, 19 42

(SEAL) Theodore Garcia Notary Public, residing at Butte, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) comm. expires 6/29/42

Received for filing on JUN 19 1942 by Mabel Keeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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295-217006 363

348540

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ruth Mae King

5. Date of Birth of Child (Month, day, year) Sept. 17-1906

6. Sex Female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd no **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Chester King
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Manti Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane Collings
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Monroe Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Josephine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 35 years, and that Dr. (First name) Couthard (Last name), who attended this birth Cannot Be Located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jane King
Nee Mary Jane Masiker Signature
618 South 7th St. Grants Pass Ore. P. O. Address

Subscribed and sworn to before me this 17 day of June, 19 42

(SEAL) J. C. Calvert Notary Public, residing at Grants Pass, Oreg.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires Dec. 22-45

Received for filing on JUN 19 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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843-13 028-264

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348541
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery: IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Harrison, Idaho

4. FULL NAME OF CHILD John Wallace Hull

5. Date of Birth of Child (Month, day, year) Oct. 13, 1906.

6. Sex male **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hannibal Hamlim Hull
11. Color or Race white **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Baker County (City or town) Oregon. (State or foreign country)
14. Exact Occupation Insurance solicitor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma F. Boutillier
17. Color or Race white **18.** Age at time of THIS birth 21 yrs.
19. Birthplace near Bismark (City or town) No. Dakota. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon, County of Coos } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 35 years, and that Dr. John Busby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma F. Hull. Signature
Empire, Oregon. P. O. Address

Subscribed and sworn to before me this 17th day of June, 1942

(SEAL) H. H. Knell Notary Public, residing at Empire, Oregon.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission expire June 23, 1944

Received for filing on JUN 19 1942 by Mark Kistler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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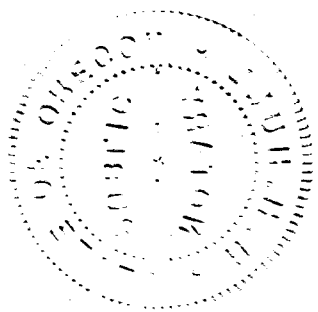

238-102 010-336

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348558
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. Second St.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ... years ... months ... days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. Second St.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Idaho

4. **FULL NAME OF CHILD** Robert Henry Schwartz

5. Date of Birth of Child (Month, day, year) July 2 - 1906

6. Sex male

7. Twin or Triplet ... If so—born 1st, 2nd, 3rd [redacted]

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** William Sherman Schwartz
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Easton (City or town) Missouri (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Edith Lloyd
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Albany (City or town) Iowa (State or foreign country)
20. Exact Occupation House - wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at one P. M. on the date and at the place stated above, and that personal particulars were furnished by Elsie Schwartz Fisher (First name) (Last name) who is related to this child as sister. (Mother, etc.)

25. Attendant's **OWN** signature ... M.D. Midwife ... Address ... Date

State of California } ss.
County of Sacramento }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 35 & 11 mos. years, and that Gladys Gregory (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

1001 E. 8th Elsie Schwartz Fisher Signature
Camino Ave. North Sacramento Calif. P. O. Address

Subscribed and sworn to before me this 17 day of June, 1942

(SEAL) Notary Public residing at Sacramento

Notary Public in and for the County of Sacramento, State of California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 19 1942 by Mabel McClure, Registrar.

JUN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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348563

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348563
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Stone
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Birth was at home in town of Stone
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Stone
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Eldon Deuel

5. Date of Birth of Child (Month, day, year) Feb. 21st, 1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Louis Easton Deuel
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Escalante, (City or town) Utah (State or foreign country)
14. Exact Occupation School Teacher
15. Industry or Business Stone School

MOTHER OF CHILD

16. FULL MAIDEN NAME Clema Isabel Barr
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Dalton, (City or town) North Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Teton }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that Mrs. Mary Bunderson (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs D.M. Fairbanks Signature

Formerly Clema Deuel, Driggs, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of April, 1942.

(SEAL) Ellen J. Deuel Deputy County Recorder Notary Public, residing at Driggs, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 19 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 29 1968

JUN 23 1942

APR 3 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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348579

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Salem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Salem
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Sugar, Idaho

4. FULL NAME OF CHILD Albert Rider Holman

5. Date of Birth of Child (Month, day, year) July 28, 1906.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Loader Holman
11. Color or Race American
12. Age at time of THIS birth 25 yrs.
13. Birthplace Antagasion (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer & Mail carrier
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Rider
17. Color or Race English
18. Age at time of THIS birth 21 yrs.
19. Birthplace Warwick (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 36 years, and that Lozen F. Rich (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Rider Holman Signature
Sugar Idaho P. O. Address

Subscribed and sworn to before me this 16 day of June, 19 42

(SEAL) Notary Public, residing at Sugar Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by , Registrar.

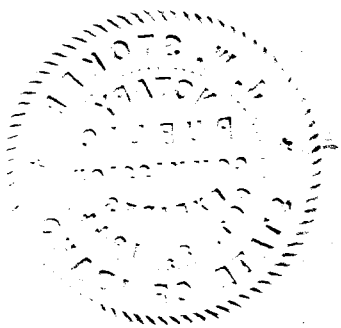
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



639-20-0044-734

348604

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county years 1 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Minnie Selma Fliegner

5. Date of Birth of Child (Month, day, year) Feb. 6, 1906

6. Sex female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Gustav Eduard Fliegner
11. Color or Race white **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Faulbrueck, Germany (City or town) (State or foreign country)
14. Exact Occupation Brewer
15. Industry or Business Brewery business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Bertha Flueschke
17. Color or Race white **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Bad Salzbrunn, Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Wyoming } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 36 years, and that Doctor Waterhouse (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Fliegner Signature

Riverton, Wyoming. P. O. Address

Subscribed and sworn to before me this 17th day of June 19 42

(SEAL) Notary Public, residing at Riverton, Wyo.

My Commission Expires October 13, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 19 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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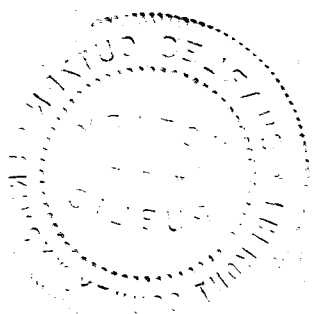
DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 348606
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Payette (b) City Emmett
(c) Street Address or R.F.D.No. unknown
(d) Name of Hospital or Maternity Home: none (born at home)
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home days. IN THIS county app. 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Emmett
(d) Street Address or R.F.D.No. unknown
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address Emmett, Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Evelyne Alice Turner (Mrs. Jay Van Dusen)

5. Date of Birth (Month, day year) Sept. 15, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alex. Vincent Turner
11. Color or Race White
12. Age at time of THIS birth App. 41 yrs.
13. Birthplace Elizabethtown, New York (City or town) (State or foreign country)
14. Exact Occupation Paint Salesman
15. Industry or Business Benjamin Moore & Co. Chicago, Ill.

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Laurene Ranney
17. Color or Race White
18. Age at time of THIS birth 28 yrs
19. Birthplace Fairbanks, Iowa (City or town) (State or foreign country)
20. Exact Occupation teacher and bookkeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUN 19 1942 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carie T. Jordan, being first duly sworn, say that I am related to (Related to (or) acquainted with) Evelyne Van Dusen (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown to me (Name of attendant at birth), who attended said birth unknown (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

(Mrs.) Carie T. Jordan Signature
8765 Calif. Avenue, So. Gate, Calif. P. O. Address

Subscribed and sworn to before me on this 16 day of June 1942

NOTARY PUBLIC IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Judd Wichman Notary Public, residing at South Gate Calif

OCT 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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348624

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD RULON GEORGE RICHARDS

5. Date of Birth of Child (Month, day, year) Aug. 1, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Riley Richards
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace N. Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mina Wilson
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace St George, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mina Richards (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Not known M.D. Midwife Address St Anthony, Ida Date June 15, 1942

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 35 years, and that Mrs. Jeannett Brown (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mina Richards Signature
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of June 1942

(SEAL) [signature] Notary Public residing at Los Angeles, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Jan. 5, 1944.

Received for filing on JUN 18 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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348626

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mackay
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Frances Rose Millonig

5. Date of Birth of Child (Month, day, year) Dec. 30, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8½

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob Millonig
11. Color or Race W
12. Age at time of THIS birth 32 yrs.
13. Birthplace Braisch (City or town) Germany (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Wilhelmina Mutz
17. Color or Race W
18. Age at time of THIS birth 19 yrs.
19. Birthplace Baden (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Custer }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 35 years, and that Francis H. Poole, M.D. (First name) (Last name) who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Marianne Millonig Signature

P. O. Address

Subscribed and sworn to before me this 7 day of February, 1942

(SEAL) Notary Public residing at Mackay, Idaho

Commission Expires Aug. 1, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

BOTH DELAYED

Dup of 1906-003-295

169-120022-381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349605
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley Idaho

4. **FULL NAME OF CHILD** William Shelton Jackson

5. Date of Birth of Child (Month, day, year) April 20, [illegible]6

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Vincent Shelton Jackson
11. Color or Race Negro
12. Age at time of THIS birth 26 yrs.
13. Birthplace Ogden Utah (City or town) (State or foreign country)
14. Exact Occupation Chef cook
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Mae Chambers
17. Color or Race Negro
18. Age at time of THIS birth 22 yrs.
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address Affidavit attached states parents of above are deceased and affiant has known William Shelton Jackson since his birth.

State of Ida.
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the acquainted with (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 26 years, and that unknown (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Blanche Lee Signature
Route 2, Idaho Falls P. O. Address

Subscribed and sworn to before me this 17 day of June, 19 42
(SEAL) [signature] Notary Public, residing at Idaho Falls Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-[illegible] Idaho Code Annotated.)

Received for filing on JUN 11 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AFFIDAVIT

STATE OF IDAHO)
) ss.
COUNTY OF BONNEVILLE)

BLANCHE LEGGROAN, being first duly sworn, deposes and says:

That William Shelton Jackson was born at Shelley, Bingham County, Idaho, April 20, 1906; that the attendant at the time of the birth was a midwife who is now deceased and there were no other physicians or attendants present at the time of the birth; that this affiant knows of her own knowledge of the birth of William Shelton Jackson and has known him from the time of his birth to the present time; this affiant further states that both the father and the mother of William Shelton Jackson are dead and that there are no other immediate relatives who can make this affidavit certifying to the birth of William Shelton Jackson; this affiant further states that she has during his lifetime, visited back and forth with him and his family and that she knows of her own knowledge the statements herein made to be true.

Dated this 10th day of June, A. D., 1942.

JUN 25 1942

Blanche Leggroan

SUBSCRIBED AND SWORN TO Before me this 10th day of June, 1942.

JUL 11 1942

Notary Public, Idaho Falls, Idaho
My commission expires 12-8-43

JUL 8 1942

NOV 12 1970

619 220 029 555

349615

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick, Idaho

4. FULL NAME OF CHILD Verna Elizabeth Fairfield

5. Date of Birth of Child (Month, day, year) June 20 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Henry Fairfield
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Easton (City or town) Wis. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zua C. Needham
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Easton, (City or town) Wis (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 36 years, and that Mrs. Miller (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zua C. Fairfield Signature
Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this 19th day of June, 1942

(SEAL) [signature] Notary Public, residing at Clarkston, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

639-101-040-753

349616

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County SHOSHONE (b) City WARDNER
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county 1 years 1 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County SHOSHONE
(c) City WARDNER
(d) Street Address or R.F.D. No. General Delivery
(e) How long has MOTHER lived in Idaho? 1/12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD FLOYD OSCAR FLINT

5. Date of Birth of Child (Month, day, year) OCTOBER 1, 1906

6. Sex MALE **7.** Twin or Triplet Neither If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME OSCAR FREDERICK FLINT
11. Color or Race WHITE **12.** Age at time of THIS birth 42 yrs.
13. Birthplace NORRKOPPING (City or town) SWEDEN (State or foreign country)
14. Exact Occupation MINER
15. Industry or Business Bunker Hill & Sullivan

MOTHER OF CHILD

16. FULL MAIDEN NAME MATILDA CHARLOTTA PETERSON
17. Color or Race WHITE **18.** Age at time of THIS birth 37 yrs.
19. Birthplace KALMAR (City or town) SWEDEN (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

State of WASHINGTON } ss.
County of KING }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 35 years, and that DR. (First name) — FRANCE (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Matilda C. Flint Signature
4720-43 AVE. SO., SEATTLE, WASH. P. O. Address

Subscribed and sworn to before me this 19 day of June, 1942.
(SEAL) A. Lee Notary Public, residing at Seattle Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 22 1942 by Mary E. Stephens, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349732
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Spencer
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: **IN THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Spencer
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Spencer, Ida.

4. **FULL NAME OF CHILD** Clarence Hugh Sample

5. Date of Birth of Child (Month, day, year) 9-21-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Hugh Sample
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Monmouth Illinois (City or town) (State or foreign country)
14. Exact Occupation Mgr. for Sheep & Live Stock
15. Industry or Business Company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Melissa Ellen Davis
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Mc Minnville, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now [illegible] years of age, that I have known this person for 36 years, and that Mrs Tom Wilson (Melissa) (First name) (Last name) who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lelah Sample Johnson Signature
442 N. Ridge, Idaho Falls, Ida. P. O. Address

Subscribed and sworn to before me this 20th day of June, 1942

(SEAL) W. L. Shattuck Notary Public, residing at Idaho Falls Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

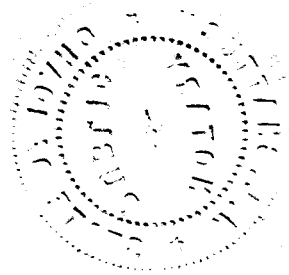
Received for filing on JUN 22 1942 by [illegible], Registrar.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



662-220 OD-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349767
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 75 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Ida.

4. **FULL NAME OF CHILD** Saphronia Bell Foster

5. Date of Birth of Child (Month, day, year) Aug 20, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Abraham Foster
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Las Vegas (City or town) Nevada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Nelson
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Franklin (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for Life years, and that Dr. C. E. Jones (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George E. Foster Signature
Idaho Falls, Ida. Gen. Del P. O. Address

Subscribed and sworn to before me this 17th day of June, 1942

(SEAL) W L Brewerton CLERK OF THE DISTRICT COURT ~~Notary Public~~, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1942 by Mabel F Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 10 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296121-036-254

349771

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City AMERICAN FALLS
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City American Falls
(d) Street Address or R.F.D. No. nhone
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) American Falls Idaho

4. FULL NAME OF CHILD William George Brown

5. Date of Birth of Child (Month, day, year) April 21,1906

6. Sex masc. 7. Twin or Triplet nil If so—born 1st, 2nd, 3rd nil 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William George Brown
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Meddow Creek (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ann Elizabeth Beddes
17. Color or Race white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Benson, cache, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 36 years, and that Jane Brown (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ann Elizabeth Brown Signature
Box 262 Buhl, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of June, 1942
(SEAL) E. L. Gluck Notary Public, residing at Buhl, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 20 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 7 1942

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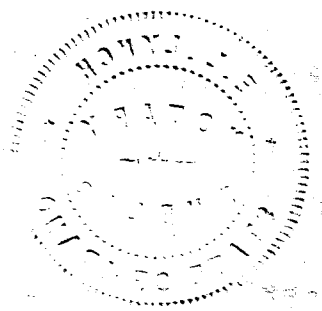
DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



415-113-014141

349803

United States Department of Commerce Bureau of the Census

JUN 29 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349803
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CANYON (b) City Notus
(c) Street Address or R.F.D. No. 1, Ranch
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Notus
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Notus, Idaho.

4. FULL NAME OF CHILD Marion, William Mansell

5. Date of Birth of Child (Month, day, year) 6-/13/1906

6. Sex Male

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st.

8. No. months of Pregnacy 7

9. Legitimate? Yess

FATHER OF CHILD

10. FULL NAME James B. Mansell
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Nashvile (City or town), Tenn. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida, Bell Adams
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Boonsborough (City or town), Iowa. (State or foreign country)
20. Exact Occupation House Wife,
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of ..... County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 94 years of age, that I have known this person for Deceased 36 years, and that James B Mansell (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James B Mansell Signature
Notus, Idaho. P. O. Address

Subscribed and sworn to before me this 12th day of June, 1942

(SEAL) Carl E Simson Notary Public, residing at New Meadows Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Maud E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319 106 008 685 JUN 29 1942

349814

349814

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349814
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City none
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Sweet
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Sweet, Idaho

4. FULL NAME OF CHILD George Otis Carlock

5. Date of Birth of Child (Month, day, year) Aug 6 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Richard Caleb Carlock

11. Color or Race white

12. Age at time of THIS birth 46 yrs.

13. Birthplace albany (City or town) Missouri (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Valeria Whetherhult

17. Color or Race white

18. Age at time of THIS birth 23 yrs.

19. Birthplace (City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho, County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 35 years, and that Effie (First name) Bazley (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Valeria Carlock Signature

Ola, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of June, 1942.

(SEAL) J. P. Reed Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Maud Felder, Registrar.

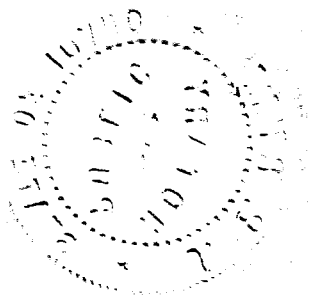
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



261 115 003-419

349851

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 815 Harrison Ave
(d) Name of Hospital or Maternity Home: Home 815 Harrison Ave
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 2 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 815 Harrison Ave
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida

4. FULL NAME OF CHILD Ralph Edward Marlow Swann.

5. Date of Birth of Child (Month, day, year) July 15-1906

6. Sex Male

7. Twin or Triplet No

If so—born ~~1st, 2nd~~, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry James Swann
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Kilby Leicestershire England (City or town) (State or foreign country)
14. Exact Occupation Machinist U.P.R.R. Shops
15. Industry or Business Pocatello, Ida

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Mary Marlow
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Tilmorten Leicestershire (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business England

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this ch[illegible] (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~Stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature ~~M.D.~~ Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 35 years, and that Miss (First name) Scaden (Last name), who attended this birth at Pocatello 1906 (Is now deceased) ~~(Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry James Swann Signature
221 La Paloma Ave Alhambra Calif. Address

Subscribed and sworn to before me this 20 day of June, 19 42

(SEAL) Annie B. Glenn Notary Public, residing at Alhambra

My Commission Expires March 15, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1942 by , Registrar.

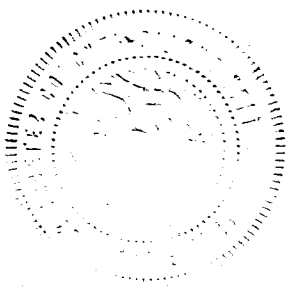
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



769-221-036-866

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349860
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 32 years 1 months 13 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Preston and Clifton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mary Porter

5. Date of Birth of Child (Month, day, year) Oct. 21, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Edward Porter
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Cedarville, (City or town) Utah (State or foreign country)
14. Exact Occupation Plasterer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Ann Howell
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Clifton, (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Utah } ss.
County of Iron }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 70 years of age, that I have known this person for 41 years, and that midwife or docter (First name) (Last name), who attended this birth is deceased or cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Edward Porter — Signature

Cedar City, Utah — P. O. Address

Subscribed and sworn to before me this 20th day of June, 19 42.

(SEAL) Williams Dalley — Notary Public, residing at Cedar City, Utah,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Com. exp. Mar. 10, 1945

Received for filing on JUN 23 1942 by, Registrar.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

854-109 035 796

349883

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Lewiston, Id.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Roy Hemphill

5. Date of Birth (Month, day year) 9/9/1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Martin Hemphill

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Salina, Kansas (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Etta Grotz

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Vinton, Missouri (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Household duties

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 23 1942 (Date Received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California } ss.
County of San Francisco }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, George Martin Hemphill, being first duly sworn, say that I am the Father of (Related to (or) acquainted with)
Roy Hemphill as ....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I dont remember, who attended
(Name of attendant at birth)
said birth now deceased and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

San Francisco
George Martin Hemphill Signature
3971 - 18th Street S.F. P. O. Address

Subscribed and sworn to before me this 16th day of June 19 42

(SEAL) Notary Public, residing at 4026 - 18th St.
Notary Public in and for the City and County of San Francisco, State of California

Commission Expires July 7 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

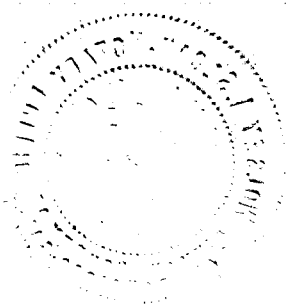
JUN 25 1942

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be~~ received and ~~filed by the local registrar for~~ record in the Bureau of ~~Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



365-211 034 731

349919

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County MINIDOKA (b) City HEYBURN
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ONE years ✓ months NONE days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County MINIDOKA
(c) City HEYBURN
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? ONE yrs.

3. RESIDENCE OF FATHER (city, state) HEYBURN, IDAHO

4. FULL NAME OF CHILD LAURA MAY CONNOR

5. Date of Birth of Child (Month, day, year) MAY 11, 1906

6. Sex FEMALE **7.** Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓ **8.** No. months of Pregnacy NINE **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME JESS JAMES CONNOR
11. Color or Race WHITE **12.** Age at time of THIS birth 37 yrs.
13. Birthplace PAGE COUNTY (City or town) IOWA (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business FARMING

MOTHER OF CHILD

16. FULL MAIDEN NAME ANNA SUSANNA PLATT
17. Color or Race WHITE **18.** Age at time of THIS birth 33 yrs.
19. Birthplace DEL NORTE (City or town) COLORADO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by ANNA (First name) PLATT (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 36 years, and that DR. KILLIAN (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Anna A Connor Signature

Hagerman Idaho P. O. Address

Subscribed and sworn to before me this 24th day of June, 1942

(SEAL)

F M Black Notary Public, residing at Twin Falls Ida.

My Commission Expires Jan 10 1944

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 25 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 27 1942

MAY 3 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

954-211 025-693

349944

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Harpster
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county 4 years 4 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Harpster
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 99 yrs.
(f) Mother's mailing address Box Route Lewiston, Idaho

3. RESIDENCE of FATHER (city, state) Not Living Here

4. FULL NAME OF CHILD Winifred Marian Renner

5. Date of Birth (Month, day year) June 11, 1906

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Nathan George Renner

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace New Bedford (City or town) Illinois (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances Ella Wilson

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Festorville (City or town) Missouri (State or foreign country)

20. Exact Occupation Teacher - Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Frances (First name) Renner (Last name), who is related to this child as mother (Mother, etc.)

26. (a) June 11, 1942 (Date received) (b) (Registrar's signature)

25. Attendant's **OWN** signature O. M. Leeper M.D. (D.O., Midwife, etc.) and address 1315 - 12th Ave. Lewiston Idaho Date June 11, 1942

27. Given name added on by (Registrar's signature)

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

JUN 22 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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JUN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 124-3rd Ave. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 124-3rd Ave No
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Idaho

4. FULL NAME OF CHILD Berl Austin Shobert

5. Date of Birth of Child (Month, day, year) May 21-1906

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9mos. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Sylvanus Austin Shobert
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Luzern County (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business Twin Falls Land & Water Co

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Ethel Lewis
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Near Virginia City (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho, County of Twin Falls } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 36 years, and that Dr. H.W. Clouchek (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sylvanus Austin Shobert. Signature

137-8th Ave. No. - Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of May, 1942.

(SEAL) Alice C. Taylor Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1942 by [illegible] Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659 222-010-265

349970

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sand Point
(c) Street Address or R.F.D. No. 616 Pine Street
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sand Point
(d) Street Address or R.F.D. No. 616 Pine St.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Sand Point, Ida

4. FULL NAME OF CHILD Susie Ferraro

5. Date of Birth of Child (Month, day, year) Aug. 22, 1906

6. Sex F. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** George Ferraro
11. Color or Race W 12. Age at time of THIS birth 39 yrs.
13. Birthplace St. Rigio, Calabra, Italy (City or town) (State or foreign country)
14. Exact Occupation Section hand
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Anna Soverino
17. Color or Race W 18. Age at time of THIS birth 37 yrs.
19. Birthplace St. Rigio, Calabra, Italy (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 36 years, and that McCrea (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witness to mark
Glenn L. Baudelin
Ruth Foss

X George his X Ferraro Signature
616 Pine Street, Sand Point Idaho P. O. Address

Subscribed and sworn to before me this 20th day of June, 1942

(SEAL) Glenn L. Baudelin Notary Public, residing at Sandpoint Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1942 by ..... Registrar.

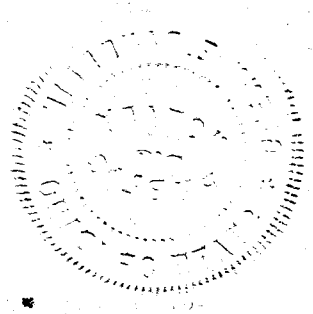
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years / months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Parma Ida.

4. FULL NAME OF CHILD Viola Augusta Harrold

5. Date of Birth of Child (Month, day, year) Sept. 22 1906

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jathan Willis Harrold
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Prescott (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Carlaine Carlyle
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Parma (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Harrold (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ursula M Bacon ~~M.D.~~ Midwife Address Parma, Ida Date June 23, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350049
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years X months X days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Troy Idaho

4. FULL NAME OF CHILD Alfred Poe Hays

5. Date of Birth of Child (Month, day, year) Aug 11, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Edwin Hays
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Moravia, Iowa (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha O. Knudsen
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace near Stavanger, Norway (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 35 years, and that Dr. Hinkle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry E. Hays Signature
Clarkston, Washington P. O. Address

Subscribed and sworn to before me this 1st day of May, 1942
(SEAL) [signature] Notary Public, residing at Lewiston, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 26 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350111
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa

4. FULL NAME OF CHILD Walter Herald Davis

5. Date of Birth of Child (Month, day, year) Oct 3 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Moody Davis
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Johnson City Missouri (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ida Ode
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Caldwell Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that Dr. Hamilton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred Moody Davis Signature
119 Bannes Nampa P.O. Address

Subscribed and sworn to before me this 1st day of July, 1942 Ida

(SEAL) W. B. Joy Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by Mary E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350112
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 8 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Goldie Mae Smith

5. Date of Birth of Child (Month, day, year) Oct 24th 1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Hiram Smith
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Plainville (City or town) Colorado (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Hollingsworth
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Oakland City (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Ada. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for since birth years, and that Dr. Lewis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Smith Signature
1809 State Street, Boise, Idaho. P. O. Address

Subscribed and sworn to before me this 23rd day of December, 19 41.

(SEAL) Stella M. Tennyson, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho. See Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by Mary F. Eagle, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Please mail to

AUG 10 1956

Mrs. Goldie Smith Goat

Emmett

Idaho

Box 308

JUL 1 1942

JAN 30 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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DELAYED BIRTH CERTIFICATE 350117

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 1 1942

State File No. 350117
Local Reg. No. 92
Reg. Dist. No. 3-331

1. PLACE OF BIRTH
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: residence
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county years 2 months days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 mo. yrs.
(f) Mother's mailing address no street no.

3. RESIDENCE of FATHER (city, state) Payette Ida

4. FULL NAME OF CHILD LIONEL DEAN RITCHEY

5. Date of Birth (Month, day, year) Oct. 14 - 1906

6. Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME Chester Wayne Ritchey

11. Color or Race White

12. Age at time of THIS birth 20 yrs.

13. Birthplace Omaha, Neb. (City or town) (State or foreign country)

14. Exact Occupation News paper

15. Industry or Business " "

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Arnette Fitch ~~Ritchey~~

17. Color or Race white

18. Age at time of THIS birth 20 yrs.

19. Birthplace Tekamah Nebraska (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 6/29/1942 (Date received) (b) J C Woodward (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

27. Given name added on JUL 1 1942 by Mary F. Edgar (Registrar's signature)

State of Missouri
County of Jackson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie Fitch Ritchey, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lionel Dean Ritchey (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Woodward (Name of attendant at birth), who attended said birth a Dr Woodward. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

do not know if deceased

Minnie Fitch Ritchey Signature

1137 East 76th St. P. O. Address

Subscribed and sworn to before me on this 17th day of June, 1942

(SEAL) Harriet B. Stanwood Notary Public, residing at Kansas City Mo

do not know the initials of Dr Woodward

My Commission Expires May 19, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

964 116 022 577

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350142
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Sugar City
(c) Street Address or R.F.D. No. 2 Rexburg
(d) Name of Hospital or Maternity Home: Our Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Yes years months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Sugar City
(d) Street Address or R.F.D. No. Rexburg R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sugar City Idaho

4. **FULL NAME OF CHILD** Clarence Lorenzo Romrell

5. Date of Birth of Child (Month, day, year) Jan. 16 - 1906

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd First

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lorenzo John Romrell
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Weber Co. (City or town) Ogden Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Rachel Eggertz
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child First (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 36 years, and that Dr. Ormsby (First name) (Last name), who attended this birth is Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lorenzo John Romrell Signature
Sugar Ida P. O. Address

Subscribed and sworn to before me this 26 day of June, 1942

(SEAL) J. W. Booker Notary Public, residing at Sugar Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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SEP 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

982-103016-315

350146

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassie (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassie
(c) City Milner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Milner, Idaho

4. FULL NAME OF CHILD Wiliiam Richard Lee Robinson

5. Date of Birth of Child (Month, day, year) Oct. 3, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Turner Robinson
11. Color or Race American
12. Age at time of THIS birth 56 yrs.
13. Birthplace Wyota, Iowa (City or town) (State or foreign country)
14. Exact Occupation Hotel proprietor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lou Viola Land
17. Color or Race American
18. Age at time of THIS birth 36 yrs.
19. Birthplace Chitopa, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Bernardino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 36 years, and that Dr. Neilson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lou Packman Signature
Box 7/2 Douglas Ariz P. O. Address

My Commission Expires Dec. 15, 1943

Subscribed and sworn to before me this 10th day of June, 1942

(SEAL) Atlee Schuch Notary Public, residing at San Bernardino Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 29 1942 by Mabel F. Elders, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-110029653

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350148
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latha (b) City Avon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 40 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Avon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Avon, Idaho

4. FULL NAME OF CHILD Lloyd adelbert Pettet

5. Date of Birth of Child (Month, day, year) FEB 18, 1906

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jacob Alfred Pettet
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Broadwell (City or town) Ill. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Wells
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Broadwell (City or town) Ills. (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife Address ..... Date .....

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for life years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Pettet Signature
906 N. 96 Seattle Wa. P. O. Address

Subscribed and sworn to before me this 25th day of June, 19 42

(SEAL) Mary A. Thallon Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by ..... Registrar.

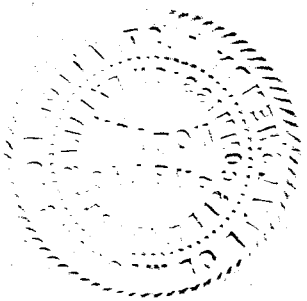
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Com[redacted]
Bureau of the Ce[redacted]

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIR[redacted] items at time of this birth)
(a) County [redacted] Falls (b) City Twin Falls
(c) Street Ad[redacted]ss or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ~~xxxx~~ years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Thomas Fairfield Newbry

5. Date of Birth of Child (Month, day, year) 10/24/1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Martin Newbry
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Springfield, Ill (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmith

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearlie Evangline Gibson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Logan, Ind (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 6 P.M. on the date and at the place stated above, and that personal particulars were furnished by Pearlie Newbry (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 35 years, and that Doctor T. O. Boyd (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Robert M. Newbry Signature
Twin Falls, Idaho P.O. Address

Subscribed and sworn to before me this 23 day of June, 1942

(SEAL) A. J. Amos Notary Public, residing at Buhl, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350182
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Neg. Pierce (b) City Leland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Neg. Pierce
(c) City Leland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Leland, Idaho

4. FULL NAME OF CHILD Bertha Claudia Craig

5. Date of Birth of Child (Month, day, year) 4/28/1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Claud Ernest Craig
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Lee Robins
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Tennessee (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Emma (First name) Craig (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that Mrs. (First name) Stoneburner (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Mrs Emma Craig Signature
Southwick, Idaho P. O. Address

Subscribed and sworn to before me this 25 day of June, 1942
(SEAL) Notary Public, residing at Kendrick

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by Mary [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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350216

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Downey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Chauncey Clegg

5. Date of Birth of Child (Month, day, year) October 14, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Edwin Clegg
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Evelyn Edora Walker
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Blackfoot, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as Certificate of Blessing issued by Downey Ward, Portneuf Stake No. 56 Church of Jesus Christ of Latter-day Saints gives date of birth as Oct 14, 1906 at Downey, Idaho to John E. Clegg and Evelina E. Walker.

25. ~~Attendant's~~ ~~OWN signature~~

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 35 years, and that unknown (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William D Clegg Signature
480 Platt St Long Beach Calif O. Address

Subscribed and sworn to before me this 29th day of June, 1942

(SEAL) Edna G Monroe Notary Public, residing at Santa Ana Calif

My Commission Expires June 30 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1942 by Mabel F Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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350272

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Fremont (b) City Dubois
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county years 9 month 6 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Dubois
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address Dubois Idaho.

3. **RESIDENCE of FATHER** (city, state) Dubois Ida

4. **FULL NAME OF CHILD** Lois Laird

5. Date of Birth (Month, day year) 12-20-1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Joseph Allred Laird
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Sheep Bus.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louie Dale Davidson
17. Color or Race white
18. Age at time of THIS birth 21 yrs
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
    (c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 29 1942 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Clark } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Louie D. Laird, being first duly sworn, say that I am related (Related to (or) acquainted with)
Lois Laird (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Campbell (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Louie D. Laird Signature

Dubois, Idaho P. O. Address

Subscribed and sworn to before me on this 26th day of June 19 42

(SEAL) ..... Notary Public, residing at Dubois Idaho

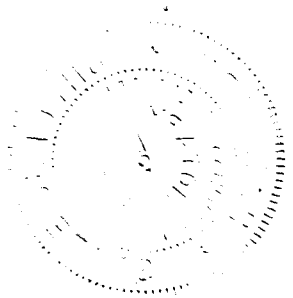
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record ~~in the Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



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350281

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James Leo Hargrove

5. Date of Birth of Child (Month, day, year) Oct 12 1906

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Floyd Hargrove
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Cook
15. Industry or Business Restaurant

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ellen Sanders
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Texas (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive or stillborn) at 9 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.
County of Grays Harbor }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 35 years, and that Dr. Duncan (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Ellen Hargrove Signature
216½ So. "G" St., Aberdeen, Wash. P. O. Address

Subscribed and sworn to before me this 26th day of June, 19 42

(SEAL) Irene E. Abel Notary Public, residing at Aberdeen

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Mabel Whitson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-215007291

350299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Corral
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at her own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Corral
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Corral, Idaho

4. FULL NAME OF CHILD Ena Faye Colvin

5. Date of Birth of Child (Month, day, year) 8/15/1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fredrick Colvin
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace ? (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Adelia Bray
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Era (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home Keeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 9:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Viola (First name) Gibbons (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Mary Viola Gibbons M.D. Midwife Address Corral Date 5-4-42

State of ..... }ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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350301

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby Idaho

4. FULL NAME OF CHILD Reginald Bernell Prophet

5. Date of Birth of Child (Month, day, year) Nov. 10, 1906

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Richard D. Prophet
11. Color or Race american
12. Age at time of THIS birth 32 yrs.
13. Birthplace Centerville (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Saxton
17. Color or Race American
18. Age at time of THIS birth 32 yrs.
19. Birthplace Hull (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Edith (First name) Prohet (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Rigby Idaho M.D. Paxton Dead Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for since Birth years, and that Dr. Paxton (First name) (Last name), who attended this birth is Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Edith Prophet Signature
Shelley Ida P. O. Address

Subscribed and sworn to before me this 1st day of June, 1942
(SEAL) M. L. Wist Justice of the Peace Notary Public, residing at Shelley Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-227031 562

350321

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nez Perce
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 9 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nez Perce
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 10 9/12 yrs.

3. RESIDENCE OF FATHER (city, state) Nez Perce, Ida.

4. FULL NAME OF CHILD GLADYS JEAN MALMOE

5. Date of Birth of Child (Month, day, year) Mar. 27, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Martin Baal Malmoe
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Unknown (City or town) Norway (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Daisy Bell Nobles
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Point Arena (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person ~~since birth~~ years, and that Mrs. Mary Brady Nobles (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Daisy B Malmoe Signature

1823 West Dean Ave., Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 29th day of June, 1942.

(SEAL) Loraine D. Peterson Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 1 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

363 227028.551

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 350328
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Kootenai (b) City Harrison
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county one years — month — days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Harrison
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? Three yrs.
   (f) Mother's mailing address 7 N. Madison Ave

3. **RESIDENCE of FATHER** (city, state) Harrison Idaho

4. **FULL NAME OF CHILD** Alice Mae Cotton

5. Date of Birth (Month, day year) July 27, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Archie Walker Cotton
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Kemp (City or town) Texas (State or foreign country)
14. Exact Occupation Sawmill Worker
15. Industry or Business Lumber Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Pearl Nearing
17. Color or Race White
18. Age at time of THIS birth 18 yrs
19. Birthplace Lethbridge Alberta Canada (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living One (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) 6 a. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Amelia Pruitt (First name) (Last name), who is related to this child as AUNT (Mother, etc.)

26. (a) JUL 1 1942 (Date received) (b) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Amelia Pruitt, being first duly sworn, say that I am related to (Related to (or) acquainted with) Alice Mae Cotton (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Busby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Amelia Pruitt Signature

Star route Kellogg Ida. P. O. Address

Subscribed and sworn to before me on this 27th day of March 19 42

(SEAL) Mary M. Stout Notary Public, residing at Kellogg Idaho.

Commission expires July 30, 1945

MAR 2 1 1966

JUL 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

168-223001-613

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350333
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Eagle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home in country
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Eagle
(d) ~~Street Address or~~ R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Eagle Idaho

4. **FULL NAME OF CHILD** Daisy Ellen Johnson

5. Date of Birth of Child (Month, day, year) Sept 23, 1906

6. Sex F.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Henry Johnson
11. Color or Race W
12. Age at time of THIS birth 42 yrs.
13. Birthplace Jamesville (City or town) Penna. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Daisy Ellen Walters
17. Color or Race W.
18. Age at time of THIS birth 30 yrs.
19. Birthplace Knoxville (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Thomas (First name) Johnson (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Mary A. Galloway — M.D. ~~Midwife~~ Address Boise, Idaho Date 6-23-1942

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 36 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) ~~I further state that~~ the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas Henry Johnson Signature

Eagle Idaho P. O. Address

Subscribed and sworn to before me this 27 day of June, 19 42

(SEAL) Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

862-13/035-258

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350334
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nesperce (b) City Lookout
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 3 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nesperce
(c) City Lookout
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Two yrs.

3. RESIDENCE OF FATHER (city, state) Lookout Idaho

4. FULL NAME OF CHILD Charlie Clair Hoskins

5. Date of Birth of Child (Month, day, year) July 21-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charlie William Hoskins
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Bond County (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lula McKnott
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Spring Brook (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at eight-a. M. on the date and at the place stated above, and that personal particulars were furnished by Lula (First name) Hoskins (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Theressia J. Wieser nee Rosenkrang. M.D. Midwife Address Gifford Ida Date June 11-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located)* I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Mary Hayden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350337
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nez Perce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery: IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nez Perce
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mildred Virginia Luther

5. Date of Birth of Child (Month, day, year) March 26, 1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Sidney Luther
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ada Smith
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 67 years of age, that I have known this person for 36 years, and that Dr. Cooper (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Mary Ada Luther Signature
Greenacres Wash. P. O. Address

Subscribed and sworn to before me this 29th day of June, 19 42

(SEAL) ..... Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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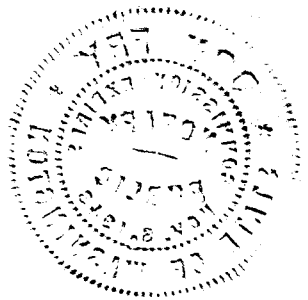

DEC 7 1951

719 105044248

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350342
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Bourne
(c) Street Address or R.F.D. No. Gen. Delivery
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Bourne
(d) Street Address or R.F.D. No. Gen. Delivery
(e) How long has **MOTHER** lived in Idaho? 14 mon. ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Bourne, Idaho

4. FULL NAME OF CHILD Melvin Esslie Parks

5. Date of Birth of Child (Month, day, year) March 5, 1906

6. Sex Male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Franklin Parks
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Weiser, Idaho. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ora Lavern Kuhnley
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Maple Lake, Minnesota (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 A M. on the date and at the place stated above, and that personal particulars were furnished by Ora Lavern Kuhnley (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Grays Harbor } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 36 years, and that Dr. B. L. Steeves (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ora Lavern (Parks) Edney Signature
Copalis Beach, Washington P. O. Address

Subscribed and sworn to before me this 14th day of May, 1942

(SEAL) [signature] Notary Public, residing at Aberdeen Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-229035-314

35038

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Cameron
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Cameron.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Cameron Ida.

4. FULL NAME OF CHILD Magdalene Bertha Alma Finke

5. Date of Birth of Child (Month, day, year) 9/29/06

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME George Henry Finke
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Hanover (City or town) Germany (State or foreign country)
14. Exact Occupation Minister
15. Industry or Business Lutheran

MOTHER OF CHILD

16. FULL MAIDEN NAME Adella Tamke
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Hanover (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by George Finke (First name) (Last name), who is related to this child as Father (Mother, etc.).

25. Attendant's **OWN** signature Catherine Brammer Midwife Address Cameron Idaho Date 5/29/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 3 1968

FEB 12 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

503-208008 955

350390 350390

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350390
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Sweet
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county No years 3 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Sweet
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Sweet, Idaho

4. FULL NAME OF CHILD Katherine Noland

5. Date of Birth of Child (Month, day, year) April 8, 1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Wesley Noland
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Brooks, Adams co., Iowa (City or town) (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business Canyon Canal Dam

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Reel
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Thurman, Fremont co, Iowa (City or town) (State or foreign country)
20. Exact Occupation School teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at Eleven A.M. on the date and at the place stated above, and that personal particulars were furnished by Grace Reel Noland (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Alfred Skippen M.D. ~~Midwife~~ Address Now 554 N.E. Hazelfern Place Portland Oregon Date Feb. 9-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by Mary J. Ladyer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 3 1942

JUL 24 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 27 1951

562-201-037-239-JH

350413 350413

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ..... years ..... months ..... days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No. X
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Agnes Bernice Noble

5. Date of Birth of Child (Month, day, year) Sept-1-1906

6. Sex female **7.** Twin or Triplet ..... If so—born 1st, 2nd, 3rd ..... **8.** No. months of Pregnacy ..... **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Robert Clyde Noble
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Muskegon (City or town) Michigan (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Iva Lorana Strickland
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Hot Springs (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that Mrs. (First name) Spencer (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert C Noble Signature

Meridian, Idaho, P. O. Address

Subscribed and sworn to before me this 8th day of July, 1942

(SEAL) Marion E. Ow Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 1942 by Maud Feldon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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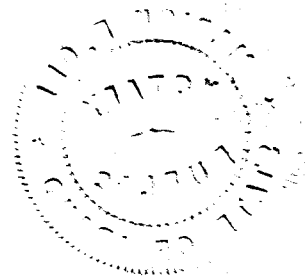

292-128003863

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 350469
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bannock (b) City Wayan
(c) Street Address or R.F.D. No.
(d) ~~Name of Hospital or Maternity Home:~~ at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Wayan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Wayan Idaho

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Arthur Richard Sebbett

5. Date of Birth (Month, day, year) June 28, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** James L. Sebbett Jr

11. Color or Race white

12. Age at time of THIS birth 30 yrs.

13. Birthplace Morgan Utah
(City or town) (State or foreign country)

14. Exact Occupation Ranching

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Genevieve Hocking

17. Color or Race white

18. Age at time of THIS birth 24 yrs.

19. Birthplace Cornwall England
(City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead None (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Genevieve Sebbett (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUL 2 1942 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mueda Sibbett M.D. (D.O., Midwife, etc.)
and address Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be~~ received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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350480

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Sugar City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Sugar City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD EUGENE WOODHOUSE

5. Date of Birth of Child (Month, day, year) January 3, 06

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arza Woodhouse
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Lehigh (City or town) Utah (State or foreign country)
14. Exact Occupation Superintendent
15. Industry or Business Utah-Idaho Sugar Company

MOTHER OF CHILD

16. FULL MAIDEN NAME Olive Hathaway
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Jules (City or town) Georgia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the oldest sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 36 years, and that Mrs. John Lott (First name) (Last name), who attended this birth as midwife is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Foster Signature
12007 Saticoy St. North Hollywood, Cal P. O. Address

Subscribed and sworn to before me this 26th day of June, 19 42

(SEAL) Emma M. Hubbs Notary Public, residing at North Hollywood, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1942 by Mary [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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350509

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 16th Washington
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 16th Washington
(e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho.

4. FULL NAME OF CHILD George Henry Brooks.

5. Date of Birth of Child (Month, day, year) Nov. 27-1906

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Amos Brooks.
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Boise (City or town) Idaho. (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minabelle Treadwell
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Littlerock (City or town) Arkansas (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 26 years, and that Dr. (First name) Barrington (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minabelle Lisonbee Signature
523-N.15 Nampa Idaho P. O. Address

Subscribed and sworn to before me this 1st day of July, 1942
(SEAL) Maud Henry Notary Public, residing at Nampa
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

494-209004-523

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350510
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 42 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier, Idaho.

4. FULL NAME OF CHILD Leona Dimick

5. Date of Birth of Child (Month, day, year) 9/9/1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME James Heber Dimick
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Paris, Idaho (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louisa Eschler
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Switzerland (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Yes, but don't kind of medicine

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Wyoming } ss.
County of Lincoln }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for al her life. years, and that Dr. E. F. Guyon (First name) (Last name), who attended this birth, is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. I was 18 years old at Leona's birth and remember the occasion well.

x Luella Sparks Signature

Cokeville, Wyoming. P. O. Address

Subscribed and sworn to before me this 1st day of July, 1942

(SEAL) Earl O. Leonard Notary Public, residing at Cokeville, Wyo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3414, Idaho Code Annotated)

My commission expires Mar. 1. 1944

Received for filing on JUL 2 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350513
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County WASHINGTON (b) City CAMBRIDGE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 8 months 26 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City CAMBRIDGE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 Y EARS yrs.

3. RESIDENCE OF FATHER (city, state) CAMBRIDGE, IDAHO

4. FULL NAME OF CHILD MARAH LORENE NORTON

5. Date of Birth of Child (Month, day, year) FEB. 24 1906

6. Sex FEMALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN MADISON NORTON
11. Color or Race WHITE
12. Age at time of THIS birth 43 yrs.
13. Birthplace GAINSBOROUGH (City or town) ENGLAND (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING FOR SELF

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY JANE SMITH
17. Color or Race WHITE
18. Age at time of THIS birth 40 yrs.
19. Birthplace COOK COUNTY (City or town), ILLINOIS (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business OWN HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of CANYON } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 36 years, and that CHARLES E. SCHMITZ, M.D. (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth C. Gee Signature
Parma Idaho P. O. Address

Subscribed and sworn to before me this 1st day of July, 1942
(SEAL) [signature] Notary Public, residing at Parma Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-119 035 766

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350530
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County NEZ PERCE (b) City LENORE
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: OWN Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County NEZ PERCE
(c) City LENORE
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) LENORE, IDAHO

4. FULL NAME OF CHILD JAMES CARL GILLESPIE

5. Date of Birth of Child (Month, day, year) SEPT. 19, 1906

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JAMES CLARK GILLESPIE
11. Color or Race WHITE
12. Age at time of THIS birth 30 yrs.
13. Birthplace SEGUERNEY (City or town) IOWA (State or foreign country)
14. Exact Occupation SCHOOL TEACHER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LAURA ANGELINE POWELL
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace LAKE FREMONT (City or town) MINNESOTA (State or foreign country)
20. Exact Occupation HOUSEHOLD WORK
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 7 P. M. on the date and at the place stated above, and that personal particulars were furnished by MARY (First name) GILLESPIE (Last name), who is related to this child as AUNT (Mother, etc.)

25. Attendant's **OWN** signature Mary Gillespie M.D. Midwife Address Hermiston Ore. Date 6-22-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by Mary Gillespie, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Gem
(c) Street Address or R.F.D. No. ----
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Gem
(d) Street Address or R.F.D. No. ----
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Gem, Idaho

4. FULL NAME OF CHILD John Robert Norling

5. Date of Birth of Child (Month, day, year) August 1, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd ----

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew John Norling

11. Color or Race White

12. Age at time of THIS birth 45 yrs.

13. Birthplace Dalsland (City or town) Sweden (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Katherine Nelson

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Varmland (City or town) Sweden (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife Address ____ Date ____

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 35 years, and that Dr. Robert Clancy (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

* Emma Katherine Norling Signature

2717 West Courtland Ave., Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 24th day of June, 1942.

(SEAL) L. G. Manager Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

JUL 7 1942

Received for filing on ____ by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-223022-483

350633

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Lewisville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lewisville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Geraldine Robinson

5. Date of Birth of Child (Month, day, year) Jan 23-1906

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd no

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harry S. Robinson
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Farmington (City or town) Utah (State or foreign country)
14. Exact Occupation Studebaker Salesman
15. Industry or Business " "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Julia Myler
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Esclantie (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 36 years, and that R - D - Tucker (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry S. Robinson (Father) Mary J. M. Robinson (mother) Signature
2684½ Knox Ave Los Angeles Calif P. O. Address

Subscribed and sworn to before me this 5th day of May, 1942 A H Sullans
(SEAL) The undersigned Notary Public, residing at 2404 Alexandria St
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Los Angeles Calif

Received for filing on JUL 6 1942 by Mabel F. Elder Registrar.

My Commission Expires June 13, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

612-210036-753

350635

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 41 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad City,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Ida.

4. FULL NAME OF CHILD Alice Wass

5. Date of Birth of Child (Month, day, year) Dec. 10, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Everett Wass
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Yoshville, Penn. (City or town) (State or foreign country)
14. Exact Occupation Contracter & Builder
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Rachel Peck
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Farmington, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Oneida }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 35 years, and that Dr J. M. Kerns (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emily Wass Signature

Malad, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of July, 19 42

(SEAL) Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1942 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

995 212001 215

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350638
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1619 N. ~~E~~ 6th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1619 N. 6th
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Charlotte Manoir Zieber

5. Date of Birth of Child (Month, day, year) Jan. 12, 1906

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Shunk Zieber
11. Color or Race W
12. Age at time of THIS birth 43 yrs.
13. Birthplace Portland (City or town) Oregon (State or foreign country)
14. Exact Occupation Mechanical Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Kane
17. Color or Race W
18. Age at time of THIS birth 30 yrs.
19. Birthplace Allentown (City or town) Penn. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature John Beck M.D. ~~Midwife~~ Address Boise Ida Date 7-7-42

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 36 years, and that John (First name) Beck M.D. (Last name), who attended this birth ~~[illegible]~~ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Shunk Zieber Signature

MY COMMISSION EXPIRES OCT. 30, 1945

Pioneer Rest Home, San Leandro, Cal. P. O. Address

Subscribed and sworn to before me this 4 day of June, 1942

(SEAL) Margaret M. Smith Notary Public, residing at 2860 Parker Cres Oakland, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

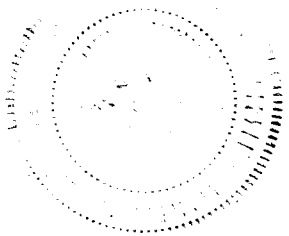
JUL 9 1942

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



38-228-035-415

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350702
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lorena Ethel Thornton

5. Date of Birth of Child (Month, day, year) Aug. 28, 1906

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Edmond Thornton
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Beaver City, Neb. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Pheobe Sylvia Davis
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Pomeroy, Wash. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ----

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address Doctor deceased Date .....

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 35 years, and that Dr. Hargus (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Phoebe Sylvia Thornton ..... Signature

R.F.D. #2, Lewiston, Idaho ..... P. O. Address

Subscribed and sworn to before me this 12th day of June 19 42.

(SEAL) C. C. Warth ..... Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by Mabel Weldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

663-114-025-269

350719

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County IDAHO (b) City COTTONWOOD
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 14 years 1 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City COTTONWOOD
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address COTTONWOOD IDAHO

3. RESIDENCE of FATHER (city, state) SAME

4. FULL NAME OF CHILD HUGH M WOLBERT

5. Date of Birth (Month, day year) SEPT. 14-1906

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOSEPH M WOLBERT

11. Color or Race WHITE

12. Age at time of THIS birth 52 yrs.

13. Birthplace NEW ALBANY (City or town) INDIANA (State or foreign country)

14. Exact Occupation JUSTICE OF PEACE

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME IDA ELIZABETH SWIFT

17. Color or Race WHITE

18. Age at time of THIS birth 36 yrs.

19. Birthplace ASH GROOVE (City or town) MISSORU (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 P.M. M. on the date and at the place stated above, and that personal particulars were furnished by Ida (First name) E. Wolbert (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

26. (a) JUL 8 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Washington
County of King } ss.

I, Ida E. Wolbert, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Hugh M. Wolbert (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Russell Truitt (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ida E Wolbert Signature

1514 - 16th Ave. N., Seattle, Wash. P. O. Address

Subscribed and sworn to before me on this sixth day of July, 1942

(SEAL) Ray A. Scordan Notary Public, residing at seattle, wn.
417-12th Ave.

JUL 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-115-0040-413

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350750
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City
(c) Street Address or R.F.D. No. Near Osburn
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 9 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Near Osburn
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Osburn Idaho

4. FULL NAME OF CHILD Ralph James Weseman

5. Date of Birth of Child (Month, day, year) 7-15-1906

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur Austin Weseman
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Near Verndale Minnesota (City or town) (State or foreign country)
14. Exact Occupation Rancher & School teacher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther May Mack
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 yrs.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Esther Weseman (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Madge E. Fohl M.D. Midwife Address Osburn, Ida. Date June 27-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 11 1942
JUL 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-130-001-449

350813

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350813
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. R.F.D. 4
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. R.F.D. 4
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Joseph Dillon Paris

5. Date of Birth of Child (Month, day, year) May 30, 1906

6. Sex M. **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Isaac J. Paris
11. Color or Race white **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Texas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Murphy
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Franklin Co. Nebraska (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Crede's Sol.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5 a. M. on the date

and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature John Boeck M.D. Midwife Address Boise Ida Date July 13 42

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) I., (Last name) who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 13 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-11-1032-289

JUL 15 1942

350826

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350826
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5-½ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Hoseph Turner

5. Date of Birth of Child (Month, day, year) 9-12-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John G. Turner
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Stroke Town (City or town) Indiana (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Ellen Byrne
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Stroke Town (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Lincoln }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 36 years, and that M. W. Baugh (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John G. Turner Signature
Rt. 1 Boise Idaho P. O. Address

Subscribed and sworn to before me this 14th day of July, 1942

(SEAL) Susan Bagley Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho (see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 15 1942 by Mary F. Eaton, Registrar.

JUL 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-122-001-246

350834

United States
Department of Commerce
Bureau of the Census

JUL 16 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350834
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. R#2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. R# 2
(e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Berry Arthur Kelley

5. Date of Birth of Child (Month, day, year) Nov 22 1906

6. Sex Male

7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Franklin Kelley
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Glenwood (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katie Evelyn Buffington
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Honeycreek (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I **HEREBY CERTIFY** That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for since birth years, and that Dr C L Dutton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katie Evelyn Kelley Signature
R 2 Meridian Ida P. O. Address

Subscribed and sworn to before me this 20 day of May, 1942.

(SEAL) O M Young Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-20-8237-734

350845

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO
1942

State File No. 350845
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) ~~City~~ Morgan
(c) Street Address or R.F.D. No. P.O.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) ~~City~~ P.O. Morgan Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Seven yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Mary Alice Morgan

5. Date of Birth of Child (Month, day, year) Dec 8, 1906

6. Sex Female Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo. **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Morgan Morgan
11. Color or Race white **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Malad Idaho (City or town) (State or foreign country)
14. Exact Occupation Ranch & Stockraiser
15. Industry or Business Stockman

MOTHER OF CHILD

16. FULL MAIDEN NAME Marie Gluch
17. Color or Race white **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Germany Posen (City or town) (State or foreign country)
20. Exact Occupation Farmers Daughter
21. Industry or Business Housekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Morgan (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Anna Nichols ~~M.D.~~ Midwife Address Jordan Valley Ore Date 7-14-42

State of Oregon } ss.
County of Malheur }

AFFIDAVIT to be completed when the attendant does not sign in Item 25

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 36 years, and that Anna (First name) Nichols (Last name) who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary Morgan Signature
Jordan Valley, Ore. P. O. Address

Notary Public for Oregon
My Commission Expires March 26, 1943

Subscribed and sworn to before me this 15th day of July, 1942

(SEAL) Gabriel Olsen Notary Public, residing at Jordan Valley

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1942 by Maud F. Eder, Registrar.

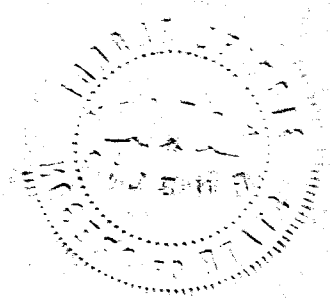
JAN 13 1969

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



319-205 1011-795

350895

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) ~~Name of Hospital or Maternity~~ Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Bonners Ferry (b) County Boundary
(c) City Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 at time yrs.

3. RESIDENCE OF FATHER (city, state) Bonners Ferry Ida

4. FULL NAME OF CHILD Laura Fay Carlock

5. Date of Birth of Child (Month, day, year) April 5 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Winfield Carlock
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Fate Rock (City or town) Nebraska (State or foreign country)
14. Exact Occupation Homesteader at time
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zelda Fay Preston
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Beaver City (City or town) Nebraska (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child First child and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for years, and that Dr E.E. (First name) Fry (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William W. Carlock Signature
1313-W-Gardner Cres P. O. Address

Subscribed and sworn to before me this 8 day of July, 1942

(SEAL) James G. Reader Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Registrar.

JUL 10 1942

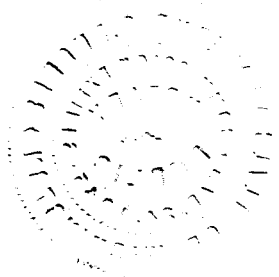
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 13

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



154-225 book 512

350897

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350897
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Eliza Marie Anderson

5. Date of Birth of Child (Month, day, year) March 25, 1906

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nephi Anderson
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace South Cotton Wood Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Eliza Baker
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Richmond Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California } ss.
County of El Dorado }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 36 years, and that Dr. (First name) Mitchell (Last name), who attended this birth, Cannot Be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Goldy J. Baker Signature
Placerville, Calif. Box 612 P. O. Address

Subscribed and sworn to before me this 6th day of July, 1942

(SEAL) [illegible] Notary Public, residing at Placerville, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 10 1942 by [illegible], Registrar.

JUL 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-130-035-264

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350916
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Russell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Russell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Russell, Ida.

4. FULL NAME OF CHILD Melvin Chester Mills

5. Date of Birth of Child (Month, day, year) Dec. 30, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Levi Mills
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Dushville, (City or town) Michigan (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Susan Southard
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Buffalo, (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Clearwater }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for ~~40~~ 35 years, and that Mary (First name) Cox (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary S. Mills Signature
Stanley Idaho P. O. Address

Subscribed and sworn to before me this 30th day of June, 1942

(SEAL) Samuel Swanson Notary Public, residing at Orofino Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1942 by ____ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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285-106-036-236

350941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD Wilford Russell Sheriff

5. Date of Birth of Child (Month, day, year) March 6-1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leslie Thomas Sheriff, Sr.
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Morgan, Kentucky (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosezella Stocking ~~Sheriff~~
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Herriman, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nit

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Leslie Sheriff, Sr. (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature D C Ray M.D. Midwife Address Pocatello Date 7-2-1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 6 1942 by Mabel F. Elsfern, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1942

JUN 5 - 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-123-030-291

350970

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LEMHI (b) City SALMON
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: DR. KINNEY'S PRIVATE HOSPITAL
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 1 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State MONTANA (b) County SWEETGRASS
(c) City MELVILLE
(d) Street Address or R.F.D. No BRANNIN RANCH
(e) How long has **MOTHER** lived in Idaho? 1 mo. yrs.

3. RESIDENCE OF FATHER (city, state) SALMON, IDAHO

4. FULL NAME OF CHILD STANTON BRANNIN CLANCY COOPER

5. Date of Birth of Child (Month, day, year) July 23, 1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JOHN HENDERSON Cooper

11. Color or Race WHITE

12. Age at time of THIS birth 37 yrs.

13. Birthplace Glasgow (City or town), Scotland (State or foreign country)

14. Exact Occupation Miner (hard rock)

15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Luella Frances Brannin

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Georgetown (City or town), New Mexico (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California } ss.
County of Riverside }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 65 years of age, that I have known this person for 35 years, and that Dr. Geo. Kinney (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Luella Cooper Schrader Signature

RT 2 Box 292 Hemet Calif. P. O. Address

Subscribed and sworn to before me this 11th day of July, 1945.

(SEAL) Thos. J. Dutcher Notary Public, residing at Hemet Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 8 1967
MAR 24 1969

JUL 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

967-105-242-133

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350984
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Ida

4. FULL NAME OF CHILD James Allen Rogers

5. Date of Birth of Child (Month, day, year) July 5, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Madison Rogers
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Montauk (City or town) Missouri (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business Doctor of Dentistry

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Bird Allen
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 36 years, and that (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Bird Rogers, Signature
Buhl, Idaho P. O. Address

Subscribed and sworn to before me this 10 day of July, 1942

(SEAL) E. V. Lynch Notary Public, residing at Buhl, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 13 1942 by Mabel [illegible], Registrar.

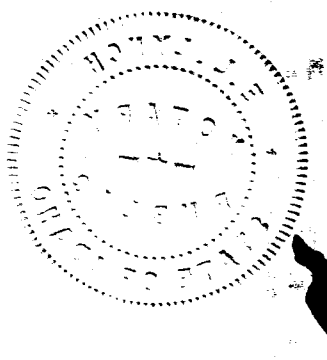
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

JUL 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



743-111-007-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351040
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey Idaho

4. FULL NAME OF CHILD Russell Sage Gutches

5. Date of Birth of Child (Month, day, year) 7-11-1906

6. Sex Male

7. ~~Twin or Triplet~~

~~Two~~—born 1st, 2nd, 3rd 4th child.

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank John Gutches
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Huston (City or town) Iwa (State or foreign country)
14. Exact Occupation day labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Magnolia Johnstone
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Kewanee (City or town) Illinois (State or foreign country)
20. Exact Occupation none
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that Dr Klineman (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Magnolia Johnstone Anderson Signature
Hailey Idaho P. O. Address

Subscribed and sworn to before me this 10th day of July, 1942
(SEAL) R. H. McCoy Notary Public, residing at Hailey Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 13 1942 by Mabel F. Elsfere, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

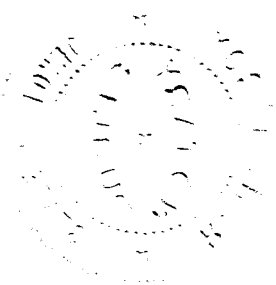
JUL 15 1942

FEB 8 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



562-114-031-394

351084

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No. One
(d) Name of Hospital or Maternity Home: At Ranch on Nezperce Prairie
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 2 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State [redacted] (b) County Lewis
(c) City [redacted]
(d) Street Address or R.F.D. No. One
(e) How long has **MOTHER** lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state) Nezperce Idaho

4. FULL NAME OF CHILD Charles Ardue Hobart.

5. Date of Birth of Child (Month, day, year) 3/14 - 1906

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME James Lennington Hobart.
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Fairbanks (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Crumpacker.
17. Color or Race White **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Walla Walla (City or town) Wash. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Keeping House.

22. Name prophylactic used to prevent Ophthalmia Neonatorum [redacted] 1% AgNO3

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Elizabeth Hobart (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature P. C. Dunlop M.D. Midwife Address Craigmont Idaho Date June 26 1942

State of [redacted] } ss.
County of [redacted] }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the [redacted] (Mother, etc.) of the person whose name appears in Item 4, above, that I am now [redacted] years of age, that I have known this person for [redacted] years, and that [redacted] (First name) [redacted] (Last name), who attended this birth [redacted] (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

[redacted] Signature

[redacted] P. O. Address

Subscribed and sworn to before me this [redacted] day of [redacted], 19[redacted]

(SEAL) [redacted] Notary Public, residing at [redacted]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by [redacted], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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549-104-004-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351107
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CANYON (b) City CALDWELL
(c) Street Address or R.F.D. No. Blaine Street
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CANYON
(c) City CALDWELL
(d) Street Address or R.F.D. No. Blaine Street
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) CALDWELL, IDAHO

4. FULL NAME OF CHILD WILLIAM JAMES EDISON

5. Date of Birth of Child (Month, day, year) Oct. 4, 1906

6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** LEVI A. DELBERT EDISON
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace Hickory County, Missouri (City or town) (State or foreign country)
14. Exact Occupation COMMON LABORER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** DOLORA INA COX
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace NAMPA IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of OREGON
County of COLUMBIA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 32 years, and that DOCTOR HAMILTON (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Delora Inge Knighton Signature
Box 456, Houlton, Oregon P. O. Address

Subscribed and sworn to before me this 8th day of JULY, 1942

(SEAL) L. C. Elliott Notary Public, residing at HOULTON, OREGON

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 14 1942 by Mabel F. Eddins, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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393-113-D09-819

351120

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. RR Ave
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county yes years 8 months — days —

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. City
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Post Falls Ida

4. FULL NAME OF CHILD George Hilton Lithgow

5. Date of Birth of Child (Month, day, year) 11-13-1906

6. Sex Male

7. ~~Twin or~~ Triplet ~~If so—born~~ ~~1st, 2nd,~~ 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Hilton Lithgow
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Maine (City or town) (State or foreign country)
14. Exact Occupation Steam Engineer
15. Industry or Business Steam Boat

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Hazen
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Nebraska (City or town) Broken Bow (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 35 years, and that Alice Hazen (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X John Lithgow
Alice Elizabeth Daggett Signature
Priest River Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of February, 1942.

(SEAL) My Com. Ericka McLean Notary Public, residing at Priest River

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 15-43 by Mabel [illegible] Registrar.

JULY 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

251-219-003-381

351171

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351171
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 106 So. 6th Ave.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 106 So. 6th Ave
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Rachel Beattie (Beatty)

5. Date of Birth of Child (Month, day, year) June 19, 1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Beattie (Beatty)
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Cincinnati (City or town) Ohio (State or foreign country)
14. Exact Occupation
15. Industry or Business Bicycle Shop

MOTHER OF CHILD

16. FULL MAIDEN NAME Susie Hannah Chandler
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Calif. } ss.
County of San Francisco }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 36 years, and that Anna Beck (First name) (Last name), who attended this birth is living in Sacramento Cal (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Susie Hannah Beattie Signature

1323 Fourney St S.F. Cal P. O. Address

Subscribed and sworn to before me this 11th day of July, 1942

(SEAL) [illegible] Notary Public, residing at 823 Fourney St San Francisco

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 15 1942 by Mark H. Teeter, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

497-22-5053-769

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351243
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 11 months 25 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello Ida.

4. FULL NAME OF CHILD Alice Carol Dixon

5. Date of Birth of Child (Month, day, year) 11-25-1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Leon Thomas Dixon
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Whitesville Mass. (City or town) (State or foreign country)
14. Exact Occupation Engineer C.S.L.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Cornelia Gordon
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Kirkwood Delaware (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bannock }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 36 years, and that Oscar B. Steele (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Leon T. Dixon Signature
Gibson, Terry, Ida. P. O. Address

Subscribed and sworn to before me this 14 day of July, 1942.

(SEAL) Geo. F. Robertson Notary Public, residing at Rupert Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465 130044 391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352304
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. Gen Delivery
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. Gen Delivery
(e) How long has **MOTHER** lived in Idaho? ..... yrs.

3. RESIDENCE OF FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Samuel Austin Monteith

5. Date of Birth of Child (Month, day, year) Jan 30 - 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Bruce Monteith
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace South Mountain Ont. Canada (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Maria Tracy
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Beaver Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 36 years, and that Dr. Numbers (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Masters Signature
259 Tillamook St. Portland, Ore. P. O. Address

Subscribed and sworn to before me this 23rd day of June, 1942
(SEAL) Albert Harala Notary Public, residing at Portland Oreg.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. MY COMMISSION EXPIRES FEB. 25, 1943

Received for filing on JUL 16 1942 by Mabel F. Elsner, Registrar.

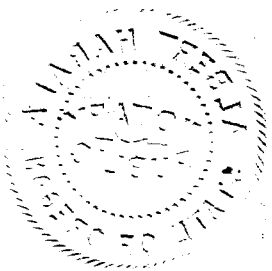
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352313
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Payette
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 4 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Payette
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Ida.

4. FULL NAME OF CHILD Keith Parks Bond

5. Date of Birth of Child (Month, day, year) Jan. 9, 1906

6. Sex male

7. Twin or Triplet twin

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John R. (initial only) Bond
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Easton township, (City or town) Michigan (State or foreign country)
14. Exact Occupation Supt. of Lumber Co.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Iva Leone Parks
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Saranac, (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Pend Oreille }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 6 2 years of age, that I have known this person for 3 6 years, and that Dr. (cannot recall) (First name) Avery (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Iva Leone Bond Signature
Cusick, Wash. P. O. Address

Subscribed and sworn to before me this 13 day of July, 1942

(SEAL) Shad O. Barker Notary Public, Testing at Auditor Pend Oreille County, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 16 1942 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-210031952

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352325
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (NezPerce then) City Russell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis (NezPerce then)
(c) City Russell
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Russell, Idaho.

4. FULL NAME OF CHILD Gladys Mable Longeteig

5. Date of Birth of Child (Month, day, year) Nov. 10, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew C. Longeteig

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Near-Bergen, Norway (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Bendine Rekdahl

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Genesee (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1. (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by Anna (First name) Longeteig (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature May King M.D. Midwife Address Lewiston, Idaho Date 7/15/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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962-229006-699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352354
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BINGHAM (b) City FIRTH
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: ✓
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ✓ years ✓ months ✓ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City FIRTH
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state) FIRTH IDA.

4. FULL NAME OF CHILD LYDIA DORCAS ROBBINS

5. Date of Birth of Child (Month, day, year) OCT-29-1906

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** ALBERT GOULD ROBBINS.
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace ALBION (City or town) IDAHO. (State or foreign country)
14. Exact Occupation FARMING.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EMMA FIRTH.
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace OGDEN (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, ~~that I have known this person for~~ 35 years, and that Dr. (First name) Bridger (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Robbins Signature
Route #1, Blackfoot, Ida. P. O. Address

Subscribed and sworn to before me this 9th day of June 1942.
(SEAL) H. William Fuchner Notary Public, residing at Blackfoot, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352361
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Ferdinand
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Ferdinand
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Ferdinand, Ida.

4. FULL NAME OF CHILD Theodore William Smith

5. Date of Birth of Child (Month, day, year) Aug. 9, 1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Atwater Smith
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Salt Lake (City or town), Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Delaware Loper
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Benton County, Arkansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business /

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 35 years, and that Unknown (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary C Markham Signature
Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 15th day of July, 1942

(SEAL) A M Huggins Notary Public, residing at Spokane Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 17 1942 by Mabel E Eaton, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

586 10 6629 813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352378
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
Farm 3 miles south of Moscow
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Moscow, Idaho

3. **RESIDENCE OF FATHER** (city, state) Moscow, Ida.

4. **FULL NAME OF CHILD** Harold Bernard Thoreson

5. Date of Birth (Month, day, year) Nov. 6, 1906

6. Sex. Male

7. Twin or Triplet – If so—born 1st, 2nd, 3rd –

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thore B. Thoreson
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Goodyear (City or town) County, Minnesota (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alma Halverson
17. Color or Race White
18. Age at time of THIS birth 27 years
19. Birthplace South Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1.
(c) Born alive and now dead – (d) Stillborn –

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) JUL 20 1942 (Date received) (b) Mary Weiler (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Thore B. Thoreson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Harold Bernard Thoreson (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. A. Adair (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Thore B Thoreson Name
Moscow, Idaho, RFD#5 P. O. Address

Subscribed and sworn to before me on this 17th day of July, 1942

(SEAL) HARRY A. THATCHER, Ex-Officio Auditor and Recorder
By Bessie Babcock Deputy Notary Public, residing at Moscow, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 2 1942

OCT 2 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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352394

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lapwai
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Home Confinement
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lapwai
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 3 yrs. 4 mos.

3. RESIDENCE OF FATHER (city, state) Lapwai, Idaho

4. FULL NAME OF CHILD Murrel Everett Doan

5. Date of Birth of Child (Month, day, year) Nov. 26, 1906

6. Sex Male

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ora Lonzo Doan

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Decatur (City or town), Iowa (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Catherne Doan Gray ✓

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Pilot Rock (City or town), Oregon (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 36 years, and that Doctor (First name) Allen (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Catherine Doan Signature

Meridian Idaho ~~Box 534~~ P. O. Address

Subscribed and sworn to before me this 17 day of July, 1942

(SEAL) Solon T. Petty J.P. Notary Public, residing at Meridian Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My comm. expires Jan. 6, 1943

Received for filing on JUL 20 1942 by Mark Truby, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-108 010-381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352474
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNEVILLE (b) City IDAHO FALLS
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNEVILLE
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? [redacted] yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO FALLS, IDAHO

4. FULL NAME OF CHILD AREL CURTIS BULLOCK

5. Date of Birth of Child (Month, day, year) SEPT. 8, 1906

6. Sex MALE **7.** Twin or Triplet NO If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9mos. **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME CURTIS BULLOCK
11. Color or Race WHITE **12.** Age at time of THIS birth 30 yrs.
13. Birthplace — (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business AGRICULTURE

MOTHER OF CHILD

16. FULL MAIDEN NAME JULIA ANN CHASE
17. Color or Race WHITE **18.** Age at time of THIS birth 27 yrs.
19. Birthplace NEPHI (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of JEROME } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 35 years, and that MRS. — (First name) THOMAS (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Curtis Bullock — Thomas Signature

JEROME, IDAHO P. O. Address

Subscribed and sworn to before me this 16th day of JULY, 1942

(SEAL) Charlotte Roberson Ex-officio Recorder, Jerome County, Idaho
Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 17 1942 by Mary Felder, Registrar.

JUL 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-224001-79

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352481
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth).
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 2nd & Main st.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 2nd & Main st.
(e) How long has MOTHER lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Letha Irene Leonard

5. Date of Birth of Child (Month, day, year) May 14-1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Leonard.
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Near county Missouri (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME May Viola Garrett.
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Holley Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Crede Sol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by May Leonard (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature John Baeth M.D. Midwife Address Boise Ida Date June 27-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 18 1942 by Mabel Miller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-101-029-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352502
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Ida.

4. **FULL NAME OF CHILD** John Clarence Hall

5. Date of Birth of Child (Month, day, year) July 1, 1906

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Edward Hall
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Buena Vista, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Addie Miller
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Rinard, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~alive~~ (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 35 years, and that Dr. William A. Adair (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Addie Hall Signature
Moscow Idaho P. O. Address

Subscribed and sworn to before me this 18 day of Dec, 1941

(SEAL) [signature] Notary Public, residing at Moscow

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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352527

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 1 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Boise - Idaho

4. FULL NAME OF CHILD Charles Reeder Cook

5. Date of Birth of Child (Month, day, year) July 12 1906

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Bloomfield Cook
11. Color or Race American **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Chicago (City or town) Illinois (State or foreign country)
14. Exact Occupation Abstractor
15. Industry or Business Abstract

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances Eaton Ewing
17. Color or Race American **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Evansville (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Frances Eaton Cook (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Glenn E. Hewkan M.D. Address Nampa, Idaho Date July 13, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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SIBLING BORN 7/1906
1906-347032

HOLD

Charles R Coxe

United States Census, 1910

Name	**Charles R Coxe**
Event Type	Census
Event Date	1910
Event Place	Boise, Ada, Idaho, United States
Gender	Male
Age	0
Marital Status	Single
Race	White
Race (Original)	White
Relationship to Head of Household	Son
Relationship to Head of Household (Original)	Son
Birth Year (Estimated)	1910
Birthplace	Idaho
Father's Birthplace	Illinois
Mother's Birthplace	Indiana
Sheet Letter	A
Sheet Number	8

United States Census, 1910

District	ED 11
Sheet Number and Letter	8A
Household ID	150
Affiliate Name	The U.S. National Archives and Records Administration (NARA)
Affiliate Publication Number	T624
Affiliate Film Number	221
GS Film Number	1374234
Digital Folder Number	004970727
Image Number	00396

SIBLING 1906-347032
BORN 7/1906
CHARLES BORN 1910
HOLD THIS RECORD

Household	Role	Sex	Age	Birthplace
Charles B Coxe	Head	M	42	Illinois
Frances E Coxe	Wife	F	37	Indiana
Dwight E Coxe	Son	M	6	Idaho
Edward E Coxe	Son	M	4	Idaho
Robert L Coxe	Son	M	3	Idaho
Charles R Coxe	Son	M	0	Idaho

Citing this Record

185-112 001693 JUL 27 1942 352555

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352555
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ralph Edgar Ayers

5. Date of Birth of Child (Month, day, year) Mar. 12, 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Samuel Ayers

11. Color or Race white

12. Age at time of THIS birth 32 yrs.

13. Birthplace Putnam Co. (City or town) Missouri (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lura Williams

17. Color or Race white

18. Age at time of THIS birth 29 yrs.

19. Birthplace Putnam Co. (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for life years, and that Dr. C.L. Dutton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lura A. Ayers Signature

Meridian, Idaho R. 1 P. O. Address

Subscribed and sworn to before me this 27 day of July, 1942

(SEAL) Mildred Talley Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm exp. 11-5-43

Received for filing on JUL 27 1942 by Mabel F. Elder, Registrar.

JUN 15 1967

JUL [illegible] 242

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352585
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell,
(c) Street Address or R.F.D. No. 1520 Arthur Street.
(d) Name of Hospital or Maternity Home: Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon,
(c) City Caldwell,
(d) Street Address or R.F.D. No. 1520 Arthur
(e) How long has **MOTHER** lived in Idaho? 4 Mo. yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida

4. FULL NAME OF CHILD John Ginter Walters

5. Date of Birth of Child (Month, day, year) Dec. 9, 1906.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Theodore Agustas Walters

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Garger Iowa (City or town) (State or foreign country)

14. Exact Occupation Lawyer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minervia Ione Ginter

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Quasqueton, Iowa. (City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho. } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 35 years, and that Dr. James Myers (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minervia I. Walters Signature

1522 Dearborn Street, Caldwell, Idaho. P. O. Address

Subscribed and sworn to before me this 31 day of July, 1942

(SEAL) Bessie M. Jarvis Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 31, 1942 by Mary F. Felger, Registrar.

JUL 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352595
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Council, Ida.

4. **FULL NAME OF CHILD** Jean Martha Ross

5. Date of Birth of Child (Month, day, year) January 30, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Stonewall Jackson Ross
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Montgomery County (City or town), Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christena Marie Hanson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 60 years of age, that I have known this person for 36 years, and that Ana Marie Hanson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christina Marie Ross Signature
Melba Idaho P. O. Address

Subscribed and sworn to before me this 29 day of July, 1942.

(SEAL) Clay C. Todd Notary Public, residing at Melba, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 22 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 29 1967

JUL 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Mink Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Mink Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Serge E Larsen

5. Date of Birth of Child (Month, day, year) April 12, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Erick M Larsen Jr
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Brigham City Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary A Neilson
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Logan Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at Mid-night M. on the date and at the place stated above, and that personal particulars were furnished by Mary Larsen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Ida
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 36 years, and that (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A Larsen Signature
Preston Ida P. O. Address

Subscribed and sworn to before me this 11 day of July, 1942
(SEAL) Wells McEntire Notary Public, residing at Preston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 28 1942 by [signature], Registrar.

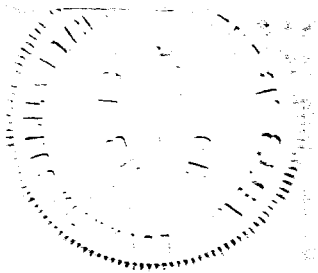
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352658

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Leo Farnsworth		2. Date of Birth (month) (day) (year): November 21, 1906
	3. Color or Race: Caucasian	4. Sex: male	5. Place of Birth a. County: Pickabo, Blaine County,
			b. City or Town of Birth: Pickabo
FATHER	6. Full Name of Father: Wilford Bert Farnsworth		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: ~~Elizabeth~~ Eliza Anna Hess		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Leo Farnsworth	11. Present Address of Registrant: 1145 Nirvana Road Santa Barbara, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: January 8 19 71	12. Signature of Notary: Ada R. Michelsen Ada R. Michelsen	13. Notary Commission expires: January 26, 1973 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy 32-731-959	By whom issued and signed: The Prudential Insurance Co. Of America	Date Issued: Jan.8,1971	Date Orig. Entry: Apr.24,1959
	Date of Birth: Nov.21,1906 / Birth Place: Picabo, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage statistics #4772	By whom issued and signed: State of California	Date Issued: Dec.18,1970	Date Orig. Entry: Apr.19,1929
	Date of Birth: Age: 19 / Birth Place: ----	Full Name of Mother: Lillian Plummer	Name of Father: Perry J. Rockwood	
SUPPORTING RECORD 3.	Type of Document: #Z588099 Statement regarding driver's license application	By whom issued and signed: Charles Fenner, Asst.Mgr.Dept. Motor Vehicles, Santa Barbara, CA	Date Issued: Jan.3,1971	Date Orig. Entry: 1947
	Date of Birth: Nov.21,1906 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	Jan. 28, 1971

FORM BH 56067 N(F)

(F) 11-5-70

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

352658

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352658
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Picabo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Picabo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD James L. Farnsworth

5. Date of Birth of Child (Month, day, year) Nov 21 1907

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wilford Bert Farnsworth
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Ann Hess
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 35 years, and that none (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Eliza Ann Hess Farnsworth Signature
Baldwin Park, California O. Address

Subscribed and sworn to before me this 20th day of July, 1942.

(SEAL) E. T. Oakes Notary Public, residing at El Monte, Californi

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1942 by Mark H. Nelson, Registrar.

JUL 27 1942

JAN 29 1971

APR 1 5 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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352675

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352675
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Frasier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Fraser
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Fraser, Idaho

4. FULL NAME OF CHILD Orville Eller

5. Date of Birth of Child (Month, day, year) Dec. 15, 1906

6. Sex male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hervey Ellsworth Eller

11. Color or Race white

12. Age at time of THIS birth 28 yrs.

13. Birthplace Carmel, Indiana (City or town) (State or foreign country)

14. Exact Occupation farming

15. Industry or Business self

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Dorothy

17. Color or Race white

18. Age at time of THIS birth 19 yrs.

19. Birthplace Ottumwa, Iowa (City or town) (State or foreign country)

20. Exact Occupation housekife

21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Eller (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature Jannie Myers M.D. Midwife Address Greer, Idaho Date 7/20/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1942 by Mabel Eddleman, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352754
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD EVELYN BOLINGBROKE

5. Date of Birth of Child (Month, day, year) August 8, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** JOHN H. BOLINGBROKE
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Malad, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beatrice Thomas
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Malad, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 35 years, and that Mary E. Bolingbroke (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Beatrice Bolingbroke Signature
Arbon, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of July, 1942.

(SEAL) [signature] Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 29 1942 by Maud F. Elders, Registrar.

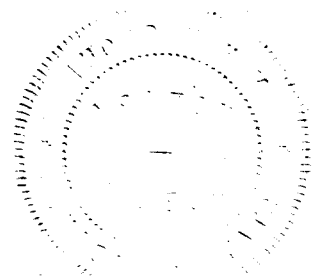
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



142-216006 259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352770
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Presto
(c) Street Address or R.F.D. No. Shelley R 2
(d) Name of Hospital or Maternity Home: delivery at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 7 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Presto
(d) Street Address or R.F.D. No. Shelley R.2
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Presto Idaho

4. **FULL NAME OF CHILD** Gael Barden Just

5. Date of Birth of Child (Month, day, year) May 16 1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 (5 Jul)

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Francis Just
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Blackfoot (City or town) Idaho (State or foreign country) no
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maudie Kerr
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Braidwood (City or town) Illinois (State or foreign country) USA
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Yuba } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 4 years, and that Doctor Brindage (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maudie Just Johnson Signature
Box 856, Ione, Amador Co., Cal. P. O. Address

Subscribed and sworn to before me this 30th day of June, 19 42

(SEAL) Elsie Elder Moncur Notary Public, residing at Marysville, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

691 108035-652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352776
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Orofino, Idaho

4. **FULL NAME OF CHILD** Frank Fred Frazier

5. Date of Birth of Child (Month, day, year) Aug. 8, 1906

6. Sex M

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred L. Frazier
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Springville, Wisc. (City or town) (State or foreign country)
14. Exact Occupation Keeper of Livery
15. Industry or Business self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud J. Weseman
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Verndale, Minnesota (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 10:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Maude J. Frazier (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 36 years, and that Dr. J.M. Fairly (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred L. Frazier Signature
Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of July, 19 42.

(SEAL) Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352810
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Parker, Idaho

4. FULL NAME OF CHILD HAZEN RICH JACKSON

5. Date of Birth of Child (Month, day, year) May 1, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles William Jackson
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Paradise (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter and farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luella Lodema Clegg
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Smithfield (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife and mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 36 years, and that Dr. George Hyde (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles William Jackson Signature
242 E 1st So. Salt Lake City, Utah. P. O. Address

Subscribed and sworn to before me this 20 day of July, 1942
(SEAL) James Mills Notary Public, residing at 351 So 3 Ea S Lake City, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mary F Elder, Registrar.

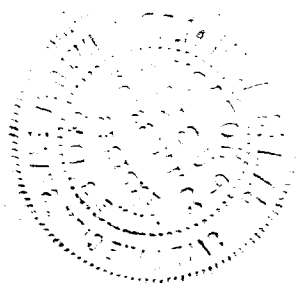
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 352871

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LEMHI (b) City Gibbonville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county [illegible] years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fenhr
   (c) City Gibbonville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gibbonville Ida.

4. **FULL NAME OF CHILD** Marion Jay Glavin

5. Date of Birth of Child (Month, day, year) 3-9-1906

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Thomas Frances Glavin
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Marsalles (City or town) Illinois (State or foreign country)
14. Exact Occupation Dairyman
15. Industry or Business Dairyman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Glorgia Anne Jaylor
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Yakima (City or town) Wash. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5 A.M. on the date and at the place stated above, and that personal particulars were furnished by Martha B. Allan (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address 2122 NE 58th Ave. Portland, Oregon Date July 27, 1942

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 29 years, and that I (First name) (Last name), who attended this birth [illegible]. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha B. Allan Signature

2122 NE 58th Ave., Portland, Oregon P. O. Address

Subscribed and sworn to before me this 27th day of July, 1942

(SEAL) E. M. Mochtzer Notary Public residing at Portland, Oregon

NOTARY PUBLIC FOR OREGON

MY COMMISSION EXPIRES FEB. 4, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 29 1942 by Mary J. Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 31 1942

OCT 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318 718 021 916

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352876
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No. E Oneida
(d) Name of Hospital or Maternity Home: at home of Parents
(e) Mother's stay **BEFORE** delivery: at home
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No. E Oneida
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Louis Milton Taylor

5. Date of Birth of Child (Month, day, year) Jan 18-1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lamoni Taylor
11. Color or Race white
12. Age at time of THIS birth 51 yrs.
13. Birthplace Plain City Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business no

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leonora Obedience Rawson
17. Color or Race white
18. Age at time of THIS birth 49 yrs.
19. Birthplace Ogden Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business no

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature deceased — M.D. Midwife — Address — Date

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 36 years, and that ALLEN R. CUTLER (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rawson Taylor Signature
Smithfield Utah P. O. Address

Subscribed and sworn to before me this 27 day of July, 1947

Comm Expires 2-4-46 (SEAL) Russell Prockett Notary Public, residing at Logan Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 28 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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819-203036 623

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352909
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LEMHI (b) City SALMON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LEMHI
(c) City SALMON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21½ yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD MYRTLE HELEN HARRIS

5. Date of Birth of Child (Month, day, year) OCT. 3, 1906

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME RICHARD HARRIS
11. Color or Race WHITE **12.** Age at time of THIS birth 35 yrs.
13. Birthplace MICHIGAN (City or town) (State or foreign country)
14. Exact Occupation COMMON LABORER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME CHARLOTTE GERTRUDE OSTRANDER
17. Color or Race WHITE **18.** Age at time of THIS birth 27 yrs.
19. Birthplace KANSAS (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO } ss.
County of LEMHI }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT BY MARRIAGE (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that DR. F. S. WRIGHT (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Abbie Ostrander Signature
SALMON, IDAHO P. O. Address

Subscribed and sworn to before me this 28th day of JULY, 1942
(SEAL) Maurice C. McBride Notary Public, residing at SALMON, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 30 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws, has not been recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County OWYHEE (b) City HOMEDALE
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: ~~IN THIS county~~ 1 ~~years~~ months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County OWYHEE
(c) City HOMEDALE
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) HOMEDALE, IDA.

4. FULL NAME OF CHILD LAWRENCE WILBER BENHAM

5. Date of Birth of Child (Month, day, year) APRIL 8, 1906

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WILLIAM JAY BENHAM
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace PLOVER (City or town) WISCONSIN (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** GERTRUDE MAY COATS
17. Color or Race WHITE
18. Age at time of THIS birth 29 yrs.
19. Birthplace (City or town) MINNESOTA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by GERTRUDE MAY COATS (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Mary R. [illegible] M.D. Midwife Address 49 C Moss St Eugene Ore Date 7-7-42

State of..... }ss.
County of..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above ~~are true to the best of my~~ knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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555-28(01)792 AUG 3 1942

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 352975
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Meridian
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 90 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Garden Valley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Genevieve Marie Needles

5. Date of Birth of Child (Month, day, year) Jan. 18, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Dennis S Needles
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Tensas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leona Aiken
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum No

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 5-6 years of age, that I have known this person for 3 6 years, and that Dr. Carr (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leona Aiken Needles
Signature

Garden Valley Idaho
P. O. Address

Subscribed and sworn to before me this 31 day of August, 1942

(SEAL)

N. B. Foy
Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1942 by Maud Fields, Registrar.

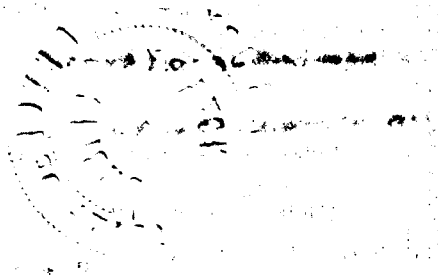
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 352982

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Rural District

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: None

(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Boise

(c) City Rural District

(d) Street Address or R.F.D. No. Rural

(e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Bertrand Sylvester Bay

5. Date of Birth of Child (Month, day, year) Nov. 16, 1906

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Sylvester Bay

11. Color or Race White **12.** Age at time of THIS birth 30 yrs.

13. Birthplace Honey Creek (City or town) Iowa (State or foreign country)

14. Exact Occupation Lumberman

15. Industry or Business Lobar.

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Virginia Ivers

17. Color or Race White **18.** Age at time of THIS birth 25 yrs.

19. Birthplace Stockton (City or town) Kansas (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that Mattie Royce (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Alice Virginia Ivers Bay Signature

1712 Idaho Ave. Boise Idaho P. O. Address

Subscribed and sworn to before me this 4th day of August, 1942

(SEAL) Charles P. Reddock Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 4 - 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314 2250 14 AUG 4 - 1942 913

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Nampa
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 14 years 6 months 17 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Anna Elizabeth Campbell
5. Date of Birth (Month, day, year) Nov 25th 1906
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Malcolm Fraser Campbell
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Larned (City or town) Kansas (State or foreign country)
14. Exact Occupation Accountant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Morton Ratcliff
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Portland Mills (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol of Nit.
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Laura Morton Ratcliffe (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) AUG 4 - 1942 (Date received) (b) Mabel F Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** J H Murray M.D. or ..... (D.O., Midwife, etc.)
and address Nampa Idaho Date Aug 3, 1942

State of California
County of San Diego } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura M. Campbell, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Anna ELIZABETH Campbell (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Murray (Name of attendant at birth), who attended said birth cannot be located (~~Is now deceased (or)~~ cannot be located) and that this birth **has not been previously recorded.**

Laura M. Campbell Name
1242 Prospect La Jolla Calif. P. O. Address

Subscribed and sworn to before me on this 19th day of May 1942

(SEAL) [signature] Notary Public, residing at LA JOLLA, CALIF.

My Commission Expires Oct. 30, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter ~~191, 1911~~ Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ....
Local Reg. No. ....
Reg. Dist. No. ....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise

(c) Street Address or R.F.D. No. ....

(d) Name of Hospital or Maternity Home: at Home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county ... years ... months ... days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State ... (b) County ...

(c) City ...

(d) Street Address or R.F.D. No. ...

(e) How long has **MOTHER** lived in Idaho? ... yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Margaret C. Clark

5. Date of Birth of Child (Month, day, year) June 8th 1906

6. Sex F

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Earl D. Clark

11. Color or Race W

12. Age at time of THIS birth 24 yrs.

13. Birthplace Ohio (City or town) (State or foreign country)

14. Exact Occupation Hardware Mer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel L Tomkins

17. Color or Race W

18. Age at time of THIS birth 20 yrs.

19. Birthplace Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Crede Sol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by mother (First name) (Last name), who is related to this child as ... (Mother, etc.)

25. Attendant's **OWN** signature John Beck M.D. Midwife Address Boise Ida Date July 12-42

State of ... } ss.
County of ... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that ... (First name) ... (Last name), who attended this birth ... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

... Signature

... P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ... Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 14 1942 by Mary F Elder, Registrar.

AUG 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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BOTH DELAYED

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **353039**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Joseph's Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county X years X months X days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Wash. (b) County Asotin
(c) City Clarkston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Clarkston, Wash

4. FULL NAME OF CHILD Laurence Fitch Clemenson

5. Date of Birth of Child (Month, day, year) 8/17/1906

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William M. Clemenson
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Minnesota (City or town) (State or foreign country)
14. Exact Occupation Post-master Clarkston Wn
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude May Fitch
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Hartford, Mich. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Lane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for Approx 36 years, and that Mrs. Morris (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further ~~state that~~ the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude F. Clemenson Signature
Rt. #2 Eugene, Ore. P. O. Address

Subscribed and sworn to before me this 15th day of July 1942.
(SEAL) Jennie Hodes Notary Public, residing at Eugene Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Commission expires 3/3/44

Received for filing on JUL 31 1942 by Mark Taylor, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1942

MAR 15 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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255-202007-396

353071

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Baline (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Idaho

4. FULL NAME OF CHILD Ruth Beeman

5. Date of Birth of Child (Month, day, year) March 2, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Martindale Beeman
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie May Tiffany
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Nevada (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5:00 A M. on the date and at the place stated above, and that personal particulars were furnished by Annie May Butler (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Lane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 35 years, and that (unknown) (First name) Ross (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie May Butler Signature
995 W. 8th Ave. Eugene, Oregon. P. O. Address

Subscribed and sworn to before me this 23rd day of February, 1942

(SEAL) Loulla J. Somers Notary Public, residing at Eugene, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My com. exp. 5-4-45

Received for filing on AUG 3 1942 by Mabel Keller, Registrar.

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365703028-393

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353095
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Harrison, Id.

4. FULL NAME OF CHILD Domenico Tonti

5. Date of Birth of Child (Month, day, year) Jan. 3, 1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd No

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Antonio Tonti
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace (City or town) Italy (State or foreign country)
14. Exact Occupation Labor man on Railroad
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Filomenia Lilli
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 36 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Filomena Lilli Signature
519 Fisk Spokane, Wash P. O. Address

Subscribed and sworn to before me this 1st day of August, 1942

(SEAL) G. M. Ferris Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1942 by Mabel F. Elsfers, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and filed by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815 202036-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353100
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Mink Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Mink Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Hilda Adella Hansen

5. Date of Birth of Child (Month, day, year) March 2,1906

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hans Peter Hansen
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Do not know (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nelsena Bergquist
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Do not know (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 22 years, and that Adra Keller (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Hans Peter Hansen Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ..... 1942, 19.....

(SEAL) [signature] Notary Public, residing at ..... Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 6 1977

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

954-228025-295

353112

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Idaho (b) City Ferdinand
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home: Farm Home
   (e) Mother's stay **BEFORE** delivery: None
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Ferdinand
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.
   (f) Mother's mailing address Ferdinand, Idaho

3. **RESIDENCE of FATHER** (city, state) Ferdinand, Idaho

4. **FULL NAME OF CHILD** Lela May Redford

5. Date of Birth (Month, day year) October 28, 1906

6. Sex Remale

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Alvin Redford
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Railway Engineer
15. Industry or Business Railway Engineer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Claire Kincaid
17. Color or Race White
18. Age at time of THIS birth 25 yrs
19. Birthplace Palouse (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, ~~stillborn~~)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 3 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Jackson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Gladys Bartlett, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lela May Redford Mix (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that physician (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Gladys Bartlett Signature

Craigmont, Idaho. P. O. Address

Subscribed and sworn to before me on this 31st day of July, 1942

(SEAL) Lucy Seidler Notary Public, residing at McMinnville Oregon

MY COMMISSION EXPIRES DEC. 4, 1945.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

653-13-1035 789

353114

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Larry Welker.

5. Date of Birth of Child (Month, day, year) Dec. 31, 1906

6. Sex Male. **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William A. Welker
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace State of Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Phillips
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace State of Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 24 above, that I am now 62 years of age, that I have known this person for 35 years, and that Mrs. Paul Welker (First name) (Last name), who attended this birth Dead. (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susannie Phillips Welker Signature
Lewiston, Idaho R. O. Address

Subscribed and sworn to before me this 30th day of July 1942

(SEAL) John R. Phillips Notary Public, residing at Lewiston Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1942 by Mark Hedden, Registrar.

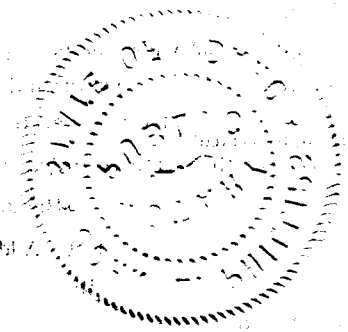
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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353118

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353118
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City CUPRUM
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery: IN THIS county Yes years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Washington
(c) City CUPRUM
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) 7-8 yrs.

4. FULL NAME OF CHILD MARY ELIZABETH PORTER

5. Date of Birth of Child (Month, day, year) 6-5-06

6. Sex Female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME CHARLES PORTER
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Paris (City or town) France (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME JESSIE ELIZABETH MILLARD
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Lake Mills (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon } ss.
County of Douglas }

I, the undersigned, being first duly sworn, say that I am the Friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 36 years, and that Dr. Wm. M. Brown (First name) (Last name), who attended this birth Deceased (Is now deceased) or Cannot be located (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A O Hunter Signature
Myrtle Creek Ore P.O. Address

Subscribed and sworn to before me this 25 day of July 1942

(SEAL) [illegible] Notary Public, residing at Myrtle Creek Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1932.) My commission expires 1-1-1945

Received for filing on AUG 1 1942 by Mabel L. Baker, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-125010-439

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353123
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls IDA.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Bonneville Co. Idaho

4. FULL NAME OF CHILD Lay Warren Taylor

5. Date of Birth of Child (Month, day, year) May 25-1906

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy CHRISTENED - AUG 28. 1906

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Riley Taylor
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Far West (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Grace McIntire
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Far West (City or town) Utah (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 36 years, and that Dr. Tucker (First name) and Julia Dobell (Last name), who attended this birth are now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wm P. Taylor
Signature
RFD #1, Idaho Falls, Idaho
P. O. Address

Subscribed and sworn to before me this 25th day of July, 1942

(SEAL) L. V. Merrill Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1942 by Mark Peterson, Registrar.

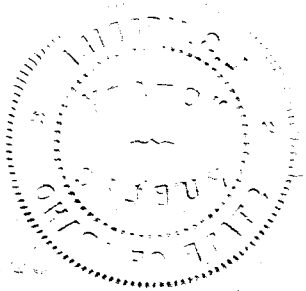
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of LATAH
City of MOSCOW
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

353135

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD ALONZO DRISKO HINCKLEY

3. Sex: MALE

If plural births: 4. Twin, triplet, or other SINGLE; Premature ..... Full term YES; 5. Number, in order of birth FIVE

7. Legitimate? YES

8. Date of birth NOV. 10, 1906 (Month, Day, Year)

FATHER

9. Full name: ALBERT LEOPOLD HINCKLEY
10. Residence (usual place of abode) (If non-resident, give place and State) MOSCOW, IDA.
11. Color or race WHITE | 12. Age at last birthday 43 (years)
13. Birthplace (city or place) ADDISON (State or Country) MAINE

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. FARMING
16. Date (month and year) last engaged in this work NOVEMBER, 1906
17. Total time (years) spent in this work 23

MOTHER

18. Full maiden name: DORA ALVINA HINST
19. Residence (usual place of abode) (If non-resident, give place and State) MOSCOW, IDA.
20. Color or race WHITE | 21. Age at last birthday 33 (years)
22. Birthplace (city or place) YREKA (State or Country) CALIF.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN HOME
25. Date (month and year) last engaged in this work NOVEMBER, 1906
26. Total time (years) spent in this work 17

27. What prophylactic was used to prevent Ophthalmia Neonatorum? CANNOT STATE
28. Number of children of this mother (At time of this birth and including this child) FIVE
(a) Born alive and now living 4. (b) Born alive but now dead ONE (c) Stillborn NONE
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6:30 AM m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed AUG 3 1942, 193. Mark Keeler
Registrar.

.....
Registrar.

DELAYED

895-110-029 895

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California } ss.
County of Alameda }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Dora Hirst Hinckley being first duly sworn says that ..... is the ~~Son~~ Mother of ~~Marian Isabel~~ Alonzo Drisko Hinckley
(Relationship of child)*

born November 10, 1906 at Moscow Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Alonzo Drisko Hinckley hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ..... M. D. was the Midwife medical attendant at the birth of said ..... and that the said medical attendant is Dead.
(Now deceased (or) cannot be located)

Name of Affiant Mrs Dora Hirst Hinckley
P. O. Address 2920 Allegan Ave Berkeley Calif

Subscribed and sworn to before me this 11th day of July, 1942

[signature]
Notary Public.

Notary Public in and for the County of Alameda State of California

Residing at ....., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires January 5, 1944

AUG 3 1942

AUG 17 1942

219 122044 469

353166

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Wash. (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 8 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale-Ida

4. FULL NAME OF CHILD Frank Eugene Barber

5. Date of Birth of Child (Month, day, year) Apr. 22, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Homer Jefferson Barber
11. Color or Race American **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Brookville (City or town) Penna. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lottie Electa Dorothy
17. Color or Race American **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Cortland - Illinoise (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that Mrs. (First name) Stewart (Last name) who attended this birth Can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lottie Electa Barber Signature

Semloh Hotel Nampa-Ida. P. O. Address

Subscribed and sworn to before me this 30 day of July, 1942

(SEAL) Donald C. Potter Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 4 1942 by Mabel McEldowney, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-20603012

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353181
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Carmen
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Carmen
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Carmen Idaho

4. FULL NAME OF CHILD Jennie Maple Roberts

5. Date of Birth of Child (Month, day, year) Feb. 6, 1906

6. Sex Female

7. Twin ~~Triplet~~ If so—born 1st 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Newell Roberts

11. Color or Race White

12. Age at time of THIS birth Not given yrs.

13. Birthplace Vermont (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Hastie

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Central City Colorado (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Roberts (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Emma L. Nieman M.D. Midwife Address Carmen Idaho Date July 22, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 4 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 18 1961

AUG 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

494 110-008-494

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

2

State File No. 353200
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Boise
(c) Street Address or R.F.D. No. Washington St.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Boise
(d) Street Address or R.F.D. No. Washington
(e) How long has **MOTHER** lived in Idaho? 8 Months

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Herbert Flint Middleton

5. Date of Birth of Child (Month, day, year) March 10, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herbert N. Middleton
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Goderich, Ontario, Canada (City or town) (State or foreign country)
14. Exact Occupation Department Store Manager
15. Industry or Business Retail Drygoods

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Nancy Middleton
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Randolph Vermont (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 36 years, and that Doctor Maxey (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Lena Nancy Middleton Signature
488 Chetwood St. Oakland, Calif P. O. Address

My Commission Expires May 20, 1944

Subscribed and sworn to before me this 1st day of August, 1942

(SEAL) Alma B. Thome Notary Public, residing at Oakland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 5 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 7 1942
DEC 4 1944
DEC 20
OCT 24 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

344-106-040-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353245
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** BLACK CLOUD-NEAR
(a) County SHOSHONE (b) City WALLACE
(c) Street Address or R F.D No. NOT KNOWN
(d) Name of Hospital or Maternity Home: NOT KNOWN
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County SHOSHONE
(c) City BLACK CLOUD
(d) Street Address or R.F.D. No. NOT KNOWN
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** EARL FINLAY CUMMINGS

5. Date of Birth (Month, day, year) MARCH 6-1906

6. Sex. MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** FINLAY ALEXANDER CUMMINGS
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace SUNNY BRAE (City or town) NOVA SCOTIA CANADA (State or foreign country)
14. Exact Occupation LOCOMOTIVE FIREMAN OR
15. Industry or Business CARPENTER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JEANETTE STUART MAC DONALD
17. Color or Race WHITE
18. Age at time of THIS birth 32 years
19. Birthplace NEW GLASGOW (City or town) NOVA SCOTIA CANADA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, ~~stillborn~~) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

26. (a) AUG 6 1942 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George W. McDonald, being first duly sworn, say that I am RELATED TO (Related to (or) ~~acquainted with~~) EARL FINLAY CUMMINGS (Name of person on certificate above) as ~~AUNT~~ UNCLE (State relationship or ~~acquaintance~~), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that UNKNOWN (Name of attendant at birth), who attended said birth CANNOT be LOCATED ~~IS NOW DECEASED~~ (Is now deceased (or) ~~cannot be located~~) and that this birth **has not been previously recorded.**

George W. MacDonald Name
1637 N. Benton Way - Los Angeles Calif. P. O. Address

Subscribed and sworn to before me on this 3 day of August, 1942

(SEAL) Anna M. Westcott Notary Public, residing at Los Angeles, Calif.

ANNA M. WESTCOTT, NOTARY PUBLIC

My Commission Expires January 27, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-226035-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **353310**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Ilo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 7 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Ilo
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ilo, Ida

4. **FULL NAME OF CHILD** Norma June Lenz

5. Date of Birth of Child (Month, day, year) June 26, 1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John G. Lenz
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Buffalo Prairie Ill (City or town) (State or foreign country)
14. Exact Occupation Physician
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Mae Scheib
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Baldwin Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate solution
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5 P M. on the date and at the place stated above, and that personal particulars were furnished by John G. Lenz (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature John G. Lenz M.D. ~~Midwife~~ Address Redondo Beach, Calif Reg 4, 1912 Ilo, Idaho Date July 1, 1906

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 7 1942 by Mabel Fletcher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

645-216 036 415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353313
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Onida (b) City Battle Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Onida
(c) City Battle creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clara Alvina Fuell

5. Date of Birth of Child (Month, day, year) 1-16-06

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Edson Fuell
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Pranegate Valley Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Ann Manning
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Richfield Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7 AM M. on the date and at the place stated above, and that personal particulars were furnished by Clara Ann Manning (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 36 years, and that Nancy Bechstead Jones (First name) (Last name), who attended this birth at Paton Idaho (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Ann Manning Signature
135 W 4 So Logan Utah P. O. Address

Subscribed and sworn to before me this 21 day of July, 1942

(SEAL) [illegible] Notary Public, residing at Logan Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

735-223016 689

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **353340**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Elba
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 6 months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Elba
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 57 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kimberly Idaho

4. **FULL NAME OF CHILD** Velta Lorain Glenn

5. Date of Birth of Child (Month, day, year) 23 March 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James D Glenn
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Malena Whitaker
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Willard (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Margaret M Glenn (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 36 years, and that Minerva Leavitt (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret M Glenn Signature

Kimberly Idaho Route #1 P. O. Address

Subscribed and sworn to before me this 30 day of July 1942

(SEAL)

Notary Public, residing at Twin Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 8 1942 by Mabel Hale, Registrar.

AUG 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553 101 04 165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353350
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Ida

4. FULL NAME OF CHILD Samuel Dee Nelson

5. Date of Birth of Child (Month, day, year) Nov. 1, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Wildon Nelson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Humboldt (City or town) Tennessee (State or foreign country)
14. Exact Occupation Retired
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Maude Jones
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace De Soto (City or town), Ill. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Tenn.
County of Gibson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that Dr (First name) Coller (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Wildon Nelson Signature
RFD#5 Humboldt Tenn P. O. Address

Subscribed and sworn to before me this 7 day of July, 1942
(SEAL) Grace Warmath Notary Public, residing at Humboldt Tenn
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 8 1942 by Mabel F. Eckert, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 3 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-21 0020463

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353396
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Elmore (b) City Glenns Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenns Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Verona Frances Brandtner

5. Date of Birth of Child (Month, day, year) March 10- 1906

6. Sex Female

7. Twin or Triplet If so—born ~~1st~~, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Edward Brandtner
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Machinist. Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Rockhill [redacted]tner
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Spanish Fork (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Elmore }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 36 years, and that Dr Mahaney (First name) (Last name), who attended this birth (~~Is now deceased~~) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. R. E. Titus Signature
447 Hillcrest Apts Salt Lake City P. O. Address

Subscribed and sworn to before me this 16th day of July, 1942.

(SEAL) Frank A. Titus Notary Public, residing at Jerome, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1942 by [illegible], Registrar.

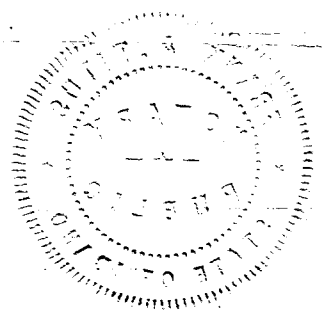
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



291 111 014 334

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353491
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 503 10th Ave. S.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 503 10th Ave. S.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Andrew Jackson Brandt

5. Date of Birth of Child (Month, day, year) 10/11/06

6. Sex m

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Herman L. Brandt
11. Color or Race white
12. Age at time of THIS birth 49 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margarette Grace Clum
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Galesburg, Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sul Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by M. Grace Brandt (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature J. H. Murray M.D. ~~Midwife~~ Address Nampa, Idaho Date 6/13/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated).

Received for filing on AUG 12 1942 by Mary I. Hatch, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-131-006-796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353550
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Woodville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: stayed at home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Woodsville
(d) Street Address or R.F.D. No. 7
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Arthur Elmer Moore

5. Date of Birth of Child (Month, day, year) Aug 31, 1906

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd no

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arthur Oliver Moore
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Wilkesburg N. Carolina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helena Gifford
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Hooper (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, ~~and that~~ personal particulars were furnished by Helena Moore (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature W. Kinnaird M.D. ~~Midwife~~ Address 5138 1/2 Vic Langpre Ave Los Angeles Cal. Date Aug 10/42

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 36 years, and that Dr Kinnard (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helena Gifford Moore Signature
Route 3 Rexburg Idaho P. O. Address

Subscribed and sworn to before me this 30 day of July, 1942
(SEAL) Notary Public, residing at Rexburg, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

614-204-016-255

353554

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Elba
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years 9 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Elba
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25-3/4 yrs.

3. RESIDENCE OF FATHER (city, state) Elba, Idaho

4. FULL NAME OF CHILD Ardys Irene Hadfield

5. Date of Birth of Child (Month, day, year) May 4, 1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Wells Hadfield
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Elba (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming & Stockraising
15. Industry or Business Ranching

MOTHER OF CHILD

16. FULL MAIDEN NAME Sylvia Abigail Beecher
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Willard (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Davis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 36 years, and that Mabel (First name) Brewerton (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sylvia A. Hadfield Signature

Clearfield, Utah P. O. Address

Subscribed and sworn to before me this 11th day of Aug., 1942

(SEAL) Notary Public, residing at Clearfield, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 13 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335-224-001-766

353567

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353567
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) 64

4. FULL NAME OF CHILD Darcy Anna Clendenin

5. Date of Birth of Child (Month, day, year) January 24th 1906

6. Sex female **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Richard Carroll Clendenin
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Fort Carroll (City or town) Montana (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Darcy Mary Pfost
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Boise valley (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children ~~of this mother:~~ (a) At time of birth and including this child one (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Humboldt }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 36 years, and that Dr. C L Dutton (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Richard Carroll Clendenin Signature

Arcata, Calif Gen Del P. O. Address

Subscribed and sworn to before me this 7th day of August, 1942

(SEAL) William A Smith Notary Public, residing at Eureka, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission expires May 13, 1943.

Received for filing on AUG 14 1942 by Registrar.

JUN 3 0 1970

AUG 1 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

142-120-028-263

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353570
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai, now Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai, now Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Cleman Actford Adsitt

5. Date of Birth of Child (Month, day, year) Oct. 20, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Franklin Ernest Adsitt
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Near Green Lake, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Amy May Butterfield
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Lochiel, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 35 years, and that Mrs. Ludwig Anderson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amy May Adsitt Signature

507 Hawley Place, Spokane, Washington P. O. Address

Subscribed and sworn to before me this 1st day of August, 1942

(SEAL) Notary Public, residing at Kellogg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 13 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-224-044-235

353579

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City
(c) Street Address or R.F.D. No. Indian Valley
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Council
(d) Street Address or R.F.D. No. Gen Del
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Council Idaho

4. FULL NAME OF CHILD Jennie May Woods

5. Date of Birth of Child (Month, day, year) Aug. 24-1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Alvie Woods
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Cassia (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Thomas Stewart
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Council (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Jennie May Woods (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 35 years, and that R. G. Stewart (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
Rt. 3 Box 195 Renton, Wn.
P. O. Address

Subscribed and sworn to before me this 10 day of Aug., 1942

(SEAL) J. F. Crook Notary Public, residing at Renton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 13 1942 by Mabel F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

916-106-018-396

353581

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Clearwater (b) City Troy
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Troy
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Percil Bentley Rafferty

5. Date of Birth of Child (Month, day, year) Feb. 6, 1906

6. Sex Male. 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd 1

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Rafferty
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace State of Ky. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business 11

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie May Crow
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace State of Ida. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business No. 11

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

Old Friend

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that Mae Blackburn (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Frost Signature
Lenore, Idaho R. D. Address

Subscribed and sworn to before me this 29 day of July, 1942.

(SEAL) John R. O'Reilly Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 13 1942 by Mark Wilson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

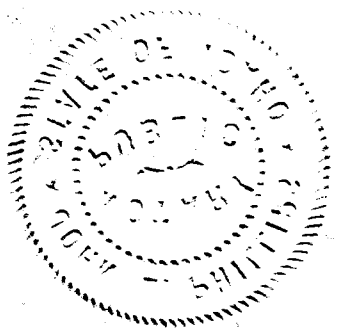
AUG 17 1942

NOV 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



954-230-040-381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353587
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mowery and St Jean
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Wallace, Idaho

4. FULL NAME OF CHILD Geraldine Lucille Redmond

5. Date of Birth of Child (Month, day, year) 7-30-1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Henry Redmond
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Evanston, Wyoming (City or town) (State or foreign country)
14. Exact Occupation Pattern maker
15. Industry or Business Wallace Foundry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Mae Charley
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Eagle Point, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by John Henry Redmond (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Klamath } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 35 years, and that Dr. Mowery (First name) (Last name), who attended this birth cannot be located (~~Is now deceased~~) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Henry Redmond Signature
6037 Simmers Ave., Klamath Falls, Oregon. P. O. Address

Subscribed and sworn to before me this 21 day of July, 1942.

(SEAL) E B Redman Notary Public, residing at Klamath Falls, Or

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1942 by Mabel F Elsfers, Registrar.

AUG 14 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699-227-14-739

AUG 21 1942

353645

353645

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leah Mae Wright

5. Date of Birth of Child (Month, day, year) Nov. 27, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arch Wright

11. Color or Race W

12. Age at time of THIS birth 24 yrs.

13. Birthplace Bentley, (City or town) Illinois (State or foreign country)

14. Exact Occupation Mill hand

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Arnettie Glines

17. Color or Race W

18. Age at time of THIS birth 24 yrs.

19. Birthplace Carthage, (City or town) Illinois (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for life years, and that Minerva Perry (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Arnettie Wright Signature

Parma, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of August, 1942

(SEAL) Marion E. Orr Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1942 by Mark F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 21 1942

NOV 8 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-20-04-294

353648

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353648
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Ada (b) City Boise
   (c) Street Address or ~~R.F.D.~~ No. 1812 No. 14th St
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county 14 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or ~~R.F.D.~~ No. 1814 No. 14th
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.
   (f) Mother's mailing address (For registration notice):
   1814 No. 14th St Boise, Idaho
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Varletta May Buchanan

5. **DATE OF BIRTH** (Month, day, year) June 1st 1906

6. Sex female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. **FULL NAME**	James Alfred Buchanan	16. **FULL MAIDEN NAME**	Lucy Maud Bruno
11. Color or Race	White	17. Color or Race	White
12. Age at time of THIS birth	27 yrs.	18. Age at time of THIS birth	21 yrs.
13. Birthplace (City or Town) (State or foreign country)	Wellington Kansas	19. Birthplace (City or Town) (State or foreign country)	Moroni Utah
14. Exact Occupation	Janitor	20. Exact Occupation	Housewife
15. Industry Business	in Hardware Store	21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5:20 A.M. on the date and at the place stated above, and that personal particulars were furnished by James Buchanan (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) AUG 21 1942 (Date received) (b) Maud Fielder (Registrar's signature)

25. Attendant's **OWN signature** J. M. Taylor M.D. (D.O., Midwife, etc.)
and address Boise, Idaho Date 8-20-1942

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

AUG 31 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

294-125-022-119 353660

353660

United States
Department of Commerce
Bureau of the Census

AUG 24 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemont (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home.
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county Yes years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg Idaho

4. FULL NAME OF CHILD Arnold William Ezra Simmons

5. Date of Birth of Child (Month, day, year) 26 Feb 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Waco Simmons
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Maysville (City or town) Georgia (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Annie Jarris
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 130 P M. on the date and at the place stated above, and that personal particulars were furnished by Florence (First name) Simmons (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Freemont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 36 years, and that George (First name) Hyde (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Florence Simmons Signature
1010 Sherman P. O. Address

Subscribed and sworn to before me this 20th day of April 1942

(SEAL) H. N. Graham Notary Public, residing at NOTARY PUBLIC FOR IDAHO Residence, Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires Nov. 23, 1945

Received for filing on AUG 24 1942 by Mavel F Elder, Registrar.

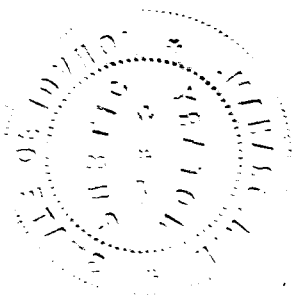
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



281-131-014-295

353680

United States Department of Commerce
Bureau of the Census

AUG 27 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353680
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Middleton
   (c) Street Address or R.F.D. No. Rt. 1
   (d) Name of Hospital or Maternity Home: At home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Middleton
   (d) Street Address or R.F.D. No. Rt. 1
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Middleton

4. **FULL NAME OF CHILD** Lloyd John Shaffer

5. Date of Birth of Child (Month, day, year) Dec. 31, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Jefferson Shaffer
11. Color or Race wh
12. Age at time of THIS birth 28 yrs.
13. Birthplace Lawrence Co., (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosetta Breshears
17. Color or Race wh
18. Age at time of THIS birth 25 yrs.
19. Birthplace (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature C W Hall / M.D. Midwife Address Boise Idaho, Date Aug 7-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 27 1942 by Maud E Felder, Registrar.

AUG 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

195-104-010-319

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353693
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Eugene Clifford Arnold

5. Date of Birth of Child (Month, day, year) May 4 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John William Carrold

11. Color or Race White

12. Age at time of THIS birth 44 yrs.

13. Birthplace [illegible] County (City or town) (State or foreign country) New York

14. Exact Occupation farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jellmera Naomi Leonard

17. Color or Race White

18. Age at time of THIS birth 38 yrs.

19. Birthplace Dawson County (City or town) Nebraska (State or foreign country)

20. Exact Occupation City Widow

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by X (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon } ss.
County of Douglas }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 36 years, and that Doctor (First name) (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jellmera Naomi Leonard Phillips Signature
Oakland Oregon P. O. Address

Subscribed and sworn to before me this 15 day of June, 19 42

(SEAL) [illegible] Notary Public, residing at Oakland Or

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 14 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-116-004-912

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353696
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Georgetown
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay BEFORE delivery: IN THIS county 0 years 6 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Georgetown
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 59 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Eugene Merlin Wilde

5. Date of Birth of Child (Month, day, year) Aug. 16th, 1906

6. Sex Male

7. Twin or Triplet ——— If so—born 1st, 2nd, 3rd ———

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Milton Leonard Wilde

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Brigham City (City or town) Utah (State or foreign country)

14. Exact Occupation Ranching

15. Industry or Business same

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Rasmussen

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Mink Creek (City or town) Idaho (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of ~~birth~~ and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bear Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Natural Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 35 years, and that Catherine (First name) Rasmussen (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine R Wilde Signature

Georgetown, Idaho P. O. Address

Subscribed and sworn to before me this 3 day of August 1942

(SEAL) Ken Adams Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 14 1942 by Mabel Hedden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-110-21K-866

353708

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Roswell
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Roswell
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 21/2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Hubert Davies

5. Date of Birth of Child (Month, day, year) Aug. 10, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William T. Davies
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Pontiac (City or town) Illinois (State or foreign country)
14. Exact Occupation Mason - Contractor
15. Industry or Business Self

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Grace Howard
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Chenoa (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Self

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Illinois } ss.
County of Livingston }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 36 years, and that Charlie Allen, M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. W. T. Davies Signature
602 W. South St. Pontiac Ill. P. O. Address

Subscribed and sworn to before me this 4th day of August, 1942

(SEAL) Robert L. Stevenson Notary Public, residing at Long Point Ill.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 15 1942 by Mabel Nelson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-21-21K-693

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353713
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City New Plymouth
(c) Street Address or R.F.D. No. #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City New Plymouth
(d) Street Address or R.F.D. No. #1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) New Plymouth

4. **FULL NAME OF CHILD** Earl Fremont McClure

5. Date of Birth of Child (Month, day, year) March 21, 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Fremont McClure
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Marion Co. (City or town) Illinois (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Williams
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Jackson Co. (City or town) Ohio (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by own knowledge (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for all his life years, and that no (First name) doctor (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sadie M. Kroot Signature

Fruitland, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of August, 1942

(SEAL) W. R. McClure. Notary Public, residing at Payette, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-911 Idaho Code Annotated)

Received for filing on AUG 18 1942 by Mark Peterson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

162-10-20-366

353716

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) 3 yrs

4. FULL NAME OF CHILD Kenneth Earl Joseph

5. Date of Birth of Child (Month, day, year) March 1st 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John A. Joseph

11. Color or Race white

12. Age at time of THIS birth 24 yrs.

13. Birthplace Seneca Co., Ohio (City or town) (State or foreign country)

14. Exact Occupation Hauling Freight at time

15. Industry or Business of child birth.

MOTHER OF CHILD

16. FULL MAIDEN NAME Estella Amada Cook

17. Color or Race white

18. Age at time of THIS birth 22 yrs.

19. Birthplace Sandusky Co. Ohio (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Ohio
County of Sandusky } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 36 years, and that Dr (First name) Mathews (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John A Joseph. Signature

162 Ashford Ave, Bellevue Ohio P. O. Address

Subscribed and sworn to before me this 14th day of August, 19 42

(SEAL) Edward L. Hiskey Notary Public, residing at Bellevue Ohio

EDWARD L. HISKEY
Notary Public
My Commission Expires April 4, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 18 1942 by Mark Keeler, Registrar.

AUG 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-102-033-255

353720

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. One
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county One years 3 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. One
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Leonard Wilbur Bergendorff

5. Date of Birth of Child (Month, day, year) Oct 2 1906

6. Sex Male **7.** Twin or Triplet If so born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Frank William Bergendorff
11. Color or Race Swedish **12.** Age at time of THIS birth 45 yrs.
13. Birthplace Stockholm (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Benson
17. Color or Race Swedish **18.** Age at time of THIS birth 42 yrs.
19. Birthplace Stockholm (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used to my knowledge
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 35 years, and that Mrs. Henery (First name) Johnson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Henry Beattie Signature
Rexburg R. I P. O. Address

Subscribed and sworn to before me this 5 day of Aug, 1942

(SEAL) N A Reynolds Notary Public, residing at Pocatello Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

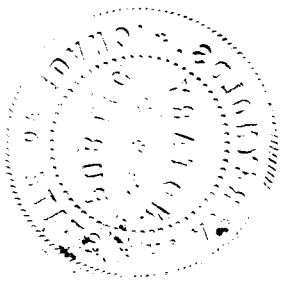
Received for filing on AUG 18 1942 by Mark Feller, Registrar.

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



545-223-016-766

353767

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Almo
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 0 months 30 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Tula Louise Lester Emerson

5. Date of Birth of Child (Month, day, year) Nov. 23,1906

6. Sex female 7. Twin or Triplet no If so—born ~~1st~~, 2nd, ~~3rd~~ == 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James William Sloan Emerson
11. Color or Race white 12. Age at time of THIS birth 42 yrs.
13. Birthplace Louisville (City or town) Kentucky (State or foreign country)
14. Exact Occupation physician & surgeon
15. Industry or Business general practice medicine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Gooding Emerson
17. Color or Race white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Ketchum (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not remember
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that Dr. J. W. S. Emerson (above) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud Gooding Paul Signature
(formerly Maud Gooding Emerson) Gooding, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of August, 1942.

(SEAL) Branch Bird Notary Public, residing at Gooding, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 1968

AUG 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-125-029-239

353780

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Viola
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: neither
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Viola
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Viola, Idaho

4. FULL NAME OF CHILD Marion Edward Bowles

5. Date of Birth of Child (Month, day, year) April 26-1906

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Chester Bowles
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Dalles (City or town) Oregon (State or foreign country)
14. Exact Occupation Trucking
15. Industry or Business Trucking

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Stiles
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace near Palouse (City or town) Wash. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 36 years, and that Dr. ..... (First name) Keith (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ida May Stiles Bowles Signature

P. O. Address

Subscribed and sworn to before me this 13th day of August, 1942

(SEAL) Fred D. Wooster Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws, has not been recorded,~~ or in ~~case~~ of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

842-10-028-842

353816

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Cataldo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Cataldo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cataldo, Ida.

4. **FULL NAME OF CHILD** Jennie Martha Hussa

5. Date of Birth of Child (Month, day, year) Sept. 10, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elial Petajaniemi Hussa
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Ilalo (City or town) Finland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Marie Hussa
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Oulainen (City or town), Finland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 a. M. on the date and at the place stated above, and that personal particulars were furnished by Anna (First name) Hussa (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Pauline Mack M.D. Midwife Address Cataldo, Idaho Date July 21, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1942 by Mary H. Golden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-216-034-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353841
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Rupert Ida

4. **FULL NAME OF CHILD** Grace WINIFRED BROWN

5. Date of Birth of Child (Month, day, year) Apr. 16 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wm Flemming Brown
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Pittsburg (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Improving Homestead
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Lucinda McClung
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Grundy Center (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 66 years of age, that I have known this person for since birth years, and that midwife - not known (First name) (Last name) who attended this birth not known (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Lucinda Brown Signature
Caldwell, Idaho R 4 P. O. Address

Subscribed and sworn to before me this 15th day of August, 1942

(SEAL) Emma E. Thompson Notary Public, residing at Caldwell Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 19 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 26 1942

AUG 8 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-108-037-459

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353842
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City De Lamar, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City De Lamar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD RALPH ALBERT TOWNSEND

5. Date of Birth of Child (Month, day, year) Jan. 8, 1906

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Vernon Townsend
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Silver City (City or town) Idaho (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business For Mine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Oneida Merrick
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Oneida County, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Attending Physician Dr. Farrer now dead.

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Malheur } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 36 years, and that Thomas Farrer (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Notary Public for Oregon
My Commission Expires March 26, 1943

Bessie Oneida Merrick Townsend Signature
Jordan Valley, Oregon P. O. Address

Subscribed and sworn to before me this 18 day of August, 1942
(SEAL) Gabriel Elord Notary Public, residing at Jordan Valley, Or

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 19 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 19 1970

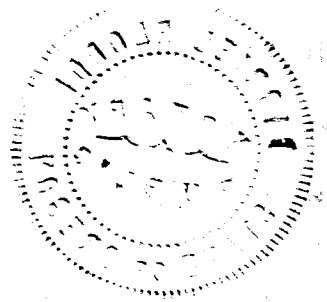
MAR 14 1975

AUG 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws,~~ has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



235-27-235-755

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353851
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nezperce (b) City Kendrick
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Kendrick
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** John Milford Blewett
5. Date of Birth of Child (Month, day, year) Nov. 27, 1906
6. Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd No
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Blewett
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace State of Wis. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business 11

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lily Peer
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace State of Ida. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business 11

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 36 years, and that Mrs. Mabby Peer (First name) (Last name), who attended this birth dead. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Richard T. Blewett Signature
Kendrick, Ida. P. O. Address

Subscribed and sworn to before me this 3 day of July, 1942.
(SEAL) John L. Phillips Notary Public, residing at Lewiston Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by Mark Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

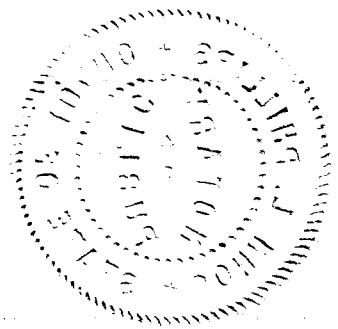
MAY 15 1967

AUG 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



2-5-93

DIED WA

93-90562

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census
844 221 019 219

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 354933
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 1017 West 6th St
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 4 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 1017 West 6th St
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Kathryn Elizabeth Humphrey

5. Date of Birth of Child (Month, day, year) Jan. 21, 1906

6. Sex Female

7. Twin or Triplet no. If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Greene Humphrey
11. Color or Race White
12. Age at time of THIS birth 61 yrs.
13. Birthplace Carter on the Sea (City or town) England (State or foreign country)
14. Exact Occupation Grocerymen
15. Industry or Business Contractor

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Jane Bartsche
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Wheatland (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho }
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 36 years, and that Dr. J. N. Clarke (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Jane Humphrey Signature
Moscow Idaho P. O. Address

Subscribed and sworn to before me this 11 day of June, 19 42
(SEAL) Maurice Greenberg Notary Public, residing at Moscow Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by Mabel Fielder, Registrar.

AUG 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

593 123 020-313

354941

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Glenns Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Hospital
(e) Mother's stay BEFORE delivery: IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenns Ferry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? nine yrs.

3. RESIDENCE OF FATHER (city, state) Glenns Ferry Ida

4. FULL NAME OF CHILD Fred Eichhorst

5. Date of Birth of Child (Month, day, year) Oct. 23 06

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ernst Eichhorst
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Muelheim (City or town) Germany (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Etta Latty
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Muskogee (City or town) Oklahoma (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Elmore }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 35 years, and that D.F. Doane (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernst Eichhorst Signature

Glenns Ferry Idaho P. O. Address

Subscribed and sworn to before me this 8th day of August, 1942.

(SEAL) Leo F. Robertson Notary Public, residing at Glenns Ferry Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by Mark Perkins, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 24 1942

FEB 2 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419 18001-215

354956

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise, Idaho
(c) Street Address or R.F.D. No. 415 Bannock St.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay BEFORE delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 415 Bannock
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Lorel LeRoy Marden

5. Date of Birth of Child (Month, day, year) Apr. 18, 1942

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd 1st. **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Mortimer Marden
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Jamaica Plains, Mass. (City or town) (State or foreign country)
14. Exact Occupation Deliverman in butcher
15. Industry or Business Shop None

MOTHER OF CHILD

16. FULL MAIDEN NAME Beulah Belle Sanders
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Hutan (City or town) County, Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Beulah B Beent (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's OWN signature James Stewart M.D. Address Boise Idaho Date Aug. 11-1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon } ss.
County of Deschutes }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 36 years, and that Dr. Stewart (First name) of Boise (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs. Beulah B Beent Signature

Redmond, Oregon P. O. Address

Subscribed and sworn to before me this 27 day of July 1942

(SEAL) Geo. H. Brownell Notary Public, residing at Redmond Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com expires 6/13/45

Received for filing on AUG 5 1942 by Mabel H. Lewis, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG - 4 1942
OCT 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-115-016-351

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 354964
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Sublett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Sublett
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Sublett, Idaho

4. FULL NAME OF CHILD Sirle Shirwood Powers

5. Date of Birth of Child (Month, day, year) Sept. 15 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Isaac S. Powers

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mae Leavitt

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace (City or town) Utah (State or foreign country)

20. Exact Occupation Teacher

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 35 years, and that Minerva Leavitt (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isaac S. Powers Signature

Burley Idaho P. O. Address

Subscribed and sworn to before me this 20 day of August, 1942

(SEAL) Vera Black Notary Public, residing at Burley Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1942 by Mabel Nielsen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-203 040-000

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 354997
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Kellogg
   (c) Street Address or R.F.D. No. x x x
   (d) Name of Hospital or Maternity Home: Born at her home.
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Kellogg
   (d) Street Address or R.F.D. No. xxx
   (e) How long has **MOTHER** lived in Idaho? Don't know yrs.

3. **RESIDENCE OF FATHER** (city, state) Kellogg, Ida.

4. **FULL NAME OF CHILD** Mona Aileen Davis

5. Date of Birth of Child (Month, day, year) August 3, 1906

6. Sex Female

7. Twin or Triplet x x

If so—born 1st, 2nd, 3rd x x

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** James Reid Davis
11. Color or Race White
12. Age at time of THIS birth ____ yrs.
13. Birthplace Oregon (City or town) (State or foreign country)
14. Exact Occupation Forest Ranger in Idaho
15. Industry or Business U.S.Forest Service

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth (Don't Know)
17. Color or Race White
18. Age at time of THIS birth ____ yrs.
19. Birthplace ____ (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business In the home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~None~~ Not Known.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address (No doctor or midwife known) Date

State of Washington } ss.
County of Whitman }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (foster mother) (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 36 years, and that (not known) (First name) (Last name), who attended this birth is ~~not~~ deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Anna L. Maguire Signature

1300 Maple Ave., Pullman, Washington. P. O. Address

Subscribed and sworn to before me this 17th day of August, 19 42.

(SEAL) Frank Sanger Notary Public, residing at Pullman, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 26 1942 by ____, Registrar.

AUG 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to ~~such date~~, such report may be received and filed by the local registrar ~~for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Mrs. Maguire and her husband - Dr. Maguire, took this child in her infancy and raised her.
She was not adopted.
Mrs. Maguire knows little about the child's mother - age, birthplace, etc.
She does not know if there was a doctor, midwife or nurse, present at the birth.
The natural parents are dead. Dr. ~~Maguire~~ is now dead.

D. C. Dow
Pullman, Wash.

236-221-006-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

355021

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Blackfoot
(c) Street address or R. F. D. No. Shilling Ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home Home Days
In THIS county 7 years — months — days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street address or R. F. D. No.
(e) How long has MOTHER lived in Idaho? — yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Senece Madelyn Stone

5. DATE OF BIRTH (Month, day, year) Sept. 21, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George L. Stone

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Five Point Utah (City or Town) (State or foreign country)

14. Exact Occupation Butcher

15. Industry or Business Meat Market

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Bell, Miller

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Plain City Utah (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Neo Nerol 20 To

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10:P M. on the date and at the place stated above, and that personal particulars were furnished by mother (First name) Ida Bell (Last name), who is related to this child as mother (Mother, etc.)

26. (a) AUG 24 1942 (Date received) (b) Mabel F. Elsfer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature W. E. Patrie M. D. (D. O., Midwife, etc.)
and address Blackfoot Ida Date July 10, 1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

AUG 26 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DELAYED

719-226-033-295

355024

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 1
Reg. Dist. No. 1

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison ? (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison ?
(c) City Rexburg
(d) Street Address or ~~R.F.D.~~ No. ?
(e) How long has **MOTHER** lived in Idaho? Appx 20 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg Idaho

4. FULL NAME OF CHILD Leah Binnington Parkinson

5. Date of Birth of Child (Month, day, year) Sept 26 1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd 8th

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Smart Parkinson
11. Color or Race White
12. Age at time of THIS birth ? yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation Sheepman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Alder Binnington
17. Color or Race White
18. Age at time of THIS birth ? yrs.
19. Birthplace St Louis (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Bernardino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for ~~34~~ 36 years, and that Evelyn Lillian Binnington Parkinson (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Evelyn Lillian Parkinson Grib
Signature
1015 H Street San Bernardino Calif.
P. O. Address

My Commission Expires Oct. 13, 1945

Subscribed and sworn to before me this 3rd day of August, 1942

(SEAL) Barbara E Wade Notary Public, residing at San Bernardino, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1966

AUG 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493 106-001 693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355028
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. unknown
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. dont remember
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** George Marvin Miller

5. Date of Birth of Child (Month, day, year) June 6th 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Marvin Miller
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Nacadotia Texas (City or town) (State or foreign country)
14. Exact Occupation Cashier Mutual Life
15. Industry or Business New York

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Olive (~~Miller~~ Williams)
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Sulphur Springs Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 36 years, and that Lydia Brewster (First name) (Last name) who attended this birth ~~36 years~~ Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Commission Expires Sept. 11, 1944.

Lydia Olive Miller Signature
12 E. Geary St Stockton Calif. P. O. Address

Subscribed and sworn to before me this 13th day of August, 1942

(SEAL) E. Mellencamp Notary Public, residing at 624 Brooklyn Ave Oakland Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 22 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1945

AUG 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345-202006 814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355050
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Woodville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Woodville
(d) Street Address or R.F.D. No. 18 yrs
(e) How long has **MOTHER** lived in Idaho? ~~[illegible]~~ yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Clara Agness Cunningham
5. Date of Birth of Child (Month, day, year) Mar 2 1906
6. Sex FEMALE
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** John Cunningham
11. Color or Race white
12. Age at time of THIS birth 21 yrs.
13. Birthplace Monida (City or town) Montana (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Laura Elizabeth Hammer
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Hooper (City or town) Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Lane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for all her life years, and that ~~and I was there~~ (First name) Dr. Clothard (Last name), who attended this birth ~~at birth~~ (Is now deceased) or ~~(Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Cunningham Signature
293 Washington Street Eugene Ore P. O. Address

Subscribed and sworn to before me this 9th day of July, 1942
(SEAL) Reese Shingard Notary Public, residing at Eugene, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1942 by Mabel F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-105009-796

355072

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Colburn
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Colburn
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Colburn

4. **FULL NAME OF CHILD** James Frances Jones

5. Date of Birth of Child (Month, day, year) May 5, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Charles Henry Jones

11. Color or Race White

12. Age at time of THIS birth 53 yrs.

13. Birthplace Deceased. (City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Mae Graves

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Nelsville Wisconsin (City or town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Minn.
County of Todd } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for all his years, and that Mrs. James Kidd (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

GEORGE M. WEIBYE
NOTARY PUBLIC, Todd County, Minn.
My Commission Expires July 30 1944.

X Myrtle Mae Jones Signature

Eagle Bend Minn. P. O. Address

Subscribed and sworn to before me this 21 day of Aug. 1942

(SEAL) George M Weibye Notary Public, residing at Eagle Bend Minn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 25 1942 by Mary E Peters, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

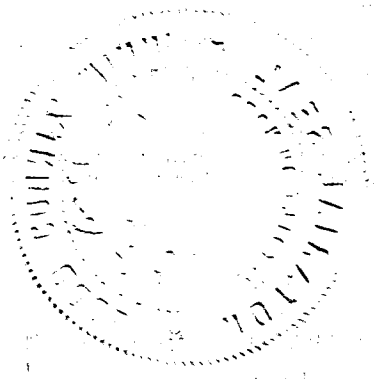
JAN 15 1969

AUG 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, ~~when~~ such ~~report is accompanied by~~ a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



858-106-028-459 355090

United States AUG 28 1942 (Be sure the information is as of date of birth of THIS child) State File No. 355090
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: at home
IN **THIS** county yes years 2 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Louis Ernest Heyer

5. Date of Birth of Child (Month, day, year) Dec. 6, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Dec. 6th 1906

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charlie August Heyer
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Carver (City or town) Minn (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elisebeth Wilhelmina Mertz
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace not known (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 36 years, and that ~~Brown~~ Ida (First name) Mertz (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Charlie August Heyer Signature
Robert Washington P. O. Address

Subscribed and sworn to before me this 21 day of April, 1942

(SEAL) Henry O. Fisher Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 28 1942 by Maud F. Elder, Registrar.

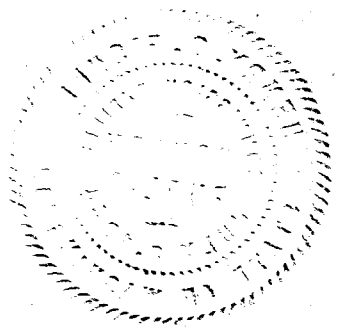
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



251-102014 - 599 AUG 28 1942 355092 355092

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355092
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City New Plymouth
(c) Street Address or R.F.D. No. R 2 101
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City New Plymouth
(d) Street Address or R.F.D. No. R 2 101
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) New Plymouth Idaho

4. FULL NAME OF CHILD Raymond Theodore Bean

5. Date of Birth of Child (Month, day, year) June 2, 1906

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Findley Bean
11. Color or Race White **12.** Age at time of THIS birth 48 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna J. Erickson
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Emma Peterson (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Eliza M Cobb Midwife Address New Plymouth, Ida Date August 24 42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of
County of } ss.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 28 1942 by Mary F Elder, Registrar.

AUG 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866 229 022-653

355158

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Marysville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Marysville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. **RESIDENCE OF FATHER** (city, state) Marysville Ida.

4. **FULL NAME OF CHILD** Maryx Barbara Louise Hoffman

5. Date of Birth of Child (Month, day, year) Aug. 29, 1906

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Wetherbee Hoffman
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary L. Wetherbee
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Bear Lake Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for since birth and that Mrs. C. H. Smith (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred Hoffman Signature

P. O. Address

Subscribed and sworn to before me this 24th day of August, 1942

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 25 1942 by Mabel Keller, Registrar.

Aug 28 1942

NOV 6 - 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

718-716 008-315

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355184
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Idaho City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho City

4. FULL NAME OF CHILD Thomas Lee Payton

5. Date of Birth of Child (Month, day, year) February 16, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hiram Elwood Payton
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Owen County (City or town) Indiana (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Jane Land
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Monroe County (City or town) Tennessee (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

X

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:00 A M. on the date stated above, and that personal particulars were furnished by Mrs. Sarah Jane Payton (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

Koenig

State of Missouri
County of Christian } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 36 years, and that Mrs. Taylor (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Jane Koenig Signature
Ozark, Missouri - Route #1 P. O. Address

Subscribed and sworn to before me this 22nd day of August, 1942

(SEAL) Notary Public, residing at Ozark, Missouri

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Term Expires Dec. 1, 1943.

Received for filing on AUG 26 1942 by Mary Keeler, Registrar.

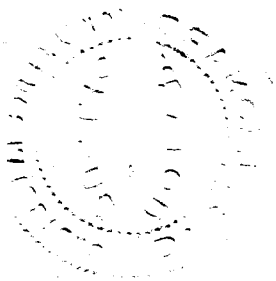
JUN 30 1967

AUG 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



248-12 10 44 967

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355188
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County WASHINGTON (b) City BOURNE
   (c) Street Address or R.F.D. No. R.F.D. #3
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mother's stay **BEFORE** delivery: IN THIS county 1 years 10 months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County WASHINGTON
   (c) City BOURNE
   (d) Street Address or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) BOURNE, IDA

4. **FULL NAME OF CHILD** ORIN CHANDLER KUHNLEY

5. Date of Birth of Child (Month, day, year) OCT. 21, 1906

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN PETER KUHNLEY
11. Color or Race WHITE
12. Age at time of THIS birth 48 yrs.
13. Birthplace WEST MORELAND COUNTY, PENN. (City or town) (State or foreign country)
14. Exact Occupation PAINTER
15. Industry or Business NONE

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CARRIE ROGERS
17. Color or Race WHITE
18. Age at time of THIS birth 38 yrs.
19. Birthplace CORRINA, MINN. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOT KNOWN
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by CARRIE R. KUHNLEY (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of WASHINGTON
County of KING } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 36 years, and that DR. B. L. STEEVES (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie R. Kuhnley Signature

1128 Broadway, North, Seattle Wn. P. O. Address

Subscribed and sworn to before me this 24th day of August 1942

(SEAL)

Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 26 1942 by Mary E. Eden, Registrar.

AUG 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 38, Idaho Code Annotated, when~~ such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

439-104-025-269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355211
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Raymond Earl Utz

5. Date of Birth of Child (Month, day, year) Dec 4, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Colmore Utz
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace near Pattensburg, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Lenora Sorweide
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Bloomington, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Wasco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 36 years, and that Mary Utz & Mary Sorweide (First name) (Last name), who attended this birth are both deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Anna L Utz Signature

Rt 1 The Dalles, Oregon P. O. Address

Subscribed and sworn to before me this 26th day of August, 1942

(SEAL) Sorweide Notary Public, residing at The Dalles, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires 11-2-42

Received for filing on AUG 27 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

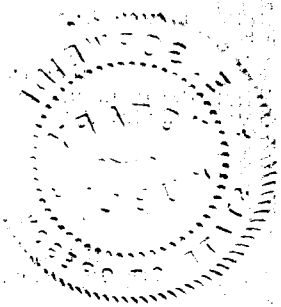
APR 12 1965

AUG 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



255-203-014-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355213
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa Idaho

4. FULL NAME OF CHILD Eva Matilda Sencerbox

5. Date of Birth of Child (Month, day, year) March 3rd 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edgar Jarvis Sencerbox
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Winona (City or town) Minnesota (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Mercantile

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Isabel Richardson
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Peru (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 11 a M. on the date and at the place stated above and that personal particulars were furnished by Elizabeth Sencerbox (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for life years, and that Dr Gunn (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth I. Sencerbox Signature
6401 Avalon Blvd Los Angeles Calif P. O. Address

My Commission Expires October 17, 1942

Subscribed and sworn to before me this 3rd day of August, 1942
(SEAL) S. A. Peterson Notary Public, residing at Los Angeles Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 27 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-119-028-219

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

355217

1. PLACE OF BIRTH
County of Kootenai
City of Rathdrum Idaho.
No. ____ St. ____
(If born in hospital or institution give name)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD John Willard Smyth

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth 1st | 6. Premature ____ Full term X | 7. Legitimate? X | 8. Date of birth April 19th 1906 (Month, Day, Year)

FATHER

9. Full name James William Smyth
10. Residence (usual place of abode) (If non-resident, give place and State) Rathdrum
11. Color or race White 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Alberton Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work Died Aug. 6th 1924
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Olive Anna Baird
19. Residence (usual place of abode) (If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 36 (years)
22. Birthplace (city or place) (State or Country) Ainsworth Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work still engaged 19____
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____
29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report ____
(Date of)

(Signed) ____, M. D.
or ____, Midwife
Address ____

Filed AUG 27 1942, 19__ Mark H. Fisher Registrar.

Registrar.

DELAYED

249-119-028-219

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Olive Anna Smith being first duly sworn says that she is the mother of John Willard Smith
(Relationship of child)*

born April 19th, 1906 at Rathdrum, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said John Willard Smith, hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. D. D. Drennan M. D. was the Midwife medical attendant at the birth of said John Willard Smith and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Olive Anna Smith

P. O. Address Woodburn, Ore.

Subscribed and sworn to before me this 30th day of January, 1942

Alta M. Cave
Notary Public for Ore

Residing at Portland, Ore, Idaho.

My Comm expires Mar 9, 1945

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 31 1942

219-10-0281-855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355236
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County KOOTENAY (b) City CABINET
(c) Street Address or R.F.D No. Cabinet, Ida.
(d) Name of Hospital or Maternity Home: City Hosp.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 7 days.
In **THIS** county 3 years ... months ... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County KOOTENAY
(c) City CABINET
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address CABINET IDAHO

3. **RESIDENCE OF FATHER** (city, state) CABINET I.

4. **FULL NAME OF CHILD** RODNEY JAMES BAILEY

5. Date of Birth (Month, day, year) SEPT 10, 1936

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Franklin Bailey
11. Color or Race Scotch
12. Age at time of THIS birth 35 yrs.
13. Birthplace WILKES BARRE PENN (City or town) (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business Logging

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilda Gustave Hendrickson
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Sure Finland (City or town) (State or foreign country)
20. Exact Occupation operating Laundry
21. Industry or Business Laundry

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... (born alive, etc.) at 3-10 P M. on the date and at the place stated above, and that personal particulars were furnished by Hilda H. Johnson (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) AUG 28 1942 (Date received) (b) (Registrar's signature)

27. Given name added on ... by ... (Registrar's signature)

25. Attendant's **OWN signature** ... M.D. or ... (D.O., Midwife, etc.) and address ...

State of Idaho } ss.
County of Bonner

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ADA RYAN, being first duly sworn, say that I am related to (Related to (or) acquainted with) RODNEY JAMES BAILEY (Name of person on certificate above) as Aunt and am much older than child (State relationship or acquaintance) birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Driscoll (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ada Ryan Name

Clark Fork Idaho P. O. Address

Subscribed and sworn to before me on this 25th day of August 1942

(SEAL) Francis J. Long Probate Judge Notary Public, residing at Sandpoint-Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

497-218-v36-993

355295

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Neeley
   (c) Street Address or R.F.D. No. 8
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Neeley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Neeley Ida

4. **FULL NAME OF CHILD** Mary Violet Dille

5. Date of Birth of Child (Month, day, year) 18, Nov, 1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Helge Wood Dille
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Richardson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace don't know (City or town) Ida (State or foreign country) Idaho
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Peter (First name) Dille (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Clara M. T. Bartholomew M.D. Midwife Address Woods Cross, Utah Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 29 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 23 1968

SEP 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-215414-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355310
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho

4. **FULL NAME OF CHILD** Vera Ellen Webb

5. Date of Birth of Child (Month, day, year) July 15, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Willis A. Webb
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Black
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 36 years, and that Doctor Green (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Clara Webb. Signature

515 North Commercial, Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of August, 1942

(SEAL) Margaret Smoke Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1942 by Mabel F. Elsfire, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-222-010-236

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355320
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Grays Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grays Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Geraldine Eliza Hanni [redacted]

5. Date of Birth of Child (Month, day, year) 3/22/1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? X

FATHER OF CHILD

10. FULL NAME John Hanni Sr.
11. Color or Race white **12.** Age at time of THIS birth 45 yrs.
13. Birthplace Bern (City or town) Switzerland (State or foreign country)
14. Exact Occupation dairyman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Stall
17. Color or Race white **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Bern (City or town) Switzerland (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Butte }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 36 years, and that Mrs. Elsie Wakeman (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Hanni Sr. Signature

P. O. Address

Subscribed and sworn to before me this 25 day of August, 1942

(SEAL) My Commission Expires Aug. 1, 1945 Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1942 by Mabel Fielden, Registrar.

SEP 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

693-229.040.249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355335
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kingston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kingston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Kingston, Idaho

4. FULL NAME OF CHILD Luella Florence Wiley

5. Date of Birth of Child (Month, day, year) July 29, 1906

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leslie Kason Wiley
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Maine Prairie, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Janet Smith
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Cheboygan, Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 34 years, and that Mrs. Octave Guay (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eleanor Guay Signature
1932-15th N Seattle Wash P. O. Address

Subscribed and sworn to before me this 24th day of August, 1942

(SEAL) J. F. Thom Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 29 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-231-216-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355349
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Standrod
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Standrod
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Standrod Idaho

4. FULL NAME OF CHILD Mayme Cordelia Manfull

5. Date of Birth of Child (Month, day, year) Oct. 31-1906

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse Freeman Manfull
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Winona, Minnesota. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. ~~Industry or~~ Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Cordelia Jones
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. ~~Industry or~~ Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Davis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 35 years, and that Mary (First name) Durfee (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lillian Jones Badger Signature
Genl Del. Bountiful, Utah P. O. Address

Subscribed and sworn to before me this 7th day of August, 1942
(SEAL) [signature] Notary Public, residing at Bountiful, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 29 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-225-025-893

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355433

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ..... (b) City Harrisburg
   (c) Street Address or R.F.D. No. .....
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years ... months ... days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County .....
   (c) City Harrisburg
   (d) Street Address or R.F.D. No. .....
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Jessie Lora Thomason

5. Date of Birth of Child (Month, day, year) 1/25/1906

6. Sex Female

7. Twin or Triplet ... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Melvin Emerson Thomason
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Marshell, N.C. (City or town) Madison County (State or foreign country)
14. Exact Occupation Lumber Worker
15. Industry or Business Saw Mill Camp

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Luvinna Hutchins Thomason
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Burnsville, N.C. (City or town) Yancey County (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Massachusetts
County of Berkshire } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 36 since birth years, and that Mrs. John Young (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia H. Thomason Signature

170 Ashland P. O. Address

Subscribed and sworn to before me this 25 day of August, 1942

(SEAL) John L. Burns Notary Public, residing at Pittsfield Mass

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing of AUG 31 1942 by Mabel Fielder, Registrar.

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-123-004-695

355455

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 3 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Fish Haven
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 40 years ~~6~~ months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Fish Haven
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Fish Haven Ida.

4. FULL NAME OF CHILD McKay Leonard Howell

5. Date of Birth of Child (Month, day, year) August 23, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME EZRA John Howell

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace PARIS (City or town) Idaho (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Charlotte Catherine Findlay

17. Color or Race White

18. Age at time of THIS birth 40 yrs.

19. Birthplace Fish Haven (City or town) Idaho (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Bear Lake } ss.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 36 years, and that Dr. W. B. West (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Myrle F. Dalton Signature

Montpelier Ida. P. O. Address

Subscribed and sworn to before me this 2nd day of September 1942

(SEAL) Albert W. Jones Notary Public, residing at Montpelier Ida.

Notary Public, Residing at Montpelier, Idaho
My Commission Expires April 14, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-218-001-866

355461

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None. Born at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 2 months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian.
(d) Street Address or R.F.D. No. None.
(e) How long has **MOTHER** lived in Idaho? five yrs.

3. RESIDENCE OF FATHER (city, state) Meridian, Ida.

4. FULL NAME OF CHILD Mary Mable Ballard

5. Date of Birth of Child (Month, day, year) May 18, 1906.

6. Sex female **7.** Twin or Triplet No. If so—born 1st, 2nd, 3rd --- **8.** No. months of Pregnacy 9. **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Arthur Raymond Ballard
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Andalusia, (City or town) Illinois (State or foreign country)
14. Exact Occupation Butcher.
15. Industry or Business Meat Market.

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie M. Howry
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Powersville, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same.

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% silver nitrate.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 P. M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Ballard (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature XXXXX Midwife Address Comanche, Iowa Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 57 years of age, that I have known this person for 36 years, and that Dr. Payne (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Ballard Signature
R.2, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of ~~June~~ Sept., 1942

(SEAL) Emma E. Thompson Notary Public, residing at Caldwell, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1942 by [illegible] Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

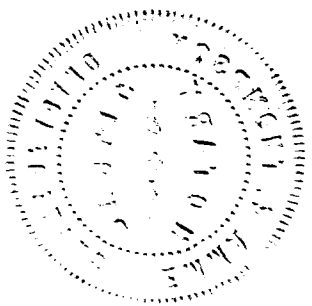
SEP 5 1942

JUL 31 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



954-21-031-296

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 4 1942

State File No. 355488
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City NezPerce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Child born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City NezPerce
(d) Street Address or R.F.D. No. Farm
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Goldie Belle Redman

5. Date of Birth of Child (Month, day, year) July 13, 1906

6. Sex Female **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Roy Lewis Redman
11. Color or Race white **12.** Age at time of THIS birth 18 yrs.
13. Birthplace Moscow (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Belle Brooks
17. Color or Race white **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Fayetteville (City or town) Arkansas (State or foreign country)
20. Exact Occupation none
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 26 years, and that Dr. (First name) Leach (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Belle Redman Signature

4101 Main St., Vancouver, Wash. P. O. Address

Subscribed and sworn to before me this 12th day of August, 19 42

(SEAL) Mabel P. Bennington Notary Public, residing at Vancouver

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) MY COMMISSION EXPIRES AUG. 12, 1944.

Received for filing on SEP 4 1942 by Mark Keeler, Registrar.

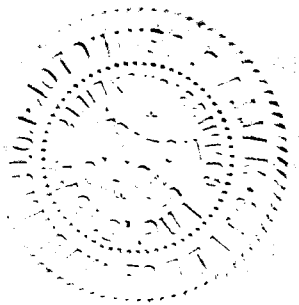
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



993-218-036-613

355527

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Samaria Idaho.
(e) Mother's stay **BEFORE** delivery: IN THIS county Yes years 27 months 7 days 21

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Samaria,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 62 yrs.

3. RESIDENCE OF FATHER (city, state) Samaria Ida

4. FULL NAME OF CHILD Martha Richards

5. Date of Birth of Child (Month, day, year) Aug. 18, 1906

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Henry Richards
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Malad, Idaho (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emeline Jenette Waldron
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Samaria, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2 living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ann Reese (First name) (Last name), who is related to this child as no relationship, is now deceased (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 30 years, and that Mary Ann (First name) Reese (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernest S Waldron Signature

Samaria, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of September, 19 42

(SEAL) [signature] Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 4 1942 by [signature], Registrar.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

895-113-025-35b

355534

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355534
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City White Bird
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 2 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Riggins
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho, Riggins

4. FULL NAME OF CHILD Claude, Arthur, Hinkley

5. Date of Birth of Child (Month, day, year) Dec. 13 1906

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME Fred Ancil Hinkley

11. Color or Race White

12. Age at time of THIS birth affirt 26 yrs.

13. Birthplace Burns (?) (City or town) Oregon (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business Stockman

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Eulalia Lewis

17. Color or Race White

18. Age at time of THIS birth 15 yrs.

19. Birthplace near Pomeroy (City or town) Washington (State or foreign country)

20. Exact Occupation School

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife Address ____ Date ____

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for ____ years, and that Wilson (First name) A Foskett (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna E Hinkley Signature

French Creek Idaho P. O. Address

Subscribed and sworn to before me this 3 day of Sept, 1942.

(SEAL) Otis Mann Notary Public, residing at Warren, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

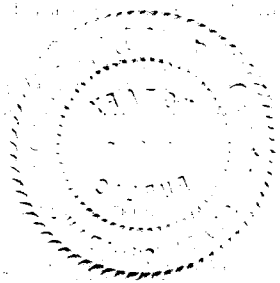
Received for filing on SEP 5 1942 by Mabel H Thiessen, Registrar.

SEP 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



897-108'016-299 355557 **355557**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. #1.
(d) Name of Hospital or Maternity Home: at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 20 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. #1.
(e) How long has **MOTHER** lived in Idaho? 56 yrs.

3. RESIDENCE OF FATHER (city, state) Burley Ida.

4. FULL NAME OF CHILD William Aleen Higley.
5. Date of Birth of Child (Month, day, year) 3-8-1906
6. Sex Male.
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes.

FATHER OF CHILD
10. **FULL NAME** Daniel William Higley.
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Salt Lake City Utah. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business non.

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Cora Esther Birch.
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Grantsville Utah. (City or town) (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business non.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child non (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 7:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Cora (First name) Higley (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Irene Sutton ~~M.D.~~ Midwife Address Oakley Idaho Date 8-31-42

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that Mrs Irene (First name) Sutton (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Higley Signature
353 North Cliff Burley Ida. P. O. Address

Subscribed and sworn to before me this 8 day of September, 1942

(SEAL) A. H. Nelson Notary Public, residing at Burley

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1942 by Maud F. Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335-212-014-295

355578

355578

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. Post office
(d) Name of Hospital or Maternity Home: In home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days 19 20

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 3rd St.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Margaret May Clemens

5. Date of Birth of Child (Month, day, year) Feb. 12, 1906

6. Sex Female

7. Twin or Triplet XXXX

If so—born 1st, 2nd, 3rd XXXXX

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Richard D. Clemens
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Tillifoster, Putnam Co., N.Y. (City or town) (State or foreign country)
14. Exact Occupation Stationary Engineer
15. Industry or Business XXXXXX

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosa Ella King
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Portland, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business XXXXXX

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Ag. Nit.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive or stillborn) at 1 - 4 M. on the date and at the place stated above, and that personal particulars were furnished by R. D. Clemens (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature J. H. Murray M.D. Midwife Address Nampa Ida Date Sept 7 1942

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 36 years, and that Dr. J. H. Murray (First name) (Last name), who attended this birth signature above (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 17 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-23-01042-342

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 8 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355596
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 3rd Street
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 3rd Street
(e) How long has **MOTHER** lived in Idaho? 1 yr. 7 mo.

3. RESIDENCE OF FATHER (city, state) 1 yr. 7 mo.

4. FULL NAME OF CHILD Frances Atwood Ball

5. Date of Birth of Child (Month, day, year) 8-30-06

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fitch Loring Ball

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace West Liberty, Iowa (City or town) (State or foreign country)

14. Exact Occupation Contractor

15. Industry or Business Building

MOTHER OF CHILD

16. FULL MAIDEN NAME Nina Gay Luse

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace West Liberty, Iowa (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 36 years, and that Trumon O. Boyd (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nina Gay Ball Signature

1634 West 39th Street P. O. Address

Subscribed and sworn to before me this 2d day of September, 1942

(SEAL) Marina Berger Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Commission Expires Feb. 18, 1943

Received for filing on SEP 8 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-124-004-295

355625

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 8 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BEAR LAKE (b) City MONTPELIER
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BEAR LAKE
(c) City MONTPELIER
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) MONTPELIER, IDAHO

4. FULL NAME OF CHILD RAYMOND KINGSTON JENKS

5. Date of Birth of Child (Month, day, year) JUNE 24, 1906

6. Sex MALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ALONZO JOEL JENKS
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace NORTH OGDEN, UTAH (City or town) (State or foreign country)
14. Exact Occupation PHOTOGRAPHER
15. Industry or Business BUSINESS WAS MERCHANT

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LUCY VIOLET KINGSTON
17. Color or Race WHITE
18. Age at time of THIS birth 37 yrs.
19. Birthplace MORGAN UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.) 4691 E Talmage Dr

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address San Diego Calif Date 8-31-42

State of Utah
County of Davis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 35 years, and that DOAR (First name) POINTER (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lucy V. Poulsen Signature
Paris Idaho P. O. Address

Subscribed and sworn to before me this 18th day of April, 1942

(SEAL) [signature] Notary Public, residing at Bountiful, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. Exp: Mar 22, 1945

Received for filing on JUL 16 1942 SEP 8 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

967-110-014-299

355672

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home:
Born in parents home.
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 6 Mo. yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James William Rogers

5. Date of Birth of Child (Month, day, year) Sep. 10, 1906

6. Sex Male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Edgar Rogers
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Kirkendall
17. Color or Race White
18. Age at time of THIS birth 23
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by James Edgar Rogers (Name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature James Edgar Rogers Address Niotaze Kan. Date Sept. 3, 1942

State of Kansas
County of Chautauqua. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 36 years, and that ---- (First name) (Last name), who attended this birth --- (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Edgar Rogers Signature
Niotaze Kan. P. O. Address

Subscribed and sworn to before me this 3rd. day of September, 1942.

(SEAL) Chas. N. Scott Notary Public, residing at Niotaze, Kansas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1942 by Mabel F. Elsfern, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-220-036-665

United States
Department of Commerce
Bureau of the Census

SEP 9 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355681
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ONEIDA (b) City MALAD
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 34 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ONEIDA
(c) City MALAD
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) MALAD, IDAHO

4. FULL NAME OF CHILD CHARLOTTE JONES

5. Date of Birth of Child (Month, day, year) SEPT. 20, 1906

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** DAVID S. JONES
11. Color or Race WHITE
12. Age at time of THIS birth 40 yrs.
13. Birthplace (City or town) WALES (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CHARLOTTE OWENS
17. Color or Race WHITE
18. Age at time of THIS birth 34 yrs.
19. Birthplace (City or town) MALAD (State or foreign country) IDAHO
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of ONEIDA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 35 years, and that DR. J. M. (First name) KERNS (Last name), who attended this birth (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Owen Jones Signature

Clerk of the District Court MALAD, IDAHO P. O. Address

Subscribed and sworn to before me this 5th day of September, 1942

(SEAL) John H. McAllister by D. O. Jones deputy ~~Notary Public~~, residing at MALAD, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 9 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

41 8 2 3-025-261

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 9 1942

State File No. 355685
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County IDAHO (b) City CLEARWATER
(c) Street Address or R.F.D. No. GEN. DELIVERY
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City CLEARWATER
(d) Street Address or R.F.D. No. GEN. DELIVERY
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD VERNAL GENEVA DAHLEN

5. Date of Birth of Child (Month, day, year) 6-23-1906

6. Sex FEMALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOHN PETER DAHLEN
11. Color or Race WHITE **12.** Age at time of THIS birth 36 yrs.
13. Birthplace DAYTON (City or town) IOWA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY MAGDAHLENE SWANSON
17. Color or Race WHITE **18.** Age at time of THIS birth 23 yrs.
19. Birthplace OAKLAND (City or town) NEBRASKA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of OREGON
County of MULTNOMAH } ss.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that MRS. (First name) RUHARK (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Mary Dahlen Signature
x 9457 N. Trumbull Ave Portland Ore Address

Subscribed and sworn to before me this 8 day of SEPT, 19 42

(SEAL) Notary Public, residing at Portland Ore

(Note: Perjury is punishable as a felony in Idaho—Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES FOR OREGON

Received for filing on SEP 9 1942 by ____, Registrar.

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

218-112-040-355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355694
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 7 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD VORIS LYNN BAHME

5. Date of Birth of Child (Month, day, year) Dec 12 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** WILLIAM CHRISTIAN BAHME
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Toledo (City or town) Ohio (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Last Chance Mine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LENNA BELL LEVELL
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Brandon (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 34 years, and that Mason (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William C Bahme Signature

P. O. Address

Subscribed and sworn to before me this ..... day of AUG 31 1942, 19

(SEAL) W E Goodspeed Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-131-035-415

355752

United States
Department of Commerce
Bureau of the Census

SEP 9 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Forest
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Forest
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Forest, Idaho

4. FULL NAME OF CHILD Theodore Roosevelt Wood

5. Date of Birth of Child (Month, day, year) July 31, 1906

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter H. Wood
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Cook County, Illinois (City or town) (State or foreign country)
14. Exact Occupation sheepman
15. Industry or Business rancher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie H. Davis
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Monticello, Illinois Piatt Co (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 36 years, and that Mrs. Carolin Nelson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Jessie Wood Signature
Rt 2. 7th St. 17th Ave P. O. Address

Subscribed and sworn to before me this 5th September, Lewiston Idaho, 1942

(SEAL) Maybelle Smith Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 9 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966-118-D84-445

355771

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: stayed at home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home none Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 309-15th Ave
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address (For registration notice): 1825 NE Glisan st Portland Ore
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Nampa Idaho Can. Co

4. FULL NAME OF CHILD Leland Sanford Roof

5. DATE OF BIRTH (Month, day, year) Feb 18th 1906

6. Sex Boy

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy normal

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Lu Roy Roof

11. Color or Race white

12. Age at time of THIS birth 49 yrs.

13. Birthplace Ill Cass County
(City or Town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Vinnie ~~Roof~~ Duerock

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Nampa Ida Canyon
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~Dr J. H. Murray~~ Sol. of Nit.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Vinnie Roof (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) SEP 10 1942 (Date received) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature J H Murray M.D. (D.O., Midwife, etc.)
and address Nampa Ida Date June 12 1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

SEP 1 1 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of ~~regulations~~ now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? No

Describe: ✓

(2) Birth Injury? No

Describe: ✓

(3) Was mother given a Wasserman before delivery?

Yes..... No. X ..... Pos..... Neg.....

(e) Signature of Physician:

J. H. Murray

DELAYED

313-211-035-455

355776

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 9 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Melrose
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 2 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Melrose
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Melrose Ida.

4. FULL NAME OF CHILD Effie Hattie Latham

5. Date of Birth of Child (Month, day, year) 2-11-1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Abraham Wallace Latham
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Sherrington, Quebec, Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Rose Denney
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Waterloo, Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 36 years, and that Arthur Douglas M.D. (First name) (Last name), who attended this birth Is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Rose Latham Signature
Star Route, Lewiston, Idaho. P. O. Address

Subscribed and sworn to before me this 14th day of August, 1942

(SEAL) [signature] Notary Public, residing at Lewiston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 9 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-220-216-651

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355788
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassie (b) City Burley
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay BEFORE delivery: IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassie
(c) City Burley, Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Orphia Helen Gillespie

5. Date of Birth of Child (Month, day, year) May 20, 1906.

6. Sex Fe-Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James W. Gillispie
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Decater Co. Indiana. (City or town) (State or foreign country)
14. Exact Occupation Real Estate
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian A. Feagins
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Davis Co. Iowa. (City or town) (State or foreign country)
20. Exact Occupation Husewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ——
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living No-Yes/ Both former children dead.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10.00 A. M. on the date and at the place stated above, and that personal particulars were furnished by my-self (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Nebraska
County of Lancaster } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 36 years, and that the attendant (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian A Feagins Gillespie Signature
3450 East Pershing Rd. Lincoln Nebr. P. O. Address

Subscribed and sworn to before me this 4th day of September, 1942.
(SEAL) Rose H Beadley Notary Public, residing at Lincoln, Nebraska.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 1 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261-22-8029-418

355797

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 11 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home: Parantal Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 13 years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho

4. **FULL NAME OF CHILD** Alice Victoria Swanson

5. Date of Birth of Child (Month, day, year) Feb. 28, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Axel Edward Swanson
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Smaland (City or town) Sweden (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Cordelia Dahlin
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Stockholm (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ~~Nellie Swanson~~ (Mother, etc.)

25. Attendant's **OWN** signature ~~Nellie Swanson~~ M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 36 years, and that Doctor (First name) Olson (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Swanson Signature

Troy P. O. Address

Subscribed and sworn to before me this 9 day of Sept., 1942

(SEAL)

Notary Public, residing at Troy Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 11 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

634 210029 464

355809

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 11 1942

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Potlatch

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State (b) County

(c) City

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Edna Mae Olds

5. Date of Birth of Child (Month, day, year) Dec. 10, 1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arthur Edward Olds

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace Cedar Rapids, Nebraska (City or town) (State or foreign country)

14. Exact Occupation Mill worker

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Stella Mourning

17. Color or Race White

18. Age at time of THIS birth 18 yrs.

19. Birthplace Wallace, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Arthur Edward Olds (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Whatcom }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 58 years, and that Doctor (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arthur Edward Olds Signature

1506 "G" Street, Bellingham, Wn. P. O. Address

Subscribed and sworn to before me this 9th day of September, 1942

(SEAL) Helen Swan Notary Public, residing at Bellingham

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 11 1942 by Mary E. Nelson, Registrar.

SEP 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied ~~by a certificate of the attending physician or midwife~~, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-226040-315

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355829
Local Reg. No.
Reg. Dist. No.

SEP 11 1940

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Murray
   (c) Street Address or R.F.D. No. Killarney Lake
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Murray
   (d) Street Address or R.F.D. No. Killarney Lake
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Killarney Lake Ida.

4. **FULL NAME OF CHILD** Aileen Selina LaVergne

5. Date of Birth of Child (Month, day, year) Jan. 26, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ferdinand LaVergne
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Ste. Scholastic, Canada, Que. (City or town) (State or foreign country)
14. Exact Occupation Gold Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clarinda LaVigne
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace St. Jovite, Canada, Que. (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Michigan
County of Alcona } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 65 years of age, that I have known this person for 36 years, and that Nellie Crisenberg (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Clarinda LaVergne Signature

Lincoln, Mich., P. O. Address

Subscribed and sworn to before me this 15th day of August 1942

(SEAL)

P. J. Earl (Notary Public, residing at Black River Mich.

Notary Public, Alcona County
My commission expires Feb. 6, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-314, Idaho Code Annotated.)

Received for filing on AUG 24 1942 by Mabel E. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

.619 124029 795

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 11 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355831
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Gritman Hospital
(e) Mother's stay BEFORE delivery: IN THIS county years months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City G
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Veryl Mallory Farley

5. Date of Birth of Child (Month, day, year) June 24, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Mallory Farley
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Leonard (City or town) Michigan (State or foreign country)
14. Exact Occupation Woodsman
15. Industry or Business Lumber business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Greer
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Topeka (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home making

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Washington } ss.
County of Whitman }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 36½ years, and that Dr. Gritman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mallory Farley Signature

R. F. D. Pullman, Washington P. O. Address

Subscribed and sworn to before me this 9th day of September, 1942

(SEAL) W. L. Lafollette Notary Public, residing at Colfax, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 11 1942 by Mabel [illegible], Registrar.

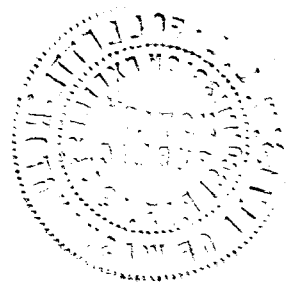
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



796-101028875

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355851
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenia (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Coeur d'Alene Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenia
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 513 Montana Ave
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) CDA., Ida

4. FULL NAME OF CHILD Robert Lloyd Gerald Profitt

5. Date of Birth of Child (Month, day, year) June 1, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elijah Profitt
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Lexington, Kentucky (City or town) (State or foreign country)
14. Exact Occupation Purser
15. Industry or Business Red Collar Steamboat Line

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Dotsy Hunter
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Colfax, Washington (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 3:AM M. on the date and at the place stated above, and that personal particulars were furnished by Helen (First name) Profitt (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address Coeur d'Alene, Ida Date 8/31/42

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 54 years of age, that I have known this person for 36 years, and that Robert Lloyd Gerald Profitt (First name) (Last name), who attended this birth (~~Is now~~ deceased) or (~~Cannot be located~~). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen Dotsy Hunter Signature

P. O. Address

Subscribed and sworn to before me this 3 day of September, 19 42

(SEAL) L B Burton Notary Public, residing at Multnomah Oregon

MY COMMISSION EXPIRES DEC. 2, 1944.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

SEP 11 1942 STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Bonner (b) City Hope
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay BEFORE delivery: IN THIS county 2 years 9 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Hope
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 2 3/4 yrs.

3. RESIDENCE OF FATHER (city, state) Hope, Idaho

4. FULL NAME OF CHILD Agnes Catherine Campbell

5. Date of Birth of Child (Month, day, year) Jan. 31, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Campbell
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Stevens Point, (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Julia Notske
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:00 M. on the date and at the place stated above, and that personal particulars were furnished by James (First name) Campbell (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife Address ____ Date ____

State of IDAHO, County of Bonner. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that Dr. William (First name) Knapp (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Campbell Signature

Hope, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of Sept., 19 42

(SEAL) [illegible] Notary Public, residing at Sandpoint, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 11 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 14 1942

State File No. 355875
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Harpster
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Harpster
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Harpster, Idaho

4. FULL NAME OF CHILD Walter Lee Davis

5. Date of Birth of Child (Month, day, year) April 20, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Frank Davis
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Evanston (City or town) Wyoming (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Claudia Nolan
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Little Rock (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for all his life years, and that Dr. Alcorn (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Claudia Jones Signature

Route 4, Box 663, Seattle, Washington P. O. Address

Subscribed and sworn to before me this 8th day of September, 19 42

(SEAL) Elona Holland Notary Public, residing at Kent

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1942 by Mark Tidball, Registrar.

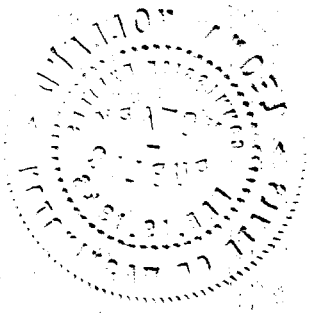
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

SEP 14 [illegible]

(B[illegible]e the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Clarks Forks
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery: IN THIS county 3 years 6 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Clarks Forks
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) 14 years.

4. FULL NAME OF CHILD W. B. Grimes

5. Date of Birth of Child (Month, day, year) Feb. 11 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Richard Grimes
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Corunna (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Kittie Irene Geney
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Corunna (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Michigan
County of Kalamazoo } ss.

AFFIDAVIT to be completed [illegible]n the attendant does not sign in It[illegible]25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for since birth years, and that Or Napp (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x William R Grimes
Signature
(Kalamazoo Mich. 1102 Clement St.
P. O. Address

Subscribed and sworn to before this 8th day of September, 1942

(SEAL) John L. Vander Linde Notary Public, residing at Kalamazoo

(Note: Perjury is punishable as a felony in Idaho; Sec. Sec. 17-1414 Idaho Code Annotated.)

Received for filing on SEP 14 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the local~~ registrar ~~for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355993
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick,
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick, Ida

4. FULL NAME OF CHILD FRANK OTTO BROCKE

5. Date of Birth of Child (Month, day, year) JUNE 10-1906

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME FRANK NICKOLAS BROCKE

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Genesee, Idaho (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business same

MOTHER OF CHILD

16. FULL MAIDEN NAME JULIA ROSE OTTO

17. Color or Race WHITE

18. Age at time of THIS birth 26 yrs.

19. Birthplace Beattie, Kansas U S A (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for all his life and that Doctor W.A. Rothwell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Eichner Signature

1121 12 Street, Lewiston, Ida P. O. Address

Subscribed and sworn to before me this 10th day of September, 1942

(SEAL) E. Brocke Notary Public, residing at Troy, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 15 1942 by Mabel E. Lefevre, Registrar.

SEP 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

651-206029 781

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355998
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Princeton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Princeton Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edith Myrtle Weaver

5. Date of Birth of Child (Month, day, year) Nov. 6 1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Weaver
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Batavia (City or town) N.Y. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Phayre
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Unknown (City or town) Missouri (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for years, and that Mrs. Pledger (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Weaver Signature

Princeton, Ida. P. O. Address

Subscribed and sworn to before me this 12 day of September, 1942

(SEAL) Notary Public, residing at Potlatch, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC, residing at Potlatch, Idaho
My commission expires December 16, 1943

Received for filing on SEP 15 1942 by Mabel Fiedler, Registrar.

OCT 12 1971

SEP 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-227035-789

356015

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County NEZ PERCE (b) City SOUTHWICK
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Southwick Ida

4. FULL NAME OF CHILD DOROTHY ALICE STALNAKER

5. Date of Birth of Child (Month, day, year) MARCH 27, 1906

6. Sex FEMALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 1st. **8.** No. months of Pregnancy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOHN GRANT STALNAKER
11. Color or Race WHITE **12.** Age at time of THIS birth 41 yrs.
13. Birthplace ELKINS (City or town) WEST VIRGINIA (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME CHLOE ESSEL PHILLIPS
17. Color or Race WHITE **18.** Age at time of THIS birth 22 yrs.
19. Birthplace SOUTHWICK IDAHO. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 36 years, and that JOS. HERRIGUS (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Essel Stalnaker Signature
Southwick Idaho. P. O. Address

Subscribed and sworn to before me this 14 day of Sept. 1942

(SEAL) W R Anderson Notary Public, residing at Southwick Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1942 by Mabel Helen, Registrar.

SEP 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

256 127006-363

356016

United States
Department of Commerce
Bureau of the Census

SEP 16 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BINGHAM (b) City FIRTH
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City FIRTH
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) FIRTH, IDAHO

4. FULL NAME OF CHILD MARCUS B. SNOW

5. Date of Birth of Child (Month, day, year) 7-27-1906

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wm. Herbert. SNOW
11. Color or Race WHITE
12. Age at time of THIS birth 36 yrs.
13. Birthplace SPRINGVILLE (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LYDIA ANN. COLBY.
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace GLENWOOD (City or town) UTAH (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None Used.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Calif
County of Contra Costa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 36 years, and that Mrs Gemitt (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wm Herbert Snow Signature

PO Box 842 San Bruno P. O. Address

Subscribed and sworn to before me this 14 day of Sept, 1942

(SEAL) Earl T. Hinrain Notary Public, residing at Concord Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 16 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-228028 653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 356019
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Rathdrum
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home in Rathdrum
   (e) Mother's stay **BEFORE** delivery: **IN THIS** county---- years 7 months ----days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Rathdrum
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 months.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Hazel Belle Roscoe

5. Date of Birth of Child (Month, day, year) August 28, 1906

6. Sex female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Mores Roscoe
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Fond Du Lac (City or town), Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Medora Welsh
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Loyal (City or town), Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Jennie (First name) Medora (Last name) Roscoe, who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 36 years, and that Dr. M. D. Drennen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Medora Roscoe Signature

Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of September, 1942

(SEAL) K Garrett Notary Public, residing at Sandpoint

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 16 1942 by Mabel McLaughlin, Registrar.

SEP 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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356020

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 356020
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 39 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Iva Mae Shuck

5. Date of Birth of Child (Month, day, year) March 11-1906

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harvey Neet Shuck
11. Color or Race white **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Forest Grove, Ore. (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Ellen Elliott
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Baker City, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 11 A.M. Wardner M. on the date and at the place stated above, and that personal particulars were furnished by Schuck (First name) Julia (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Osburn, Idaho Date Sep. 12, 1942

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 36 years, and that Lida Moore (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Schuck Signature

P. O. Address

Subscribed and sworn to before me this 12 day of September, 19 42

(SEAL) Geo. H. Parker Notary Public, residing at Wallace, Idah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9[illegible] Idaho Code Annotated.)

Received for filing on SEP 17 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Sec.)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and use prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319 107021 389

United States
Department of Commerce
Bureau of the Census

SEP 16 1942

(Because the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 356029
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Franklin
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Franklin
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Franklin, Ida.

4. FULL NAME OF CHILD Adolph Cary

5. Date of Birth of Child (Month, day, year) Jan. 7, 1906

6. Sex Male

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Hamilton Cary

11. Color or Race White

12. Age at time of THIS birth 57 yrs.

13. Birthplace Rockford (City or town), Illinois (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Ann Christian

17. Color or Race White

18. Age at time of THIS birth 52 yrs.

19. Birthplace Provo (City or town), Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Missoula } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 36 years, and that No Doctor Attended Birth (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Bruce Cary
Signature

P. O. Box 95, Charlo Montana
P. O. Address

Subscribed and sworn to before me this 12th day of September 1942

(SEAL)

Ralph L. Starr
Notary Public, residing at

RALPH L. STARR
Notary Public for the State of Montana
Residing at Missoula, Montana
My Commission expires Mar. 23, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on

Mark Feltner
Registrar.

SEP 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-102014-281

356061

356061

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 356061
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Payette
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Payette
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Id.

4. **FULL NAME OF CHILD** Harold Thomas Jones

5. Date of Birth of Child (Month, day, year) Aug. 2, 1906

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Thomas Ellis Jones
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Clay Center, (City or town) Kansas. (State or foreign country)
14. Exact Occupation Pharmacist
15. Industry or Business Drug Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bess Irene Shawhan
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Sigourney, (City or town) Iowa. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silloid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Bess Irene (First name) Shawhan (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Address Payette, Idaho 9/16/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept. 21, 1942 by Mabel F. Eder, Registrar.

SEP 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

756-20204 0413

356129

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Mullan, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yr yrs.

3. **RESIDENCE OF FATHER** (city, state) 7 yrs.

4. **FULL NAME OF CHILD** Opal George

5. Date of Birth of Child (Month, day, year) Nov. 2nd, 1906

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John C. George
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Champion, (City or town) Michigan (State or foreign country)
14. Exact Occupation Mill Foreman
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Mathews
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Calumet (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that Monrova Alexander (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elija Lepie Signature
1022 East 69th, Seattle, Wash P. O. Address

Subscribed and sworn to before me this 8th day of September, 19 42

(SEAL)

Geo L Knapp Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 10 1942 by Mary L Baker, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 2 1

MAR 23 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299 109 036 469

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 356131
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ONEIDA (b) City PRESTON
(c) Street Address or R.F.D. No. STREET NOT NUMBERED
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mother's stay BEFORE delivery: IN THIS county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ONEIDA
(c) City PRESTON
(d) Street Address or R.F.D. No. STREETS NOT NUMBERED
(e) How long has MOTHER lived in Idaho? 3 MONTHS yrs.

3. RESIDENCE OF FATHER (city, state) PRESTON IDAHO

4. FULL NAME OF CHILD HYRUM RAY BRINHALL

5. Date of Birth of Child (Month, day, year) SEPT. 9 1906

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME ALMA BRINHALL
11. Color or Race WHITE **12.** Age at time of THIS birth 40 yrs.
13. Birthplace UNION FORT (City or town) UTAH (State or foreign country)
14. Exact Occupation BRICK MASON & HARNESS MAKER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME CLARA JOSEPHINE DORIUS
17. Color or Race WHITE **18.** Age at time of THIS birth 30 yrs.
19. Birthplace EPHRAIM (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NO DRUGS OR ANESTHETIC

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 11:30 P.M. M. on the date and at the place stated above, and that personal particulars were furnished by CLARA (First name) BRINHALL (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of UTAH } ss.
County of SALT LAKE }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 35 years, and that DR (First name) EMERY (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Clara Brinhall Signature

P. O. Address

Subscribed and sworn to before me this 12 day of June, 19 42

(SEAL) Nora W. Thomas Notary Public, residing at Salt Lake City Ut.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 17 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

767-227004795

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 18 1942

State File No. 356138
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Liberty
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: ---
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Liberty
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Liberty, Ida.

4. FULL NAME OF CHILD Ella Melvina Pope

5. Date of Birth of Child (Month, day, year) Oct. 27, 1906

6. Sex Female **7.** Twin or Triplet -- If so—born 1st, 2nd, 3rd -- **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wallace Kenneth Pope
11. Color or Race Amer. **12.** Age at time of THIS birth 20 yrs.
13. Birthplace Oakley, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME May Soloma Prescott
17. Color or Race Amer. **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Liberty, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Cassia } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person ~~xxx~~ all ~~xxxx~~ her life, and that Katie Clark (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May Pope Signature

1171 North Oakley, Burley, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of September, 1942

(SEAL) Notary Public, residing at Burley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 18 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

351-202-030-699

356148

United States
Department of Commerce
Bureau of the Census

SEP 15 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No. no st address
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Ruth Adele Leabo

5. Date of Birth of Child (Month, day, year) Oct 2 1906

6. Sex Girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy yes 9 9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** George Albert Leabo
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Dewey's Town (City or town) Montana (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie Alwilda Wright
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Salmon City (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Cowlitz } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 36 years, and that F. S. Wright, M. D. (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Albert Leabo, Signature
636, 15th Ave. Longview, Wash. P. O. Address

Subscribed and sworn to before me this 12 day of September, 1942

(SEAL) Della Germain Notary Public, residing at Longview,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 15 1942 by Mary E. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-212006 469

356152

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot, Idaho.
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: Home residence.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida.

4. FULL NAME OF CHILD Nora Portela Stevenson.

5. Date of Birth of Child (Month, day, year) Sept-12-1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Monroe Stevenson

11. Color or Race white

12. Age at time of THIS birth 50 yrs.

13. Birthplace State of Kentucky
(City or town) (State or foreign country)

14. Exact Occupation Construction worker

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Belle Morris

17. Color or Race white

18. Age at time of THIS birth 30 yrs.

19. Birthplace Pleasantburg Missouri
(City or town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Cache }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 36 years, and that Nora Portela Stevenson (First name) (Last name) who attended this birth [redacted] (Is now living) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Calice White Signature
1314 Ida St Boise Ida P. O. Address

Subscribed and sworn to before me this 10th day of August, 1942.

(SEAL) Walter Kimmerly, Clerk of Walla Walla County, Washington
By [illegible] Deputy

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 19 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 2 1942

NOV 12 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

251-230010 293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357132
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 9 months 25 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD EMMA MATILDA BEALE

5. Date of Birth of Child (Month, day, year) Dec. 30, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Ira Beale
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Walnut, Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Painting
15. Industry or Business Painter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Matilda Silfver
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ida (First name) Beale (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address 473 S 1/2 Lake Long Ave Los Angeles Cal. Date Sept. 11 1942

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for over 35 years, and that William (First name) Kinnaird (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ida Silfver Beale Signature
Idaho Falls, Idaho 233 Basalt P. O. Address

Subscribed and sworn to before me this 29th day of May, 1942.
(SEAL) Marie Bundy Notary Public, residing at Idaho Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 27 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1961

SEP 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-211003-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357135
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Center St.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City POCATELLO
(d) Street Address or R.F.D. No. Center St
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida

4. FULL NAME OF CHILD Goldie May Bear

5. Date of Birth of Child (Month, day, year) Aug. 11, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John W. Bear
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Richmond (City or town), Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Heath Toler
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Richmond (City or town), Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 36 years, and that Dr. (First name) Barton (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella H. Toler Bear Signature
312 So. Walker St. San Pedro, Calif. P. O. Address

Subscribed and sworn to before me this 15th day of September, 1942

(SEAL) Hattie V. Greene Notary Public, residing at 612 So. Center St. San Pedro, Calif.

My Commission Expires April 19, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

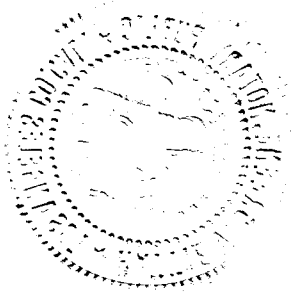
SEP 29 1964

SEP 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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357155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Woodside
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Woodside
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Emil Carl Hartwig
5. Date of Birth of Child (Month, day, year) July 1, 1906
6. Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Herman Hartwig
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Levine
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 + years of age, that I have known this person for 36 years, and that Unknown (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Katherine Ann McDermott + Signature
Winchester, Ida. P. O. Address

Subscribed and sworn to before me this 27 day of Aug., 1942
(SEAL) John L. Phillips Notary Public, residing at Lewiston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

351-223010 231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357206
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years 24 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Ida.

4. **FULL NAME OF CHILD** Merry Ruth Leavell
5. Date of Birth of Child (Month, day, year) Dec. 23 1906
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oliver W. Leavell
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Unionville (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrta Vitula Stanley
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Unionville (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Myrta (First name) Leavell (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 36 years, and that Dr. C. E. Jones (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrta Leavell Signature
Oakland California 2574 E. 27th St. P. O. Address

Subscribed and sworn to before me this 16th day of September 1942

(SEAL) Lillian Bennett Notary Public, residing at Oakland California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1942 by Mabel F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-131-003-396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 357260

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

SEP 9 1942

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. South Hayes 202
   (d) Name of Hospital or Maternity Home: At our home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. South Hayes 202
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.
   (f) Mother's mailing address Pocatello Idaho

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Ephraim Stanley Miller

5. Date of Birth (Month, day, year) July 31, 1906

6. Sex male

7. Twin or Triplet

If so born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Ellsworth Miller
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Fairfield (City or town) Iowa (State or foreign country)
14. Exact Occupation Railroad Conductor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Crossley
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Liberty (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Mark H. Miller
(Registrar's signature)

26. (a) ..... (Date received) (b) .....

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Albert E. Miller, being first duly sworn, say that I am Related by (Related to (or) acquainted with) Ephraim Stanley Miller (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Steele (Name of attendant at birth), who attended said birth Is Now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Albert E. Miller
Signature

Rigid Ida. RD #1
P. O. Address

Subscribed and sworn to before me on this 3rd day of September 1942

(SEAL)

Albert W. Jones
Notary Public, residing at Montpelier Idaho
Notary Public, Residing at Montpelier, Idaho
My Commission Expires April 14, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope, bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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SEP 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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357279

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 24 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls.
(c) Street Address or R.F.D. No. 300 N. Eastern Ave
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls, Idaho
(d) Street Address or R.F.D. No. 300 N. Eastern Ave
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Ida

4. **FULL NAME OF CHILD** George Harold Wilson

5. Date of Birth of Child (Month, day, year) Nov 22nd 1906.

6. Sex Whole

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Leon Wilson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Sacramento (City or town) California (State or foreign country)
14. Exact Occupation Rail Road Brakeman
15. Industry or Business U. P. R. R. Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Caroline Smith
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business at Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that Dr. Wm Coulthard (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nurse is dead - Comm. Exp. Oct 11, 1943

Hattie C Wilson Signature

586 N. Water — P. O. Address

Subscribed and sworn to before me this 23 day of September, 1942.

(SEAL) Marie Markowski Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 24 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357290
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Cora
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 4 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Latah
(c) City Cora
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1/3rd yrs.

3. RESIDENCE OF FATHER (city, state) Cora, Idaho

4. FULL NAME OF CHILD Ethel Inez Newton

5. Date of Birth of Child (Month, day, year) 2/17/1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Edward Newton
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace (City or town) KANSAS (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amanda Elizabeth Goff
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Labette, County, Kas. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Stevens

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 36 years, and that Mrs. Frank Martin (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amanda E. Newton Signature

Addy, Wash., Route #1 P. O. Address

Subscribed and sworn to before me this 27th day of JUNE, 19 42

(SEAL) Notary Public, residing at Colville, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

SEP 24 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. No. 117 Asbury St
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No No. 117 Asbury St.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Ida.

4. **FULL NAME OF CHILD** Thelma Ella Purtteman

5. Date of Birth of Child (Month, day, year) Aug. 20-1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Leon Heubert Purtteman
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Waterville, Kansas (City or town) (State or foreign country)
14. Exact Occupation U.S. Imployee
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Maude Morgan
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Albion Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that Dr. Chas Gritman (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Maude Purtteman Signature

Okanogan, Washington P. O. Address

Subscribed and sworn to before me this 21 day of Sept., 1942

(SEAL) Lewis H. St John Notary Public, residing at Okanogan

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 24 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

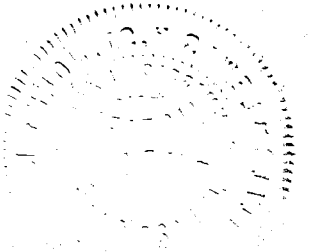
MAY 14 1969

SEP 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

SEP 22 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357312
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Caldwell, Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years one months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 mo. 15 da yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Ida

4. **FULL NAME OF CHILD** Frank Leroy Fisher

5. Date of Birth of Child (Month, day, year) Nov. 25, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andrew Jackson Fisher
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Ray County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Albertson
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Ray County, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 37 years, and that Orpha (First name) Garven (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew Jackson Fisher Signature

Clayton, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of September, 1942

(SEAL) [signature] Notary Public, residing at Challis, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 22 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-22-0256 95

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 11 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357338
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Keuterville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 10 months 13 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Keuterville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Regina Cecelia Andre

5. Date of Birth of Child (Month, day, year) Sept 22 1906

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Martin P. Andre
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace State of Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cecelia Magdalena Winkler
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Heron Lake, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that Mrs. Frank J. Winkler (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cecilia M. Andre Signature

Keuterville, Idaho P. O. Address

Subscribed and sworn to before me this 9 day of September, 1942

(SEAL) Notary Public, residing at Cottonwood, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 11 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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SEP 13 2004

SEP 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 38, Idaho Code Annotated, when~~ such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699-12-016-249

357369

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357369
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. ——
(d) Name of Hospital or Maternity Home: Foster Mothers Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 1 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Albion, Idaho

4. FULL NAME OF CHILD Richard Arlo Fritz

5. Date of Birth of Child (Month, day, year) 29, Jan, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Arthur Fritz
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace West Bend, Iowa (City or town) (State or foreign country)
14. Exact Occupation Comon Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Velma Burke
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Albion, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Nevada } ss.
County of Elko }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 36 years, and that Dr Story (First name) ____ (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena Velma Fritz (Dougherty) Signature
Jarbidge, Nevada P. O. Address

Subscribed and sworn to before me this 19th day of September, 1942

(SEAL) Rachel E. Baty Notary Public, residing at Jarbidge Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 24 1942 by ____ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

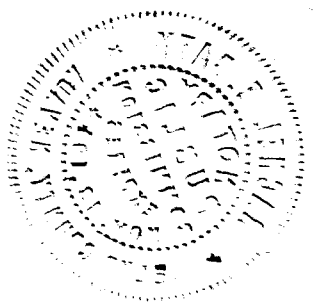
SEP 30 1942

MAR 12 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



699-227016-249

357370

United States
Department of Commerce
Bureau of the Census

SEP 24 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: Foster Mothers Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Albion Idaho

4. FULL NAME OF CHILD Irene Loretta Fritz

5. Date of Birth of Child (Month, day, year) 27, Dec, 1906

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Arthur Fritz
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace WEST BEND (City or town) IOWA (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Velma Burke
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Albion, Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nevada
County of Elko } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 35 years, and that Dr Renvold (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena Velma Fritz (Dougherty) Signature
Jarbidge, Nevada P. O. Address

Subscribed and sworn to before me this 19th day of September 1942
(SEAL) Rachel E. Baty Notary Public, residing at Jarbidge, Nevada
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 24 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

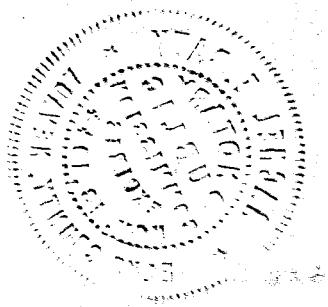
APR 6 1973

SEP 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



613-115025-313

357373

United States
Department of Commerce
Bureau of the Census SEP 17 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Harrisburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Harrisburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 Mo. XX

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Charles David Faler

5. Date of Birth of Child (Month, day, year) 8-15-1906

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Washington Faler
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Logan County, Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Adorthy Jane Calvert
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Near Walla Walla, Wash. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Adorothy Faler Ferguson (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 36 years, and that Not attended by (First name) Physician (Last name), who attended this birth Husband dead. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adorthy Jane Ferguson Signature

Albion, Washington. P. O. Address

Subscribed and sworn to before me this 16th day of September, 1942

(SEAL) Luther Giles Notary Public, residing at Pullman, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9[illegible] Idaho Code Annotated.)

Received for filing on SEP 17 1942 by Mabel [illegible], Registrar.

JAN 26 1971

SEP 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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357387

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 25 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Arimo
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Arimo
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Lee Pannell

5. Date of Birth of Child (Month, day, year) Nov 23 1906

6. Sex boy

7. Twin or Triplet no If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Thomas Kimbro Pannell
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Wilmot (City or town) N. Carolina (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah E. Arntsen
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation living on Farm.
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Live (Born alive, stillborn) at Arimo Ida on the date and at the place stated above, and that personal particulars were furnished by Hannah Pannell (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Sacramento }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 35 years, and that Sarah Pannell (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Hannah E. Pannell Signature
304 No 12th St Sacramento Calif P. O. Address

Subscribed and sworn to before me this 23rd day of September, 1942
(SEAL) Thomas W. Olson Notary Public, residing at Sacramento Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 25 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

559-114 039-819

357398

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 28 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county / years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) American Ida

4. FULL NAME OF CHILD Clarence Wyman Verbeck

5. Date of Birth of Child (Month, day, year) 12/14/1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lyell Arthur Verbeck
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Marysville (City or town) Calif. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Hartley
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Bountiful (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Lane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Wife (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that Mary Franklin (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. C. W. Verbeck Signature

1748 Polk St. Eugene, Ore. P. O. Address

Subscribed and sworn to before me this 25 day of Sept, 1942

(SEAL) L. K. Striker Notary Public, residing at Eugene Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

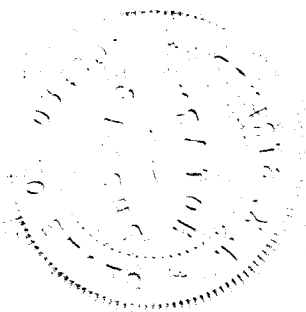
DEC 4 1970

SEP 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



453-207006-168

United States Department of Commerce Bureau of the Census

SEP 24 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357400
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls

4. **FULL NAME OF CHILD** Merle Irene Melquist

5. Date of Birth of Child (Month, day, year) 1-7-'06. Ida.

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Ebenezer Melquist
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace West Point (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mamie Lydia Johnson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Oakland (City or town) Nebr. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 36 years, and that unknown (First name) (Last name), who attended this birth V (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mamie Lydia Johnson Melquist Signature

138-7th St. Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of August, 19 42

(SEAL) Olga Eberhardt Clerk of Probate Court, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ____ by ____, Registrar.

SEP 24 1942

SEP 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

436 111014-693 OCT 5 1942 357442 357442

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Albert Floyd McWilliams

5. Date of Birth of Child (Month, day, year) Nov. 11 - 1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Austin McWilliams
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation Livery Stable
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Ada Williams
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace (City or town) Missouri (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silloid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Minnie Ada Williams (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature R R Woodward, M.D. ~~Midwife~~ Address Payette, Idaho Date 10/3/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-229022-69 357456 357456

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St Anthony
   (c) Street Address or R.F.D. No.....
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 35 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St Anthony
   (d) Street Address or R.F.D. No. 0
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Fremont Idaho

4. **FULL NAME OF CHILD** Jennie Davis

5. Date of Birth of Child (Month, day, year) March 29 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Glen Sheldon Davis
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Helper (City or town) Utah (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Aurelia Pinena Wardell
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Preston (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of ~~Fremont~~ Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 36 years, and that Dr. Middleton (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Aurelia White Signature

..... P. O. Address

Subscribed and sworn to before me this 9th day of October, 1942

(SEAL) Mason E Orr Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 9 1942 by Mary F Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

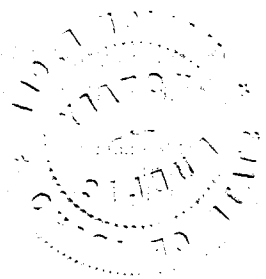
APR 19 1968

OCT 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



485-123029-593

3577464 357464

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357464
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD JAMES RICHARD DYER

5. Date of Birth of Child (Month, day, year) MAY 23, 1906

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 7 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME BOOKER DYER
11. Color or Race WHITE **12.** Age at time of THIS birth 40 yrs.
13. Birthplace TENNESSEE (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARTHA EMILY VITTITOE
17. Color or Race WHITE **18.** Age at time of THIS birth 34 yrs.
19. Birthplace TENNESSEE (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for his life years, and that Hinkle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Booker Dyer Signature

P. O. Address

Subscribed and sworn to before me this 5th day of October, 1942.

(SEAL) Edward C. Butler Notary Public, residing at Lewiston, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires 9-14-45.

Received for filing on OCT 12 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 9 1968

OCT 1 2 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335-213035-291

United States
Department of Commerce
Bureau of the Census

SEP 28 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357496
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Gifford
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Gifford
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gifford, Idaho

4. **FULL NAME OF CHILD** Mabel Inez Cleveland

5. Date of Birth of Child (Month, day, year) April 13-1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Mathew Cleveland
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Sweetwater (City or town) Tennessee (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Celeste Brake
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Cantonville (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 36 years, and that Dr J. J. Harrington (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Satie Cleveland Wahl Signature
Clarkston, Wash P. O. Address

Subscribed and sworn to before me this 25th day of Sept, 1942

(SEAL) Russell Randall Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter [redacted]911 Session Laws, has not been recorded, or in case of failure to [redacted]t any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in [redacted]ureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-230 014-259

United States
Department of Commerce
Bureau of the Census

SEP 30 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357543
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CANYON (b) City NAMPA
(c) Street Address or R.F.D. No. DEERFLAT RESERVATION
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County
(c) City NAMPA
(d) Street Address or R.F.D. No. DEERFLAT RESERVATION
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD BADONA LEAH LEVINSON

5. Date of Birth of Child (Month, day, year) Nov. 30, 1906

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** HERMAN J. LEVINSON
11. Color or Race W
12. Age at time of THIS birth 27 yrs.
13. Birthplace CHICAGO (City or town) ILLINOIS (State or foreign country)
14. Exact Occupation ENGINEER
15. Industry or Business U.S. GEOLOGICAL SURVEY

MOTHER OF CHILD

16. **FULL MAIDEN NAME** DORA BERMAN
17. Color or Race W
18. Age at time of THIS birth 27 yrs.
19. Birthplace CHICAGO (City or town) ILLINOIS (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of PENNSYLVANIA
County of PHILADELPHIA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 35 years, and that DOCTOR (First name) MURPHY (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

H J Levinson Signature
4929 N. Warnock St. Philadelphia, Pa. P. O. Address

Subscribed and sworn to before me this 26th day of September, 1942
(SEAL) Kim G. Dix Jr. Notary Public, residing at Phila, Pa.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-[illegible] Idaho Code Annotated.)

Received for filing on SEP 30 1942 by Mabel F. Eldefers, Registrar.

NOTARY My Commission Expires [illegible] 1943

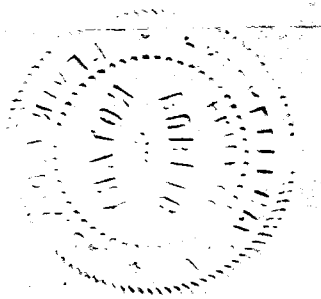
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



294-116020-292

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357544
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ELMORE (b) City MOUNTAIN HOME
(c) Street Address or R.F.D. No. NONE.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ELMORE
(c) City MOUNTAIN HOME
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** JESSE. MILES. BRUCE

5. Date of Birth of Child (Month, day, year) JULY 16. 1906

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ROBERT. WALLACE. BRUCE
11. Color or Race WHITE
12. Age at time of THIS birth 40 yrs.
13. Birthplace AUSTIN (City or town) NEVADA (State or foreign country)
14. Exact Occupation PAINTER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARTHA. F. BISHOP
17. Color or Race WHITE
18. Age at time of THIS birth 35 yrs.
19. Birthplace CARROLL. COUNTY. ARKANSAS (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 36 years, and that DR. NEWKIRKE (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert Wallace Bruce Signature

P. O. Address

Subscribed and sworn to before me this 16th day of September, 1942

(SEAL)

Notary Public, residing at 510 NE 28 Ave Portland Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 29 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-203004816

357579

United States
Department of Commerce
Bureau of the Census

SEP 21 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. (Old Town
(d) Name of Hospital or Maternity Home: At own home
(e) Mother's stay **BEFORE** delivery: IN THIS county Two years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier (Old Town)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) 2 years

4. **FULL NAME OF CHILD** Jessalyn Fitch

5. Date of Birth of Child (Month, day, year) May 25, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Champlain Fitch
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Central City, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Switchman
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Linwood Hawthorne
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Muscatine, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic ~~used to~~ prevent Ophthalmia Neonatorum 1% Argenti Nitrosi

23. ~~Number of children of this mother: (a) At time of birth and including this child~~ 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 11:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Self (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's OWN signature [signature] M.D. ~~Midwife~~ Address 4691-E, Talmage Dr. San Diego Calif. Date 9-28-42 9-18-42

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 36 years, and that Poynter (First name) (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Champlain Fitch Signature
321 Diamond St. Redondo Beach, Cal. Address

Subscribed and sworn to before me this 18th day of September, 1942

(SEAL) Marian L. Giesler Notary Public, residing at Redondo Beach

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255116-029-262

357617

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 2 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City KENDRICK
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City KENDRICK
(d) Street Address or R.F.D. No. Idaho
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** LEROY KENNETH KENNEDY
5. Date of Birth of Child (Month, day, year) Dec. 16, 1906
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John H. KENNEDY
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Strong (City or town) Maine (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Tillie Bell Koker
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace ~~(City or town)~~ Clowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6th (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ~~Idaho~~ Washington
County of ~~Lt.~~ Whatcom } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 35 years, and that Zella (First name) Koker (Last name), who attended this birth T. B. Kennedy (Is now deceased) or (cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Glenn Lee Koker Signature
R #2 Sedro Woolley Wn P. O. Address

Subscribed and sworn to before me this 29 day of Sept, 1942

(SEAL) Fred M. Glenn Notary Public, residing at Bellingham Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 2 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 5 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter ~~191, 1911 Session Laws, has not been recorded, or in case of failure to~~ report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219 123 030-296

357675

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 5 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357675
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Salmon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Salmon
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 1yr.10mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Lester Bernard Barton

5. Date of Birth of Child (Month, day, year) April 23,1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Bernard Barton
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Fenton, St. Louis Co., Mo. (City or town) (State or foreign country)
14. Exact Occupation teamster
15. Industry or Business freighting

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sophia Brouk
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Highridge, Jefferson Co.Mo. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of MONTANA
County of SILVER BOW } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 36 years, and that Dr. [illegible] (First name) Whitwell (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sophia Barton Signature

821 Highland Avenue, Butte, Montana P. O. Address

Subscribed and sworn to before me this 1st day of October, 1942

(SEAL)

[signature] Notary Public, residing at Butte, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 - 1942 by [signature], Registrar.

OCT 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-103029-295

357682

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 5 - 1942

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick, Ida

4. FULL NAME OF CHILD Rolland Theodore Cook

5. Date of Birth of Child (Month, day, year) Feb. 3, 1906.

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** George Theodore Cook
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Parkville, (City or town) Missouri. (State or foreign country)
14. Exact Occupation Brickmason.
15. Industry or Business Brickwork construction.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Jane Breakey,
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Worthington, (City or town) Iowa. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business In own home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Oregon, County of Coos. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 36 years, and that Dr. (First name) Rothwell (Last name), who attended this birth is now deceased, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Theodore Cook Signature

Rt. 1, Box 143, AB, Marshfield, Ore. P. O. Address

Subscribed and sworn to before me this 3rd day of October, 1942.

(SEAL) O. C. Sanford Notary Public, residing at Coquille, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. exp. 9-29-1943

Received for filing on OCT 5 - 1942 by ____, Registrar.

OCT 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-217030-255

357687

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Montana (b) County Beaverhead
(c) City Barrett Station (Dillon)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Lifetime 30 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Marcella Hunter

5. Date of Birth of Child (Month, day, year) 1-17-06

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy full time

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ralph Murdock Hunter
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Cromwell Kenney
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Morristown, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum nothing

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Sacramento } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 34 years, and that Dr Ben H Kenney (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Brellie Brown Cohen Signature

Box 781 R-1 Fair Oaks Calif. P. O. Address

Subscribed and sworn to before me this 26th day of June, 1942

(SEAL) W E Raymond Notary Public, residing at Fair Oaks Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 1942 by Mabel F Clifton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 7 1942

JAN 14 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

357688

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

[illegible] at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
None - born at home
(e) Mother's stay **BEFORE** delivery:
6 IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) ~~Street Address~~ or R.F.D. No. Farm
(e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Idaho

4. **FULL NAME OF CHILD** MAYME LOUISE IEMAN
5. Date of Birth of Child (Month, day, year) Sept. 10, 1906
6. Sex Female
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Andrew Ieman
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Unknown (City or town) Russia (State or foreign country)
14. Exact Occupation Livestock dealer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Ann McMurdie
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Paradise (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 36 years, and that J. B. Cooper (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Stout Signature
313 W. 135th St. Hawthorne, Calif. P. O. Address

Subscribed and sworn to before me this 26th day of September, 1942

(SEAL) Mae Daly Notary Public, residing at Los Angeles, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETE case in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 7 1942

[redacted]

NOV 3 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165 712 007-212

357691

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 5 - 1942

State File No. 357691
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Bellevue
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years 10 months 29 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Bellevue
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bellevue, Idaho

4. **FULL NAME OF CHILD** Louis Martin Jones

5. Date of Birth of Child (Month, day, year) June 12, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Walter Jones
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace St. James (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosezella Anna Baker
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Elgin (City or town) Oregon (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that Dr. (First name) Allen (Last name), who attended this birth is no deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosezella A. Jones Signature

Shoshone, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of Sept 19 42

(SEAL) Carolyn Walker Clerk of the Dist. Court Notary Public, residing at Shoshone Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 - 1942 by Mary F. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-22/029 691

357692

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. S. Asbury St.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. S. Asbury St
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Ida.

4. FULL NAME OF CHILD Helen May Kershner

5. Date of Birth of Child (Month, day, year) Jan. 21, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Jesse Walter Kershner
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Greenville, Illinois. (City or town) (State or foreign country)
14. Exact Occupation Grocery Deliverman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Florence Frazee
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Butler, Missouri (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 36 years, and that Anna Alice Frazee (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora Florence Kershner Signature

W. 218, Riverside Ave. Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 2nd day of October, 1942

(SEAL) ____ Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 6 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

693-12-7006-153

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357747
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Kimball
(c) Street Address or R.F.D. No. 3 Blackfoot
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Kimball
(d) Street Address or R.F.D. No. 3 Blackfoot
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) Kimball Idaho

4. FULL NAME OF CHILD Ezeriah A. Williams

5. Date of Birth of Child (Month, day, year) Dec. 27 1906

6. Sex male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ezeriah F. Williams
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Samaria (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes J. Anthony
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace St John (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living none

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Bingham } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 58 years of age, that I have known this person for 36 years, and that Mrs. Engelstaom (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Agnes J Williams Signature

Blackfoot, Idaho Box 204 P. O. Address

Subscribed and sworn to before me this 22 day of September 1942

(SEAL) C. B. Harris Notary Public, residing at Blackfoot Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on SEP 24 1942 by Mary F. Leber, Registrar.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652 107028-384

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 7 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357748
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Copeland
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: born at home of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county / years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Copeland
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Same as Mother

4. FULL NAME OF CHILD Erwin Andrew August Wester Reger

5. Date of Birth of Child (Month, day, year) July 7, 1906

6. Sex male **7.** Twin or Triplet No **If so—born** 1st, 2nd, 3rd No **8.** No. months of Pregnancy Nine **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME August Andrew Westermeyer
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Strassburg (City or town) Alsace Lorraine Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same as Occupation

MOTHER OF CHILD

16. FULL MAIDEN NAME Olga Emma Thulke
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Henkuden (City or town) Kreis Danzig Germany (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business none other

22. ~~Name prophylactic~~ used to prevent Ophthalmia Neonatorum don't know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon
County of Multnomah } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that (Midwife) Don't remember (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

* Olga Westermeyer Mottinger Signature

1533 NE 47th Portland Oregon P. O. Address

Subscribed and sworn to before me this ____ day of OCT 3 - 1942, 19____

(SEAL) B M Korhonen Notary Public, residing at Portland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires January 23, 1943

Received for filing on OCT 7 - 1942 by Mark Tipton, Registrar.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local ~~registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381 214021 319

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357752
Local Reg. No. 55
Reg. Dist. No. 540

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No. 20 N 1 E
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 34 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No. 109 E 1 N
(e) How long has **MOTHER** lived in Idaho? All yrs.

3. RESIDENCE OF FATHER (city, state) Preston, Ida

4. FULL NAME OF CHILD Grace Chatterton

5. Date of Birth of Child (Month, day, year) July 14, 1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wilford Chatterton
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace DeepCar (City or town) England (State or foreign country)
14. Exact Occupation Various
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Card
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Althea C. Greaves (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 36 years, and that Dr. A. R. Cutler Sr. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Althea C Greaves
Signature

83 N 1 W Preston, Idaho
P. O. Address

Subscribed and sworn to before me this 5 day of October 1942

(SEAL)

Lau Marshall
Notary Public, residing at Preston Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 10-3-1942 by Effie W. [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

OCT 7 - 1942 STATE OF IDAHO

State File No. 357757
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Sandpoint
(c) Street Address or R.F.D. No. No. Third St.
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay BEFORE delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Sandpoint
(d) Street Address or R.F.D. No. No. Third St.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint, Idaho

4. FULL NAME OF CHILD CHARLES ALLEN PENNINGTON

5. Date of Birth of Child (Month, day, year) Feb. 26, 1906

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Joseph Richardson Pennington
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Doylestown, Penna. (City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Operated Meat Market

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Josephine Shales
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Pleasant Valley, Penna. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date

Whereabouts of attending physician, Dr. Slusser, and nurse not known.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho, County of Bonner. } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 36 years, and that Dr. Slusser (First name) (Last name), who attended this birth cannot be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Josephine Pennington Signature

Sandpoint, Idaho P. O. Address

Subscribed and sworn to before this 14th day of September, 19 42.

(SEAL) Allen R. Baker, Notary Public, residing at Sandpoint, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 7 - 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381 201029249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 5 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357763
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Viola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mt Parents Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Viola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Viola Idaho

4. FULL NAME OF CHILD MARGARUITE ALMEDA CHANEY

5. Date of Birth of Child (Month, day, year) DECEMBER 1-1906

6. Sex FEMALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy NINE

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** LIVEY JACKSON CHANEY
11. Color or Race WHITE
12. Age at time of THIS birth yrs.
13. Birthplace Porra (City or town) ILLINOIS (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELIZABETH PEARLINA BURCHAM
17. Color or Race WHITE
18. Age at time of THIS birth 31 yrs.
19. Birthplace Willapill (City or town) ILLINOIS (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child EIGHT (b) Born alive and now living EIGHT

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for life years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My commission expires Sept. 17-1946 Mrs Pearl Chaney Signature
3816 S.E. 42 Portland Ore P. O. Address

Subscribed and sworn to before me this 1 day of October, 1942

(SEAL) Maggie M. Huff Notary Public, residing at 8071 S.E. 13th Ave Portland, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

~~Where the birth of a child~~ born prior to the ~~effective~~ date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-218044818

United States
Department of Commerce
Bureau of the Census

OCT 7 - 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357767
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County WASHINGTON (b) City WEISER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 8 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City WEISER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) WEISER IDAHO

4. FULL NAME OF CHILD NOLA LAVERNE HOWARD

5. Date of Birth of Child (Month, day, year) SEPT. 18, 1906

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN WESLEY HOWARD
11. Color or Race WHITE
12. Age at time of THIS birth ..... yrs.
13. Birthplace JEFFERSON (City or town) ILLINOIS (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SARAH ELIZABETH HAYSE
17. Color or Race WHITE
18. Age at time of THIS birth 37 yrs.
19. Birthplace JEFFERSON (City or town) ILLINOIS (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of PAYETTE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 36 years, and that EMMA (First name) HAYSE (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Effie Jane Adams Signature
Payette Idaho P. O. Address

Subscribed and sworn to before me this 6th day of October, 1942

(SEAL) Gladys McRae Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 7 - 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389 126006696

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 7 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357772
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Basalt
(c) Street Address or R.F.D. No. or Shelley, Ida. R. #2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Basalt
(d) Street Address or R.F.D. No. or Shelley, Ida. R. 2
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Basalt, Idaho

4. FULL NAME OF CHILD Guy Benjamin Christensen

5. Date of Birth of Child (Month, day, year) March 26, 1906

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Christian H. Christensen
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Hyrum, Cache Co., Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business at home

MOTHER OF CHILD

16. FULL MAIDEN NAME Bena Marie Frogner
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Hyrum, Cache Co., Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓ argyrol 10% Solution
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 a. M. on the date and at the place stated above, and that personal particulars were furnished by Lyma C. Croft (First name) (Last name), who is related to this child as sister. (family genealogian) (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley Ida. Date 9-4-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 7 - 1942 by Mabel Hilton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 30 1952
MAR 1 [illegible]

863-220-014-455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 7 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357821
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 302 So 12th Ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 302 So 12th Ave
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Nita Hollrich

5. Date of Birth of Child (Month, day, year) Feb. 20, 1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Hollrich
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Oberweisenbach, Bavaria, Germany (City or town) (State or foreign country)
14. Exact Occupation Harness Maker
15. Industry or Business Harness Maker

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Jane Dennerline
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Atlanta, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — **MD.** Midwife — Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for ..... years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma J. Hollrich Signature
P. O. Address

Subscribed and sworn to before me this 4th day of September, 1942

(SEAL) Kathryn D. Harthoff Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 7 - 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-122-10-419

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357832
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Swan Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Parent's home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Swan Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Swan Valley, Idaho

4. **FULL NAME OF CHILD** Allen Lathan Butler

5. Date of Birth of Child (Month, day, year) Dec. 22, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Samuel Butler
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Grace (City or town), Idaho (State or foreign country)
14. Exact Occupation General farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Booth Martin
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Evanston (City or town), Wyoming (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 36 years, and that Mrs. Lora Weeks (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Comm.expires
Oct. 15, 1944

Margaret Booth Butler. Signature
Swan Valley, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of October, 19 42

(SEAL) Grace Traughber Notary Public, residing at Swan Valley, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-911 Idaho Code Annotated)

Received for filing on OCT 8 1942 by [illegible], Registrar.

OCT 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-213-014-146

United States
Department of Commerce
Bureau of the Census

OCT 8 - 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357833
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 412 - 6 St No
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 412 - 6 StNo
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Id a.

4. FULL NAME OF CHILD Virginia Varnon Finley

5. Date of Birth of Child (Month, day, year) 9/13/1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Luther Finley
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Franklin, Missouri (City or town) (State or foreign country)
14. Exact Occupation Electrical Worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iva Viola Amos
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Cuba, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that Do not know (First name) (Last name), who attended this birth X (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

H L Finley Signature

Bldg - Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 7 day of October, 1942

(SEAL) R N Gilbert Notary Public, residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 8 - 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-116-035-049

United States
Department of Commerce
Bureau of the Census OCT 8 - 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357858
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lenora
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lenora
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Amos Orbie Mael

5. Date of Birth of Child (Month, day, year) Sept 16 1906

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Amos Oren Mael
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Marion Co. (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice May Burford
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Polk Co. (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Daisy (First name) Dykes (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 15 years, and that Daisy (First name) Dykes (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice May Burford Mael Signature
Albion Washington P. O. Address

Subscribed and sworn to before me this 6 day of October, 19 42

(SEAL) Evelyn Weeks Notary Public, residing at Pullman
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 8 - 1942 by Mabel E. Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

.791-225-031-915

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 9 - 1942

State File No. 357874
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County LEWIS (b) City FOREST
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: rural
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Forest
(d) Street Address or R.F.D.No. rural
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Forest

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD ARDIE LEE PRALL

5. Date of Birth (Month, day year) Feb.25,1906

6. Sex Female

7. Twin or Triplet xx If so—born 1st, 2nd, 3rd xx

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	LEO FRANK PRALL	16. FULL MAIDEN NAME	FLORENCE RANDLEMAN
11. Color or Race	White	17. Color or Race	White
12. Age at time of THIS birth	34 yrs.	18. Age at time of THIS birth	34 yrs
13. Birthplace (City or town)	~~Pas Moines~~ Iowa City Iowa (State or foreign country)	19. Birthplace (City or town)	~~Pas Moines~~ Carlisle Iowa (State or foreign country)
14. Exact Occupation		20. Exact Occupation	
15. Industry or Business	Homesteader	21. Industry or Business	Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum xx

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of California
County of Stanislaus } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, LEO FRANK PRALL, being first duly sworn, say that I am ~~[illegible]~~ related to (Related to (or) acquainted with) ARDIE LEE PRALL (Name of person on certificate above) as her Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Swords (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Leo Frank Prall Signature

Livingston, California P. O. Address

Subscribed and sworn to before me on this 30th day of September, 1942.

(SEAL) R. Waring Notary Public, residing at County Recorder & ex officio Notary Public.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1966

OCT 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, ~~or in~~ case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest ~~of~~ kin or gaurdian, or some person having direct knowledge in the premises.

439-110-044-293

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357880
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho. (b) County Washington.
(c) City Midvale.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale, Ida

4. FULL NAME OF CHILD Clifford Irwin McRoberts.

5. Date of Birth of Child (Month, day, year) April 10, 1906

6. Sex Male.

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Earl Willard McRoberts.
11. Color or Race White.
12. Age at time of THIS birth 24 yrs.
13. Birthplace Goldfield, Iowa. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Farming & Stock raising.

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Dell Kilborn.
17. Color or Race White.
18. Age at time of THIS birth 23 yrs.
19. Birthplace Midvale, Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Lincoln, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for since his birth years, and that Dr. Youngblood (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Dell Kilborn McRoberts Signature

Shoshone, Idaho. P. O. Address

Subscribed and sworn to before me this 26th. day of September, 1942.

(SEAL) Carl S. Haddock. Notary Public, residing at Shoshone, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

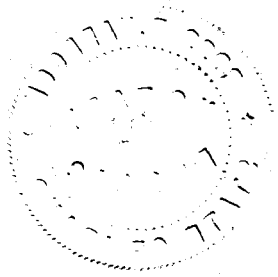
Received for filing on SEP 30 1942 by Mabel Fiedler, Registrar.

OCT 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



299-128-644-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 357889
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Washington (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address (For registration notice):
1695 N. 4th St (Street or R.F.D.) Salem Oregon (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Council Idaho

4. **FULL NAME OF CHILD** Claude Forist Kriegbaum

5. **DATE OF BIRTH** (Month, day, year) 9-28-1906

6. Sex Boy

7. Twin or Triplet (If so—born 1st, 2nd, 3rd)

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Marcus Edwin Kriegbaum

11. Color or Race white

12. Age at time of THIS birth 31 yrs.

13. Birthplace Salina (City or Town) Texas (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Armeda Smith

17. Color or Race white

18. Age at time of THIS birth 17 yrs.

19. Birthplace Mills (City or Town) Nebraska (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Marcus Edwin Kriegbaum (First name) (Last name), who is related to this child as Father (Mother, etc.)

OCT 10 1942

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Frank E. Brown M.D. (D.O., Midwife, etc.)
and address Salem Oregon Date 9-22-42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

OCT 1 2 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

FEB 3 - 1954

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

566-21-5022-214

357892

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 9 - 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 357892
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Chester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elnora Destemona Howard

5. Date of Birth of Child (Month, day, year) Dec. 15-1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Riley Howard
11. Color or Race White **12.** Age at time of THIS birth 52 yrs.
13. Birthplace Pleasant Grove (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Saunders
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Harrisville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Juniette Brown M.D. Midwife Address St. Anthony Date Oct 8 1942

State of }
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL)

Notary Public residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 9 - 1942 by , Registrar.

OCT 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-226-209-533

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 357895

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing) No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Sand Point
   (c) Street Address or R.F.D. No. Lakeside Ave
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Washington (b) County Kittitas
   (c) City Thorp
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 mos yrs.

3. **RESIDENCE OF FATHER** (city, state) Sand Point Idaho

4. **FULL NAME OF CHILD** Olive Victoria Harvey

5. Date of Birth of Child (Month, day, year) June 26, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Beamor Harvey
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Knightstown, Indiana (City or town) (State or foreign country)
14. Exact Occupation Saw Mill Hand
15. Industry or Business Lumbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Etta Ellison
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Thorp, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Regular

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:05 A.M. on the date and at the place stated above, and that personal particulars were furnished by Rose Etta Harvey (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Beatrice Platt M.D. Midwife Address Ellensburg Date Oct 8 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-915, Idaho Code Annotated)

Received for filing on OCT 10 1942 by Mark H. Peterson, Registrar.

OCT 1 2 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

416-112010-442

United States OCT 9 - 1942 (Be sure the information is as of date of birth of THIS child) State File No. 357902
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonivle (b) City Idaho Falls
(c) Street Address or R.F.D. No. 1st
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 3 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonivle
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Clarance Walter Davis

5. Date of Birth of Child (Month, day, year) Oct 12 - 1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. ~~months of Pregnancy~~ 9 mo.

9. ~~Legitimate~~?

FATHER OF CHILD

10. **FULL NAME** Walter Miles Davis
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace West Virginia (City or town) (State or foreign country)
14. Exact Occupation City Water Works
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa Dubach
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation house Wife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter Miles Davis Signature
1st Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me this 11th day of May, 1942

(SEAL) [signature] Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 9 - 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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133-20-1006-155

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 9 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357911
Local Reg. No. 22
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida.

4. FULL NAME OF CHILD Mary Fontella Allen

5. Date of Birth of Child (Month, day, year) July 4, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Allen
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Huntsville, Utah (City or town) (State or foreign country)
14. Exact Occupation Cattle man
15. Industry or Business Cattle raiser

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Jensen
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Aarhaus, Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah } ss.
County of Davis }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 35 years, and that Dr. Mitchell (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lola Ann Allen Orchard Signature

Bountiful, Utah P. O. Address

Subscribed and sworn to before me this 1st day of June, 1942

Com. Exp. Mar. 22, 1945 Notary Public, residing at Bountiful, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 9 - 1942 by Mark Peterson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-206-025-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357913

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Charlotta Wood			2. Date Of Birth (month) October (day) 6 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Woodland
FATHER	6. Full Name of Father: William Asbury Wood			7. State or Country of Father's Birth: Osborn, Kansas
MOTHER	8. Full Maiden Name of Mother: Iona Alvenetta Taylor			9. State or Country of Mother's Birth: Julietta, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]		11. Present Address of Registrant: 4530 Soledad ave. Sacramento Calif
NOTARY (Seal)	Subscribed and sworn to before me on: March 3rd 1964	12. Signature of Notary: George M. Godby		13. Notary Commission expires: 3/21 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage record #8724		By whom issued and signed: W.W.Sunkel, Recorder, Tulare County, State of California	Date Issued: Jan 27, 1964	Date Orig. Entry: Aug. 3, 1932
	Date of Birth: Age 25	Birth Place: Idaho	Full Name of Mother: Iona Taylor	Name of Father: Willie A. Wood	
SUPPORTING RECORD 2.	Type of Document: Hosp. #3213-R copy of hospital record		By whom issued and signed: Dr. Willard C. Fisher, M.D.	Date Issued: ------	Date Orig. Entry: Oct 23, 1955
	Date of Birth: Oct 6,1906	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Census Record		By whom issued and signed: U.S Dept. of Commerce Bureau of Census	Date Issued: Nov 4 1964	Date Orig. Entry: Census of April 15,1910
	Date of Birth: Age 3	Birth Place: Idaho	Full Name of Mother: Iona A. Wood	Name of Father: Willie A. Wood	

QUALIFYING INFORMATION

Certified copy of own child's birth certificate issued Dec 9, 1963, County Recorder Merced County, California. Child born April 26, 1933. Age 26, place of birth Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Joyce B. Foltz	Dec. 7, 1964

FORM BH 56067

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

357913

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 9 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 24 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Woodland
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Woodland
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Woodland, Ida

4. FULL NAME OF CHILD Gladys Charlotta Wood

5. Date of Birth of Child (Month, day, year) Oct. 6, 1907

6. Sex Female **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Asbury Wood
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Osborn, (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Iona Alvenetta Taylor
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Julietta, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children ~~of this mother~~: (a) At time of birth and including this child 2 ~~(b) Born alive and now living~~ 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 35 years, and that Mrs. George, Midwife (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William A. Worrell Signature

Southwick, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of September, 1942

(SEAL) Laurence V. Huff Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on SEP 24 1942 by Mabel E. Fisher, Registrar.

SEP 11 1963
DEC 7 1964
MAR 26 1970
OCT 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-215-010-993 357933 357933

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) ~~City~~ Village, Ammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) ~~City~~ Village, Ammon
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Ammon, Ida.

4. FULL NAME OF CHILD Vera Cecilia Grow

5. Date of Birth of Child (Month, day, year) Dec. 15, 1906

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Cyrus Lot Grow
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Huntsville, Utah. (City or town) (State or foreign country)
14. Exact Occupation Sheepherder and farmer
15. Industry or Business Sheep and farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cecilia Zitting
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Harrisville, now Far West, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 36 years, and that Sophia W. Zitting (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cecilia Zitting Grow Heindel Signature
RFD#5, Idaho Falls, Idaho. P. O. Address

Subscribed and sworn to before me this 9th day of October, 1942

(SEAL) Louise Neefer Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 13 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

854-111-033-154

358013

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. RFD #1
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) 5 yrs Rexburg

4. FULL NAME OF CHILD Joseph LeRoy Hedelius

5. Date of Birth of Child (Month, day, year) 2/11/06

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Carl W. Hedelius
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace ~~some where in Sweden~~ (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business Deceased since 1938

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Anderson
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Stockholm, Sweden (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Deceased Since 1907

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Ben Fife (First name) (Last name), who is related to this child as --neighbor (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 36 years, and that Dr. L. F. Rich (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

* Mrs Ben Fife Signature

Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of July, 1942

(SEAL) Ralph A. Parker Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-10 81 038-963

358016

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

OCT 13 1942 STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County (b) City Fruitland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Fruitland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Fruitland

4. **FULL NAME OF CHILD** LESTER CROSS

5. Date of Birth of Child (Month, day, year) Sept. 8, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Frank Cross
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dorcas Rolph
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace San Pete Co., Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Shasta } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 36 years, and that the midwife, (First name) name unknown, (Last name) who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude Martindale Signature

Free Bridge St., Redding, California P. O. Address

Subscribed and sworn to before me this 9th day of October, 19 42

(SEAL) Evelyn L. Spann Notary Public, residing at Redding, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 13 1942 by Mary E. Eldredge, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

754-230-035-363

358068

United States
Department of Commerce
Bureau of the Census

OCT 14 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Pierce (b) City Summit
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: FARM HOME
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Pierce
(c) City Summit
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ella Marie Peden

5. Date of Birth of Child (Month, day, year) Dec. 30-1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Wilson Peden
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Jennette Locke
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace (City or town) Nebraska (State or foreign country)
20. Exact Occupation
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 9.30 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 61 years of age, that I have known this person for 35 years, and that Jim Laura (First name) Peden (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Bessie Jennette Peden Signature
R 5 Box 364 Seattle Wash P. O. Address

Subscribed and sworn to before me this 9 day of October, 1942

(SEAL) [signature] Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 14 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses ~~prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-220-016-255

358074

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City albion
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: — none home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City albion
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address albion

3. RESIDENCE of FATHER (city, state) albion Id

4. FULL NAME OF CHILD Ruby Ann Winn

5. Date of Birth (Month, day year) Jan 20th 1906

6. Sex Female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Winn
11. Color or Race white
12. Age at time of THIS birth ..... yrs.
13. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lottie Bennett
17. Color or Race white
18. Age at time of THIS birth 20 yrs
19. Birthplace Kaysville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum --
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 9 (c) Born alive and now dead 4 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 15 1942 (Date received) (b) Mabel F. Elsfer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lottie Winn, being first duly sworn, say that I am mother related to (Related to (or) acquainted with) Ruby Ann Winn (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Bennett (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lottie Bennett Winn Signature

Paul, Idaho P. O. Address

Subscribed and sworn to before me on this 26th day of Sept., 1942

(SEAL) Conn. H. Thompson Notary Public, residing at Burley, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

362-011-001-316

358113

358113

United States Department of Commerce Bureau of the Census

OCT 21 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 358113

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Meridian

(c) ~~Street Address~~ or R.F.D. No. 1

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 4 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada

(c) City Meridian

(d) ~~Street Address~~ or R.F.D. No. 1

(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Nelle Elizabeth Tobias

5. Date of Birth of Child (Month, day, year) 5/11/1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Charles Clinton Tobias

11. Color or Race Caucasian **12.** Age at time of THIS birth 27 yrs.

13. Birthplace Allentown, (City or town) Illinois (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Mae Lawler

17. Color or Race Caucasian **18.** Age at time of THIS birth 28 yrs.

19. Birthplace Ramsey (City or town) - Illinois (State or foreign country)

20. Exact Occupation Teacher & housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho }
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 36 years, and that D.W. (First name) Payne (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Lawler Tobias Signature

P. O. Address

Subscribed and sworn to before me this 21st day of October, 1942

(SEAL)

Marion E. Ott Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 21 1942 by Mabel F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 28 1960

OCT 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

993-104-019-319

United States Department of Commerce Bureau of the Census OCT 16 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358153
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD William Houghton Richards

5. Date of Birth of Child (Month, day, year) April 4, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Aaron Houghton Richards
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Bingham (City or town) Utah (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Wagon Mfg. etc.

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Larter
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Moroni (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Francisco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 36 years, and that Dr. Houston (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Mrs. Carolyn Carlyle Signature
1094 Hollister Avenue CITY AND COUNTY OF SAN FRANCISCO CALIFORNIA P. O. Address

Subscribed and sworn to before me this 13th day of October, 1942

(SEAL) Notary Public, residing at

NOTARY PUBLIC IN AND FOR THE CITY AND COUNTY OF SAN FRANCISCO, STATE OF CALIFORNIA
MY COMMISSION EXPIRES JUNE 19, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1942 by , Registrar.

JUN 9 1964

OCT 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, of in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-227-014-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358202
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. Everett St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. Everett
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell Idaho

4. FULL NAME OF CHILD Bessie Mae Sanberg
5. Date of Birth of Child (Month, day, year) Dec. 27 1906
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Charles Gustaf Sanberg
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Blakeley (City or town) Minn (State or foreign country)
14. Exact Occupation Teacher
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Clara Louise Walter
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Camp Release (City or town) Minn (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO_3 Sol.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 A.M. on the date and at the place stated above, and that personal particulars were furnished by my record (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature William E. Waldrop M.D. ~~Midwife~~ Address Parma Ida Date Sept 29 '42

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 35 years, and that Dr. Waldrop (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Clara Sanberg Mother Signature
7718 Cooliss Ave. Seattle Wash P. O. Address

Subscribed and sworn to before me this 26 day of August, 1942
(SEAL) [signature] Notary Public, residing at Seattle Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 29 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

642-204-026-119

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358212
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (Items at time of this birth)
(a) County Jefferson (b) City Lewisville
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 8 months 4 days

OCT 19 1942

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Lewisville
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
3. **RESIDENCE OF FATHER** (city, state) Annis, Idaho

4. **FULL NAME OF CHILD** Madge Ellen Fisher
5. Date of Birth of Child (Month, day, year) 4, Dec. 1906
6. Sex female
7. Twin or Triplet ------ If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** William Oliver Fisher
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Oxfodrd, Idaho (City or town) (State or foreign country)
14. Exact Occupation Business Man
15. Industry or Business General Merchandise

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Bell Jardine
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Lewisville, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate Solution.
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California
County of Ventura } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 35 years, and that Rosy Selck (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Bell Jardine Fisher Signature
1306 Santa Clara Ventura Cal P. O. Address

Subscribed and sworn to before me this 12th day of October, 1942.

(SEAL) J. H. Hammons Notary Public, residing at Ventura, Cal
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm. expires Dec. 4 1943

Received for filing on OCT 19 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2-0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

129-130-025-693

United States
Department of Commerce
Bureau of the Census

OCT 19 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358222
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Woodland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Woodland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs. yrs.

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** F. Marion Akridge

5. Date of Birth of Child (Month, day, year) April, 30, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd XXX

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Everett F. Akridge
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Laddonia, Missouri (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Wilson
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Westville, Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business now farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for since birth years, and that Mrs Hannah George (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emily Akridge Signature

Nezperce, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of October, 1942

(SEAL) [signature] Notary Public, residing at Nezperce, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 1969

OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-206-022-493

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 14 1942

State File No. 359275
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Salem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Salem
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Salem, Ida.

4. FULL NAME OF CHILD Viole Ann Anderson

5. Date of Birth of Child (Month, day, year) 9- 6- 1906

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wilford Ephriam Anderson
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Dille
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I ~~attended~~ knew of the birth of this child, who was (Born alive, ~~stillborn~~) at 6 p. M. on the date and at the place stated above, and that personal particulars were furnished by Wilford Ephriam Anderson (First name) (Last name) related to this child as father ~~(Mother, etc.)~~

25. ~~Attendant's~~ **OWN** signature W. E. Anderson ~~M.D.~~ ~~Midwife~~ Address 2008 SW Taylor Ferry Rd Portland, Oregon Date 10-12-'42

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father ~~(Mother, etc.)~~ of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for since birth years, and that Mrs. Walsh (mid wife) (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wilford Ephriam Anderson Signature

2008 SW Taylor Ferry Rd Portland, Oregon P. O. Address

Subscribed and sworn to before me this 12th day of October, 1942, 19

(SEAL) Josephine Bilyeu Notary Public, residing at 106 Oregon Bldg

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 14 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-110-001-133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359300
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 231 Warm Springs -Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 231 Warm Springs
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Idaho-Boise

4. FULL NAME OF CHILD William Emmanuel March
5. Date of Birth of Child (Month, day, year) Aug. 10, 1906
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Foster William Henry March
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Mt Vernon, Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Foster Elizabeth Alchemberger
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Switzerland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

This certificate issued in accordance with 1937 Idaho Session Laws for issuing birth record of an adopted child. Adoption papers signed August 28, 1906, gives date of birth August 10, 1906, and place of birth Boise, Idaho. Certified copy of adoption filed this 23d day of October, 1942. Director, Bureau of Vital Statistics

Mabel F. Elder

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 36 years, and that unknown (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Barbra Alchenberger Signature
Middleton, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of October, 1942
(SEAL) Emma E. Thompson Notary Public, residing at Caldwell, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on OCT 23 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy re payment of fifty cents, money order or coin.

OCT 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

635-131-029-349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359340
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 6 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee Ida.

4. FULL NAME OF CHILD Charles Nicholes Fleischman

5. Date of Birth of Child (Month, day, year) May 31st 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Nicholes Fleischman
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Uniontown Wash. (City or town) (State or foreign country)
14. Exact Occupation Farm Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda Adalene Currin
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Colton Wash. (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag Nz Sol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Live Born (Born alive, stillborn) at 12,30 PM, on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Hannah Swenson M.D. Midwife Address Genesee Idaho Date May 31, 1926

State of Idaho
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 36 years, and that — (First name) (Last name), who attended this birth — (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilda Adeline Trail Signature

Genesee Idaho P. O. Address

Subscribed and sworn to before me this 19 day of October, 1942

(SEAL) W W Burr Notary Public, residing at Genesee Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 23 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1966

OCT 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-112-026-381

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359361
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rudy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rudy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Rudy, Idaho

4. FULL NAME OF CHILD William Henry Ross

5. Date of Birth of Child (Month, day, year) Feb 12 1906

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Jerret Ross
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Millard (City or town) Utah (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmith

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia A Chase
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Pocatello (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California }
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 36 years, and that Mrs Hill (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia A. Sherman Signature

12760 Sherman Way, No Hollywood, California P. O. Address

Subscribed and sworn to before me this 21 day of October 1942

My Commission Expires May 5, 1944

(SEAL) Opal Vera Sutton Notary Public, residing at San Fernando Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 22 1942 by Mark H. Coffin, Registrar.

NOV 9 1942

DEC 28 1949

APR 6 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-21 2 035-229

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359397
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No 1212 Idaho st.
(d) Name of Hospital or Maternity Home: Home residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No 1212 Idaho St
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address 1212 Idaho Ste.

3. RESIDENCE of FATHER (city, state) Lewiston Idaho

4. FULL NAME OF CHILD Frances Allene Robinson

5. Date of Birth (Month, day year) May 12th 1906

6. Sex Female **7.** Twin or Triplet ..... If so—born 1st, 2nd, 3rd ..... **8.** No. months of Pregnancy ..... **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clyde Jonaka Robinson
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Rushville, Illinois (City or town) (State or foreign country)
14. Exact Occupation Draysman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Viola Skinner
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Lenexa, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3 A M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Viola Robinson, who is related to this child as Mother. (First name) (Last name)
(Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

25. Attendant's OWN signature This is her signature - M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Washington } ss.
County of Pierce }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Frances Allene Robinson, being first duly sworn, say that I am the person (Related to (or) acquainted with)
Frances Allene Robinson as self, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ....., who attended
(Name of attendant at birth)
said birth ..... and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

Frances Allene Robinson - Anderson Signature
P. O. Address

Subscribed and sworn to before me on this 20th day of Oct 19 42
(SEAL) Mark Bartram Notary Public, residing at Tacoma, Wash.

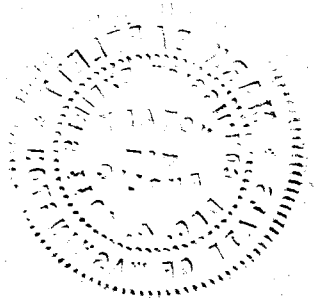
OCT 23 1942

NOV 22 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



469-104 001-367 359469 **359469**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City MERIDIAN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City MERIDIAN
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) MERIDIAN IDA

4. FULL NAME OF CHILD CLARENCE EARL MORSE

5. Date of Birth of Child (Month, day, year) OCT. 4 1906

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** EPHRAIM WARD MORSE
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace Nebraska City (City or town) Nebraska (State or foreign country)
14. Exact Occupation Power Lineman
15. Industry or Business Electrical

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Josephine Loggan
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Madrid (City or town) Iowa (State or foreign country)
20. Exact Occupation
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 5 O.P.M. on the date and at the place stated above, and that personal particulars were furnished by Florence (First name) Morse (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Silva Odessa Hartshorn ~~M.D.~~ Address Rt. 1. Box 634K Klamath Fall Ore Date June 30 1942

State of Idaho, County of Ada, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 36 years, and that Silva Odessa (First name) Hartshorn (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Morse Signature
1516 Lincoln Avenue, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of October, 1942

(SEAL) Anton Gordon Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 31 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 31 1942

APR 16 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414-221-014-643

359479

359479

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Same.

4. FULL NAME OF CHILD Mary Ellen Madden

5. Date of Birth of Child (Month, day, year) 7-21-06

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Merritt Kelly Madden
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Caldwell (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Etna Fuller
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Olsco (City or town), Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 36 years, and that Laura Ellen Cook (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts in the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma E. Madden Signature
Boise, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of November, 19 42.

(SEAL) ..... Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission expires 3-10-46

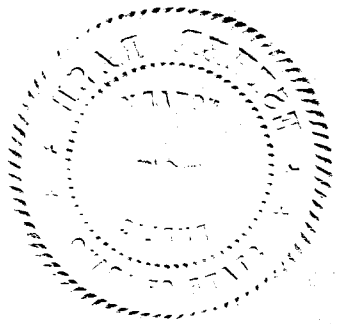
Received for filing on NOV 4 1942 by Mabel H. Felger, Registrar.

NOV 4

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



566-229-001-355

359484

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359484
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Mildred Nofziger

5. Date of Birth of Child (Month, day, year) April 29, 1906

6. Sex girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Nofziger
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Wauseon (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Litsa Lee
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace DeWitt (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 36 years, and that O. W. Hale (First name) (Last name), who attended this birth dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs John Nofziger Signature

P. O. Address

Subscribed and sworn to before me this 5th day of November, 1942

(SEAL) Marion E. Orr Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1942 by Mary E. Eidson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-122-029-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359496
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City POTLATCH
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City POTLATCH
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) POTLATCH, IDA.

4. **FULL NAME OF CHILD** GORDON STEWART DIVERS

5. Date of Birth of Child (Month, day, year) NOV. 22, 1906

6. Sex MALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** FRANK IRA DIVERS
11. Color or Race WHITE (AMERICAN)
12. Age at time of THIS birth 42 yrs.
13. Birthplace FOND du LAC, WIS. (City or town) (State or foreign country)
14. Exact Occupation Planner Supt.
15. Industry or Business Lumbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY EVELYN McLAUGHLIN
17. Color or Race WHITE AMERICAN
18. Age at time of THIS birth 40 yrs.
19. Birthplace PHINLANDER, WISCONSIN (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 4 9 M. on the date and at the place stated above, and that personal particulars were furnished by Margret A. Divers (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Aunt was there M.D. Midwife Address Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 36 years, and that Margret A Divers (First name) (Last name), who attended this birth His Aunt (Is ~~now deceased~~) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margret A. Divers Signature
2214 Lombard ave Everett, Wash. P. O. Address

Subscribed and sworn to before me this 8th day of October, 1942

(SEAL) K. G. Rymond Notary Public, residing at Everett, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

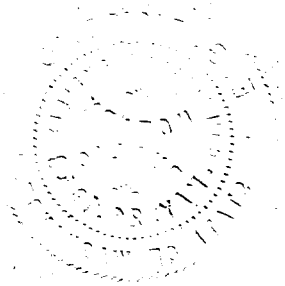
Received for filing on OCT 23 1942 by [signature] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

793-209-025-399

359520

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 26 1942

State File No. 359520
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville Idaho

4. FULL NAME OF CHILD Lois Gillett

5. Date of Birth of Child (Month, day, year) Apr. 9, 1906

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Walter Darwin Gillett
11. Color or Race White **12.** Age at time of THIS birth 48 yrs.
13. Birthplace Linden (Whiteside Co) Ills. (City or town) (State or foreign country)
14. Exact Occupation Painter-Baker
15. Industry or Business Deceased 3-16-1911

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Myrtle Crites
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Greenview (Minard Co.) Ills. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Deceased 1-30-1929

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%.

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 36 years, and that Dr. G. S. Stockton (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Roy Gillett Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of October, 1942

(SEAL) J. B. Barnes Notary Public, residing at Grangeville - Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 26 1942 by Mabel Hopkins, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-230-025-495

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 28 1942

State File No. 359571
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Cottonwood, Ida

4. FULL NAME OF CHILD Anna Teresa Hanley

5. Date of Birth of Child (Month, day, year) Jan. 30, 1906

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy full time **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Hanley
11. Color or Race White **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Roscommon (City or town) Ireland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Teresa Dieckman
17. Color or Race white **18.** Age at time of THIS birth 36 yrs.
19. Birthplace New York (City or town) N.Y. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1 A.M. on the date and at the place stated above, and that personal particulars were furnished by William (First name) Hanley (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 36 years, and that Dr. (First name) Briley (Last name), who attended this birth Cannot be located (Is now deceased, or Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X William Hanley Signature

Cottonwood, Ida P. O. Address

Subscribed and sworn to before me this 25 day of October, 1942

(SEAL) Felix Martin Notary Public, residing at Cottonwood

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 28 1942 by Mark Ittner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 30 1942

JAN 26 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533-105-039-254

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 27 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359576
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Murl M. Ellis

5. Date of Birth of Child (Month, day, year) 2-5-06

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William H. Ellis
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Quennstown, Africa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Anne Beutler
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Berne, Switzerland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 36 years, and that Mrs. Kent (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Ellis Signature

Inkom, Idaho. P. O. Address

Subscribed and sworn to before me this 26th day of October, 1942

(SEAL) H. F. Bassett, Jr Notary Public, residing at Inkom, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-107-006-795

359636

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 359636
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yr yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley, Ida

4. **FULL NAME OF CHILD** Asa Alma Smith

5. Date of Birth of Child (Month, day, year) Oct 7, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Alma Smith
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)
14. Exact Occupation Cement man
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Pearl Green
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Arizona (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Klamath } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that Mrs Haite (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Pearl Green Smith - Sangdon Signature

2216 Reclamation, Klamath Falls, Oregon P. O. Address

Subscribed and sworn to before me this 1st day of September, 1942

(SEAL) E B Redman Notary Public, residing at Klamath Falls, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Term expires Sept. 11, 1945.

Received for filing on by Mary E Redman, Registrar.

NOV 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes~~ and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

596-11-32-249

359720

359720

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359720
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Bliss
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Bliss
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Warren William McGregor BROWN**

5. Date of Birth of Child (Month, day, year) August 11, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Bruce McGregor

11. Color or Race Wh

12. Age at time of THIS birth 22 yrs.

13. Birthplace (City or town) Pennsylvania (State or foreign country)

14. Exact Occupation Ass't Engineer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Burkhard

17. Color or Race Wh

18. Age at time of THIS birth 19 yrs.

19. Birthplace (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

Name Changed by Order Changing Name No. 56576 in the Superior Court of the State of California, in and for the County of Sacramento, on September 13, 1937, from Warren William McGregor to Warren McGregor Brown. Authentic copy of Order No. 56576 seen by me this 17th day of November, 1942 and the above information taken from this authentic copy. Order returned to Mrs. Esther Brown, mother. Mark Keeler Director, Bureau of Vital Statistics

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 36 years, and that no attendant (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Burkhard Brown Signature

P. O. Address

Subscribed and sworn to before me this 17th day of November, 19 42

(SEAL) Marion E. Coe Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

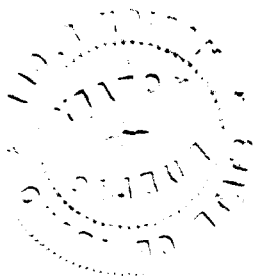
Received for filing on NOV 17 1942, by Mark Keeler, Registrar.

NOV 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

314-101-022-819

359739

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359739
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Ashton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Ashton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ashton

4. **FULL NAME OF CHILD** Walter Henry Rauch

5. Date of Birth of Child (Month, day, year) July 1, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George John Rauch
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alvina Wilhelmena Carolina Hargens
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 36 years, and that I unknown (First name) (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola B. L. Tucker Signature

Boise, Idaho 1701 Grant Ave. P. O. Address

Subscribed and sworn to before me this 9th day of November, 1942

(SEAL) T. B. Chapman Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Mabel F. Eder, Registrar.

NOV 10 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

847-20-4034-864

359741 359741

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359741
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Minadoka (b) City Heyburn
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: Since birth IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Minadoka
(c) City Heyburn
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Heyburn Idaho

4. **FULL NAME OF CHILD** Lena Laura Higgins

5. Date of Birth of Child (Month, day, year) Nov. 4, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Monroe Higgins
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace (City or town) Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Samantha May Houston
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Miller County Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Great Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 35 years, and that ~~Midwife~~ (~~First name~~) (~~Last name~~), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jemisha Elizabeth Croy Signature
1409 E. Washington Boise P. O. Address

Subscribed and sworn to before me this 15th day of October, 1942

(SEAL) E. Gardner Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Maud Fuller, Registrar.

NOV 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569-201-003-392

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359769
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lydia Velma Norton

5. Date of Birth of Child (Month, day, year) Dec 1st 1906

6. Sex Female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lem Norton
11. Color or Race Amer **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Brigham (City or town) Utah (State or foreign country)
14. Exact Occupation A Plumber
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Olive May Lish
17. Color or Race American **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Albion (City or town) Idaho (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah, County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 54 years of age, that I have known this person for 35 years, and that Althea Lewis (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive May Lish Norton Signature
Salt Lake City Utah P. O. Address

Subscribed and sworn to before me this 5th day of October, 1942

(SEAL) N B Thomas Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1942 by Mabel Nielsen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-23-029-962

359781

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 2 1942 **CERTIFICATE OF BIRTH** STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Ida.

4. FULL NAME OF CHILD Hilda Marie McSweeney

5. Date of Birth of Child (Month, day, year) Aug. 31, 1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John McSweeney
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace (City or town) County Cork, (State or foreign country) Ireland
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Marie Rosenkranz
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace (City or town) Bohemia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 36 years, and that Mrs. Frank Kraut (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry McSweeney Signature

St. John, Washington P. O. Address

Subscribed and sworn to before me this 26th day of October, 1942

(SEAL) Hazel Seeker Notary Public, residing at St. John, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1942 by Hazel Seeker, Registrar.

NOV 13 1942

JAN 22 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-221-016-945

359808

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359808
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Elba
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Elba
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? over 20 yrs.

3. RESIDENCE OF FATHER (city, state) Elba, Id.

4. FULL NAME OF CHILD Zelila Ward

5. Date of Birth of Child (Month, day, year) May 21, 1906

6. Sex F. **7.** Twin or Triplet NO If so—born 1st, 2nd, 3rd 9 **8.** No. months of Pregnancy Reg **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Henry Ward
11. Color or Race Wh. **12.** Age at time of THIS birth 47 yrs.
13. Birthplace Willard, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cynthia Matilda Zundel
17. Color or Race Wh. **18.** Age at time of THIS birth 46 yrs.
19. Birthplace Willard, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) Mrs. Mary Peterson- dead

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 36 years, and that Mrs. Mary Peterson (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Abbie Chalk Signature

Burley, Idaho P. O. Address

Subscribed and sworn to before me this 2 day of November, 19 42

(SEAL) Notary Public, residing at Burley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by Mark Fielder, Registrar.

NOV 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

599-202-008-595

359821

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Center
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ..... years ..... months ..... days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Center
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Center, Idaho

4. FULL NAME OF CHILD MARY JANE ERICKSON

5. Date of Birth of Child (Month, day, year) October 2, 1906

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mos.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Erickson
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Finland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Hilda Niemi
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Finland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Hilda Erickson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Sofia Martinen M.D. Midwife Address Cascade Date 10-22-42

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....(Mother, etc.) of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that ..... (First name) ..... (Last name), who attended this birth..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by Mary E. Hazlett, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

696-102-010-193

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359857
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at our own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 y 7 m yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Vincent Taylor Frouk.

5. Date of Birth of Child (Month, day, year) Jan 2 1906

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 1st **9.** Legitimate? no

FATHER OF CHILD

10. FULL NAME Hearley Frouk.
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Brooksville (City or town) Kentucky (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Frouk AITKEN
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Rock Springs (City or town) Wyoming (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Wyoming } ss.
County of Uinta }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 26 years, and that Marian Aitken (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Frouk. Signature

My Commission Expires October 26, 1942

Bonneville Wyo. P. O. Address

Subscribed and sworn to before me this 16th day of October 1942

(SEAL) E. N. Moody Notary Public, residing at Jackson, Wyo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by Mark Hedden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-115-030-851

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359865
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Leadore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Leadore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Leadore, Idaho

4. **FULL NAME OF CHILD** Ernest Yearian Stewart

5. Date of Birth of Child (Month, day, year) 1-15-06

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Virgil Rudolph Stewart
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Chester, Illinois (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Theodocia Francis Yearian
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Junction City, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 36 years, and that Dr. Murphy (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Virgil Rudolph Stewart Signature
Leadore, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of Oct, 1942
(SEAL) [signature] Notary Public, residing at Leadore Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-124-001-335

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359870
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD FRED OLIVER BELL

5. Date of Birth of Child (Month, day, year) Nov. 24th, 1906

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alaxender Wesley Bell
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace DesMoines (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mamie Pauline Cleek
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Kanyon County, Idaho. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Butte } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 36 years, and that Doctor (First name) ____ (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud P Bell Signature

Moore, Idaho. P. O. Address

Subscribed and sworn to before me this 31st day of October, 1942

(SEAL) ____ Notary Public, residing at Arco, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by Maud P Bell, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 28 1967
DEC 8 1967

NOV 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-109-014-947

35989

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county | years | months | days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD James Fred Pendergraft

5. Date of Birth of Child (Month, day, year) Dec. 9-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Powell Pendergraft
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Pineville (City or town) Missouri (State or foreign country)
14. Exact Occupation Employed, A.T.&S.F.R.R.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsa Ruppel
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Tiff City (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oklahoma
County of Delaware } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 35 years, and that The Doctor (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thos. P. Pendergraft Signature
Spoverinder Okla. P. O. Address

Subscribed and sworn to before me this 20 day of February, 1942

(SEAL) com ex 1-3 46 Mabel Monroe Notary Public, residing at Jay Okla.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1942 by Mabel Monroe, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 2 1970

NOV 1 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-208018-156

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359977
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Clearwater (b) City Greer
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Greer
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** Hazel Marie Bell

5. Date of Birth of Child (Month, day, year) Aug. 8, 1906

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd 1

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John T. Bell

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace State of Mich. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business U

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Jefferies

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace State of Iowa. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business U

22. Name prophylactic used to prevent Ophthalmia Neonatorum No

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address Idaho Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 63 years of age, that I have known this person for 36 years, and that Mckinnon (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maggie J Bell Signature
Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of Nov., 1942

(SEAL)

John L. Phillips Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Mary L. Fuller, Registrar.

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 10 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360024
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Chester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 8 months 16 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Chester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Gladys Elizabeth Curr
5. Date of Birth of Child (Month, day, year) Apr. 21, 1906
6. Sex Female
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 7
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ezra W. Curr
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Sophia Hill
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Parker (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Alice S. Curr (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Jumetta Brown ~~M.D.~~ Midwife Address St. Anthony Idaho Date Nov. 9, 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-114008-796

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 10 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360044
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Ola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Ola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Ola, Idaho

4. FULL NAME OF CHILD Franklin Moody Gross

5. Date of Birth of Child (Month, day, year) Jan. 14, 1906

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Gustav Adalph Gross
11. Color or Race white **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Saxony (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rebecca Annie Gross
17. Color or Race white **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Kirksville, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Annie (First name) Gross (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ruth Gross ~~M.D.~~ Midwife Address New Plymouth, Ida Date Nov. 6, 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho Code Annotated,~~ when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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360053

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Carey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ___ years ___ months ___ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Carey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Carey Ida.

4. **FULL NAME OF CHILD** Nancy Jennett Finch

5. Date of Birth of Child (Month, day, year) Oct 10 - 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Grandville Elmira Finch
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Braden Island (City or town) Neb. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jennett Davis
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Malad. (City or town) Idaho. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ___ M. on the date and at the place stated above, and that personal particulars were furnished by Mary Jennett Davis (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Louisa B. Howard M.D. Midwife Address Long Beach Calif. Date 9-24-42

State of ___
County of ___ } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ___ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ___ years of age, that I have known this person for ___ years, and that ___ (First name) ___ (Last name), who attended this birth ___ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

___ Signature

___ P. O. Address

Subscribed and sworn to before me this ___ day of ___, 19___

(SEAL) ___ Notary Public, residing at ___

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 12 1942 by Mark H Elsaesser, Registrar.

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and filed by the local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 360057

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 9 1942

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Gen. Del. Nampa, Ida.

3. RESIDENCE of FATHER (city, state) Nampa, Ida.

4. FULL NAME OF CHILD Willis Tuttle Plank

5. Date of Birth (Month, day, year) May 1, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Orin Harvey Plank

11. Color or Race White

12. Age at time of THIS birth 44 yrs.

13. Birthplace Whiteside Co. (City or town) Illinois (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruby Etta Tuttle

17. Color or Race White

18. Age at time of THIS birth 42 yrs.

19. Birthplace Lynden ~~Co.~~ (City or town) Iowa. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Whatcom } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ruby E. Plank, being first duly sworn, say that I am related to (Related to (or) acquainted with) Willis Tuttle Plank (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kohler (Name of attendant at birth), who attended said birth, not known (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ruby E. Plank Signature

RFD 3, Bellingham, Wash. P. O. Address

Subscribed and sworn to before me on this 5th day of November, 1942, 19

(SEAL)

L. W. Peters Notary Public, residing at Bellingham Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

COPY

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-216 014 653

[redacted]

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: ✓
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ✓ Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Ida (b) County Canyon
(c) City Nampa
x (d) Street Address or R.F.D. No.
x (e) How long has MOTHER lived in Idaho? yrs.
x (f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city) Nampa Ida

4. FULL NAME OF CHILD Edna Alberta King

5. DATE OF BIRTH (Month, day, year) Oct 16. 1906

6. Sex Female

7. Twin or Triplet x If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank King

11. Color or Race White

12. Age at time of THIS birth 42 yrs.

13. Birthplace Cherrytree Pa.
(City or Town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha May Wells

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Horseshoe Bend Ida
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol ag. Nit.

x 23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living
x (c) Born alive and now dead (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Bertha May King (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 12 1942 (Date received) (b) Mabel F. Elsfer (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature J H Murray M.D. (D.O., Midwife, etc.)
and address Nampa Ida Date Oct 22 1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

NOV 25 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? No

Describe: ✓

(2) Birth Injury? No

Describe: ✓

(3) Was mother given a Wasserman before delivery?

Yes..... No. X Pos..... Neg.....

(e) Signature of Physician:

DELAYED

314-110022-392

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 360073
Local Reg. No.
Reg. Dist. No.

NOV 4 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FREMONT (b) City Bybee Ward
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county yes 5 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County FREMONT
(c) City Bybee Ward
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Bybee Ward, Idaho

4. FULL NAME OF CHILD LAWRENCE OSCAR Campbell

5. Date of Birth of Child (Month, day, year) JAN. 10, 1906

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Charles Campbell

11. Color or Race white

12. Age at time of THIS birth 23 yrs.

13. Birthplace North Ogden (City or town) Utah (State or foreign country)

14. Exact Occupation FARMING

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annabell Liston

17. Color or Race white

18. Age at time of THIS birth 20 yrs.

19. Birthplace Escalante (City or town) Utah (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Jefferson

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 36 years, and that Dr. J. Tucker (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annabell Campbell Signature

Box 365 Ribby, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of October, 1942

(SEAL) Charles A. Attridge Justice Peace Notary Public, residing at Ruby Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

384-207004 264

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360074
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier

4. FULL NAME OF CHILD Elona Clegg

5. Date of Birth of Child (Month, day, year) Feb. 7 - 1906

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME William C Clegg
11. Color or Race White **12.** Age at time of THIS birth 19 yrs.
13. Birthplace Mennon (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Sommers
17. Color or Race White **18.** Age at time of THIS birth 15 yrs.
19. Birthplace Switzerland (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Sacramento } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 36 years, and that Mrs. (First name) Bridges (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adolph Sommers Signature

Rt. 1, Box 2560, Sacramento, Calif. P. O. Address

Subscribed and sworn to before me this 9th day of November, 19 42

(SEAL) RALPH H. LEWIS Notary Public, residing at Sacto., Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mabel Miller, Registrar.

NOV 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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360098

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 12 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham, City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Delton Holland

5. Date of Birth of Child (Month, day, year) Jan 22. 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Holland
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet D. Brown
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 36 years, and that Mrs. (First name) Jemmett (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet Holland Signature
285 S. 1st. E. Idaho Falls Ida. P. O. Address

Subscribed and sworn to before me this 7th day of November, 1942

(SEAL) Mother Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mabel H. Baker, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

234-10-5022-231

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 10 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360102
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Rexburg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Rexburg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rexburg, Ida.

4. **FULL NAME OF CHILD** William Hamman Blunck

5. Date of Birth of Child (Month, day, year) November 5, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Christian Blunck
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Kiel, Germany (City or town) (State or foreign country)
14. Exact Occupation Wheat Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hedwig Staub (Deceased)
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Solothurn, Switzerland (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at A. M. on the date and at the place stated above, and that personal particulars were furnished by Henry (First name) C. Blunck (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Dr.L.F.Rich (Deceased) Midwife Address Rexburg, Idaho Date Nov.7,1942

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 36 years, and that Dr. Lorin F. Rich M.D. (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry C. Blunck Signature

26 South 2nd. East Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 9 day of Nov., 19 42.

(SEAL) Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mabel Nielsen, Registrar.

NOV 16 1942

FEB 15 1963

JUL 29 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce NOV 12 1942
Bureau of the Census Valley

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360105
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Boise~~ (b) City Mc Call
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Boise~~ Valley
(c) City Mc Call
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Mc Call Ida.

4. FULL NAME OF CHILD Leo Squire Shaw
5. Date of Birth of Child (Month, day, year) Sept 24 - 1906
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Clarence Shaw
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Terre Haute (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Fannie Isabel Coonrod
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Cherokee (City or town) County, Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children ~~of this mother: (a)~~ At time of birth and including this child 8 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 10 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Ruma Shaw M.D. Midwife Address Date

State of Idaho
County of Valley } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruma Shaw Signature

P. O. Address

Subscribed and sworn to before me this 10 day of Nov, 1942

(SEAL) Herman H White Notary Public, residing at McCall Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mark Hefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and [redacted] prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-120025-394

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 360129
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Mt. Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Mt. Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville, Idaho

4. **FULL NAME OF CHILD** Orville, Tidwell Burlingame

5. Date of Birth of Child (Month, day, year) 8-20-1906

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Watson E, Burlingame
11. Color or Race W
12. Age at time of THIS birth 37 yrs.
13. Birthplace Minn. (City or town) (State or foreign country)
14. Exact Occupation Hotel Keeper
15. Industry or Business Hotel

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Tidwell
17. Color or Race W
18. Age at time of THIS birth 27 yrs.
19. Birthplace S.Dak. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at P M. on the date and at the place stated above, and that personal particulars were furnished by Watson E. Burlingame, (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Grangeville, Ida Date Nov. 12-42

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 78 years of age, that I have known this person for over 36 years, and that Dr. Leo S. Stockton (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Watson E Burlingame Signature

P. O. Address Grangeville Idaho.

Subscribed and sworn to before me this 12th day of November, 1942

(SEAL) Notary Public, residing at Grangeville Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 17 1962

294-116008-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360133
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BOISE (b) City VAN WYCK
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: OWN RESIDENCE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BOISE
(c) City VAN WYCK
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) VAN WYCK IDAHO

4. FULL NAME OF CHILD ELSWORTH KIMBALL

5. Date of Birth of Child (Month, day, year) JUNE 16, 1906

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 MO. 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** DANA CARL KIMBALL
11. Color or Race WHITE 12. Age at time of THIS birth 28 yrs.
13. Birthplace DUNCAN (City or town) NEB. (State or foreign country)
14. Exact Occupation SAWMILL EMPLOYEE
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MALINDA ELVIRA KEENEY
17. Color or Race WHITE 18. Age at time of THIS birth 27 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 10: A.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs C. S. (First name) Greene (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Kitsap } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 36 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs C S Greene Signature
Route 1 Box 294, Port Orchard Wn. Address

Subscribed and sworn to before me this 9th day of Nov., 1942

(SEAL) L H Tasker Notary Public, residing at Port Orchard

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-128040-395

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360134
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Mullan
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: At residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Mullan
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? One yrs.

3. **RESIDENCE OF FATHER** (city, state) Mullan, Id.

4. **FULL NAME OF CHILD** Howard Felix Schott

5. Date of Birth of Child (Month, day, year) Mar. 28, 1906.

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Felix Samuel Schott
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Lewiston, (City or town) Minn. (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Laborer.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Lucille Ties
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Stockton, (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of California, County of Sutter } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 63 years of age, that I have known this person for 36 years, and that Mrs. Charlott Merrill (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Felix Samuel Schott, Signature

Box 264, Live Oak, California P. O. Address

Subscribed and sworn to before me this 14th. day of November, 1942

(SEAL) T. F. Bonnyman Notary Public, residing at Live Oak.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ____ by Mabel Keller, Registrar.

NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-231007-366

36-254

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360254
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BLAINE (b) City FAIRFIELD
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City near Fairfield.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) now dead.

4. **FULL NAME OF CHILD** Florance May Worthington.

5. Date of Birth of Child (Month, day, year) Aug. 31, 1906

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sherman Edwin Worthington

11. Color or Race white

12. Age at time of THIS birth 38 yrs.

13. Birthplace [redacted] (City or town) [redacted] (State or foreign country) Mo.

14. Exact Occupation Farmer.

15. Industry or Business Farm work

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Grace Cook.

17. Color or Race white

18. Age at time of THIS birth 28 yrs.

19. Birthplace Wheatland (City or town) Mo. (State or foreign country)

20. Exact Occupation house wife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 P.M. on the date and at the place stated above, and that personal particulars were furnished by Dr. A. (First name) Higgs (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of BLAINE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that Dr. A. A. Higgs (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Grace Worthington Signature

P. O. Address

Subscribed and sworn to before me this 20th day of November, 1942

(SEAL)

Agnes Dunn Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 20 1942 by Mabel F. [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6B- 213025-354 360271

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360271
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Joseph
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Joseph
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Essie Louise Watson

5. Date of Birth of Child (Month, day, year) Nov. 13, 1906

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas P. Watson
11. Color or Race white **12.** Age at time of THIS birth 48 yrs.
13. Birthplace Albany (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Louisa Teuscher
17. Color or Race white **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Bern (City or town) Switzerland (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 36 years, and that Thomas P. Watson (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louisa Teuscher Watson Signature

P. O. Address

Subscribed and sworn to before me this 23rd day of November, 19 42

(SEAL) Marion E. Doe Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by Mabel Felder, Registrar.

NOV 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

IR 313-716 044-255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360277
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Marcus Orval Talmadge

5. Date of Birth of Child (Month, day, year) 9/16/06

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Madison Talmadge
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Bellevue, Yamhill Co. Ore. (City or town) (State or foreign country)
14. Exact Occupation Night Watchman for S. P. Co.
15. Industry or Business at Weiser, Idaho

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Belle Bennett
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Malheur City Ore. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Yamhill } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 36 years, and that Dr. (First name) Waterhouse (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C M Talmadge Jr Signature

Amity, Oregon, Box 44 P. O. Address

Subscribed and sworn to before me this 9th day of November, 1942

(SEAL) W H Cutsforth Notary Public, residing at McMinnville, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Comm. expires Aug. 29, 1944.

Received for filing on by Mabel H Cutsforth, Registrar.

NOV 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-130040-355

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360335
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wallace
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 9 months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wallace
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Ours yrs.

3. **RESIDENCE OF FATHER** (city, state) Wallace Idaho

4. **FULL NAME OF CHILD** Lee Harold Crawford

5. Date of Birth of Child (Month, day, year) 1-30-1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edgar Preston Crawford
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Leon, Butler Co. Kansas (City or town) (State or foreign country)
14. Exact Occupation Farming, Land
15. Industry or Business entered as Homestead

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Nevada Centers
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Umatilla, Putnam Co. Mo (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homestead.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature , M.D. Midwife Address Date

State of Montana
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 40 years of age, that I have known this person for 36 years, and that Johnson Mrs Jim (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Laura Nevada Crawford Signature

P. O. Address

Subscribed and sworn to before me this 14 day of Nov, 1942

(SEAL) Thos E Lawrence Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Term exp 6-4-1945

Received for filing on NOV 19 1942 by Mabel F Elder, Registrar.

NOV 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

436-218028-249

360354

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City
   (c) Street Address or R.F.D. No. (Rural)
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City
   (d) Street Address or R.F.D. No. Rural
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kootenai Idaho

4. **FULL NAME OF CHILD** Audra Lavia McMahan

5. Date of Birth of Child (Month, day, year) 1/18/1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Myron McMahan
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Wood Co (City or town) Ohio (State or foreign country)
14. Exact Occupation Owner and operator of
15. Industry or Business Lumber Saw Mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Louise Smith
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Stafford Co (City or town) Kansas (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 6 P M. on the date and at the place stated above, and that personal particulars were furnished by Anna (First name) McMahan (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature G M Gould M.D. ~~Midwife~~ Address Spokane Wn Date 11/15/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code ~~Annotated, when such report~~ is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-223028-942

360395 360395

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360395
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City St. Maries
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City St. Maries
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Maries Ida

4. **FULL NAME OF CHILD** Cecile Warren

5. Date of Birth of Child (Month, day, year) Feb. 25, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Hardy Warren
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Fayetteville (City or town) Arkansas (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business Lumbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Rovena Russell
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Leonidas (City or town) Michigan (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that Dr. Otho Darnell (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W H Warren
Signature

Harvard Idaho
P. O. Address

Subscribed and sworn to before me this 20th day of November 1942

(SEAL)

M M Warren
Notary Public, residing at Potlatch, Idaho

NOTARY PUBLIC for the State of Idaho
Residing at Potlatch, Idaho
My Commission Expires Dec. 3, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by Mary F Elder, Registrar.

NOV 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

B3 216036-799 360399

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 360399
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. Box 83
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. Box 83
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Malad Ida

4. FULL NAME OF CHILD LaVon Williams

5. Date of Birth of Child (Month, day, year) Jan 16 1906

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George J Williams
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Griffin
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Clearfield (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 36 years, and that Mary A. Adams (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie G. Williams Signature

Malad City Ida P. O. Address

Subscribed and sworn to before me this 21st day of November, 1942.

(SEAL)

Jas. R. Jones Notary Public, residing at Malad City, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1942 by Mary F Elder, Registrar.

NOV 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

816-101-036 386

360411

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360411
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Holbrook
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Holbrook
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Holbrook Idaho

4. FULL NAME OF CHILD JOHN FARRELL HAWS

5. Date of Birth of Child (Month, day, year) June 1, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wallace Smith Haws

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Provo City, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ZOA MAY THOMPSON

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Brigham City, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of WASHINGTON
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 36 years, and that Mrs. Etta Thompson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Zoa May Haws. Signature

146 E. 61st, Seattle, Washington P. O. Address

Subscribed and sworn to before me this 17th day of November, 1942

(SEAL) A. F. Schlesslin Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by Mary F. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533-229 029 296

360412

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360412
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow Ida

4. **FULL NAME OF CHILD** LAURA MAY ELLER

5. Date of Birth of Child (Month, day, year) May 29th 1906.

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Washington Eller
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Gravett (City or town) Arkansas (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Etta Brown
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Portland (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 36 years, and that Doctor Thompson (First name) (Last name) who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Charles W. Eller Signature

White Bird, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of November, 1942

(SEAL) Marta C. Shuck Notary Public, residing at White Bird

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 21 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 21 1942

OCT 8 4 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho Code Annotated, when such report is accom-~~ panied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-120-025-296

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361472
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lyman Antoine Scott

5. Date of Birth of Child (Month, day, year) June 20, 1906

6. Sex male **7.** Twin or Triplet -- If so—born 1st, 2nd, 3rd -- **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Scott
11. Color or Race Indian **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Kooskia (City or town), Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business self

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Broncheau
17. Color or Race Indian **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Culdesac (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Margaret (First name) Scott (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 36 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grant H. Imbrie Graham Baker Margaret Corbett Broncheau Signature

Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of November, 19 42

(SEAL) Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1942 by Mabel F. Elder, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-212-0 29-957

361492

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

NOV 20 1942

1. **PLACE OF BIRTH**
   (a) County Latah (b) City Kendrick
   (c) ~~Street~~ or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Kendrick
   (d) ~~Street~~ or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 48 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Allie Maria Moore

5. Date of Birth (Month, day, year) Nov. 12, 1906

6. Sex Female

7. Twin or Triplet ... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. **FULL NAME** Amos Moore	16. **FULL MAIDEN NAME** Julia Desdamona Ingle
11. Color or Race White	17 Color or Race White
12. Age at time of THIS birth 41 yrs.	18. Age at time of THIS birth 32 yrs.
13. Birthplace Fairbury, Illinois (City or town) (State or foreign country)	19. Birthplace Menard County, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 4 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles W. Moore, being first duly sworn, say that I am related to (Related to (or) acquainted with) Allie Maria Moore (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Jake Harrison (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles W. Moore Signature

Kendrick, Idaho P. O. Address

Subscribed and sworn to before me on this 30th day of October, 19 42

(SEAL) [signature] Notary Public, residing at Kendrick

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in~~ the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-128-029-668

United States
Department of Commerce
Bureau of the Census

NOV 20 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361500
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? six yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Daniel B. Sears

5. Date of Birth of Child (Month, day, year) June 28, 1906

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Sears
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Colport (City or town) Jefferson Co. Iowa (State or foreign country)
14. Exact Occupation worked in fathers mill
15. Industry or Business flour mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Addie K. Wohlsein
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace near Berlin, Germany (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 36 years, and that Doctor Adair (First name) (Last name), who attended this birth dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Joe Sears Signature
R. #5, Spokane, Wash P. O. Address

Subscribed and sworn to before me this 18th day of November, 1942

(SEAL) [signature] Notary Public, residing at Dishman, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 9 1955

NOV 7 1967

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

Dup of 1906-327088

243-22809-364

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361590
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 418 Ella St.
(d) Name of Hospital or Maternity Home: at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 6 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 418 Ella St.
(e) How long has **MOTHER** lived in Idaho? 6 Mo. ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD Violet Eda Buck

5. Date of Birth of Child (Month, day, year) Oct. 28, 1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 mo **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jonathan Robert Buck
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Armathwaite Tenn. (City or town) (State or foreign country)
14. Exact Occupation Lumber Man
15. Industry or Business Lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME Armina Belle Tompkins
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Armathwaite, Tenn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 4 (Born alive, stillborn) at 11 PM M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 36 years, and that De Page (First name) (Last name), who attended this birth Is Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. R. Buck Signature

1620 So. Raymond Ave. Alhambra P. O. Address

Subscribed and sworn to before me this 21st day of November, 1942.

(SEAL) U. P. Barnard Notary Public, residing at Alhambra.

My com. exp. 2-24-1945.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 22 1942 by Mabel H. Wilson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335-130-037-691

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 23 1942

State File No. 361591
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oyhee (b) City Bruno
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oyhee
(c) City Bruno
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6-Mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Bruno, Idaho

4. **FULL NAME OF CHILD** Frazier, James, Cleveland

5. Date of Birth of Child (Month, day, year) 4-30-1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Earl Derzier Cleveland
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Blandinsville, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Louise Frazier
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Detroit, Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 36 years, and that Mrs. Alice Henley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marie Louise Cleveland Signature
1508 - Franklin Ave P.O. Address Seattle Wash

Subscribed and sworn to before me this 16th day of November, 1942

(SEAL) M Beathe Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-221-025-414

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361595
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville, Ida.
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville Ida

4. FULL NAME OF CHILD Wilma Helen Casady

5. Date of Birth of Child (Month, day, year) Sept 21st 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Hart Casady

11. Color or Race White

12. Age at time of THIS birth 48 yrs.

13. Birthplace Des Moines (City or town) Iowa (State or foreign country)

14. Exact Occupation Lawyer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dorothea Christina Madsen

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace (City or town) Denmark (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 36 years, and that George (First name) Sydney (Last name) Stockton, who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vera M Casady Signature

1034 W 17th St. L.A. Calif. P. O. Address

Subscribed and sworn to before me this 10 day of Nov., 1942

(SEAL) M. H. Ahlskog Notary Public, residing at Los Angeles

My Commission Expires December 23, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by [illegible], Registrar.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-114-006-815

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 361660
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Bingham (b) City Blackfoot
   (c) ~~Street Address~~ or R.F.D.No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 8 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) ~~Street Address~~ or R.F.D.No. 1
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.
   (f) Mother's mailing address Blackfoot Idaho

3. **RESIDENCE of FATHER** (city, state) Blackfoot, Idaho

4. **FULL NAME OF CHILD** Ellis Franklin Murphy

5. Date of Birth (Month, day year) Feb. 14, 1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Dan Murphy
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Ophir Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Hanson
17. Color or Race White
18. Age at time of THIS birth 30 yrs
19. Birthplace Soda Springs Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

NOV 30 1942

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Josephine Hanson Murphy, being first duly sworn, say that I am Related To (Related to (or) acquainted with) ELLIS FRANKLIN MURPHY (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Brundage (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Josephine Hanson Murphy Signature

431 S 9th Pocatello Idaho P. O. Address

Subscribed and sworn to before me on this 23rd day of November 1942

(SEAL) Grace Bistline Notary Public, residing at Pocatello, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

652-127-009-847

361674

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Clarks Fork
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Clarks Fork
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) Clarks Fork, Idaho

4. FULL NAME OF CHILD Dallas Warrick Webb

5. Date of Birth of Child (Month, day, year) 10-27-06

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd ✓ 8. No. months of Pregnacy Nine 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wiley W Webb
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Mt Eril (City or town) Illinois (State or foreign country)
14. Exact Occupation Cedar Inspector Threw
15. Industry or Business Miner now

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Bell Huggins
17. Color or Race White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Ottumwa (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Wife (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for 14 years, and that Person or persons (First name) (Last name), who attended this birth are deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Ellen Webb nee Leonard Signature
3626 Evanston Ave Seattle P. O. Address

Subscribed and sworn to before me this 21st day of November, 1942
(SEAL) C. F. Richardson Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

SEP 18 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-110-0d-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361694
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ADA (b) City Boise
(c) Street Address or R.F.D. No. Camping at time
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years One months Five days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Nick Mitchell
5. Date of Birth of Child (Month, day, year) Sept. 10th. 1906.
6. Sex Male
7. Twin or Triplet Single If so—born 1st, 2nd, 3rd XXXX
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Louis Mitchell
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace (City or town) Serbia (State or foreign country)
14. Exact Occupation Coppersmith
15. Industry or Business Copper Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Mitlo
17. Color or Race White
18. Age at time of THIS birth 48 yrs.
19. Birthplace (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ..

22. Name prophylactic used to prevent Ophthalmia Neonatorum XXXXXXX
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of New Jersey
County of Passaic } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Sixty years of age, that I have known this person for 36 years, and that Vola Green (First name) (Last name), who attended this birth Vola Green (Is now deceased) or ~~XXXXXXXXXXXX~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witness to her Mark Mary (X) Mitchell Signature
George S. Richmond 15 Godwin St., Paterson, N. J. P. O. Address

Subscribed and sworn to before me this 20th. day of November, 1942.

(SEAL) George S. Richmond Notary Public, residing at Paterson, N. J

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and~~ uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-120-034-618

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361728
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county x years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Rupert, Ida.

4. FULL NAME OF CHILD Bartley Thomas Murray

5. Date of Birth of Child (Month, day, year) July 20-1906

6. Sex Male

7. Twin or Triplet x If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arthur Joseph Murray
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Boston (City or town) Mass. (State or foreign country)
14. Exact Occupation Deputy Sherriff
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Angela Fay
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Columbus (City or town) Nebraska (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of ~~Santa Barbara~~ Los Angeles ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that Dr. Rowley (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Julia A Murray Signature
2525 Anacapa, Santa Barbara California P.O. Address

Subscribed and sworn to before me this 27 day of Nov, 1942

(SEAL) T. G. Albright Notary Public, residing at Los Angeles Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mabel F Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to ~~report any~~ birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-113-075-843

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361730
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Culdesac
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home at our farm home
(e) Mother's stay **BEFORE** delivery: at home
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Culdesac
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 1 + 3/4 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Paul Marion Parks
5. Date of Birth of Child (Month, day, year) Dec 13 1906
6. Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Charles Anson Parks
11. Color or Race White
12. Age at time of THIS birth 41-3/4 yrs.
13. Birthplace Danville (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business No

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Cynthia Isadora Hutchison
17. Color or Race White
18. Age at time of THIS birth Lapwai Ida 36 yrs.
19. Birthplace Near Princeton (City or town) Missouri (State or foreign country)
20. Exact Occupation Just a Farmers Wife
21. Industry or Business No

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont Know if any
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at about 3 P.M. on the date and at the place stated above, and that personal particulars were furnished by Cynthia I Parks (First name) (Last name), who is related to this child as his Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 36 years, and that Dr. J. C. Burke (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cynthia I Parks Signature
Culdesac Ida P. O. Address

Subscribed and sworn to before me this 28 day of Nov., 1942

(SEAL) Fay Hopkins Notary Public, residing at Culdesac, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-211-01A-142

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361740
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. 909-Cleveland Blvd.
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 8 months 29 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. 909-Cleveland Blvd.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Idaho.

4. **FULL NAME OF CHILD** Fern Declora Smith

5. Date of Birth of Child (Month, day, year) June 11, 1906

6. Sex Female

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Edward Lee Smith
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Weiser (City or town), Idaho (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kate Mahala Justus
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Barnesville (City or town), Kansas. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not Know.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 36 years, and that Ida Myers (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kate M Smith, Signature

My Commission Expires March 21, 1943

3933 Isabel Ave Inkman, Cal. P. O. Address

Subscribed and sworn to before me this 25th day of November, 1948

(SEAL) Clara S. Ashley Notary Public residing at Monterey Park

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3414, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mary H Eller, Registrar.

DEC 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

714-205-040-122

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361757
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No. Cannot recall
(d) Name of Hospital or Maternity Home: Born in our own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Mullan
(d) Street Address or R.F.D. No. Cannot recall
(e) How long has **MOTHER** lived in Idaho? three yrs.

3. RESIDENCE OF FATHER (city, state) Mullan Idaho

4. FULL NAME OF CHILD Nellie Gertrude Paulson (now Palen)
5. Date of Birth of Child (Month, day, year) July 5, 1906
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** Charles Herman Paulson
11. Color or Race Swedish
12. Age at time of THIS birth 31 yrs.
13. Birthplace Kalmar (City or town) Sweden (State or foreign country)
14. Exact Occupation Traveling Salesman
15. Industry or Business Merchant

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Eunice Amelia Abbott
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Richwood (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Illinois
County of Cook } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 36 years, and that Don't remember (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Eunice Paulson Signature
2125 Larrabee St Chicago Ill P. O. Address

Subscribed and sworn to before me this 28th day of November, 1942

(SEAL) J. Harry Lindahl Notary Public, residing at 2201 Lincoln Ave
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 1 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-121-035-266

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 36 1833 362833
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. ~~Snake River Ave~~ 12 Snake River Ave.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county Yes years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lewiston
   (d) Street Address or R.F.D. No. 12 Snake River Ave.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewiston, Ida

4. **FULL NAME OF CHILD** Channing Allis Pingree

5. Date of Birth of Child (Month, day, year) Feb. 21 - 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Raymond Pingree
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Columbus, Wis. (City or town) (State or foreign country)
14. Exact Occupation Busniss Manager
15. Industry or Business Freight Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Prudence Bowlin
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Manchester, Ky. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for both years, and that Prudence Pingree (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Prudence Pingree Signature

Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 30 day of November, 1942

(SEAL) Ruth Pringree Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 9 1942 by Mary F Elder, Registrar.

DEC 9 1942

JUL 21 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-216-006-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361889
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Rigby
(c) Street Address or R.F.D. No. R.F.D. # 2
(d) Name of Hospital or Maternity Home: In own home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 10 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Rigby
(d) Street Address or R.F.D. No. R.F.D # 2
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby Idaho

4. FULL NAME OF CHILD Lena Hilda Barnes.

5. Date of Birth of Child (Month, day, year) April 16-1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Barnes.
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Mommouth Shire England. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Stokes.
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Holt England. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive-stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by Robert (First name) Barnes (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Benton. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 36 years, and that Annie (First name) Cole (Last name), who attended this birth Is Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert Barnes Signature
Corvallis Oregon R.F.D. # 2 P. O. Address

Subscribed and sworn to before me this 30 day of November, 1942

(SEAL) G. A. Jordan Notary Public, residing at Corvallis Or. My Com. Exp. Nov. 5, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 5 1942 by Mary F. Elsner, Registrar.

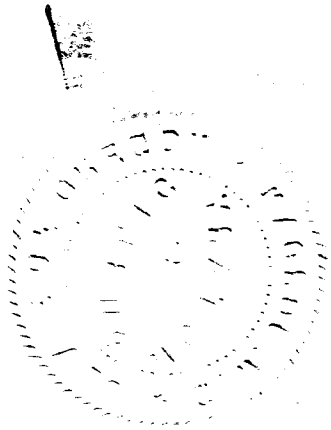
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



319-126-02-632

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361914
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Home Residence
(e) Mother's stay BEFORE delivery: IN THIS county 7 years ✓ months ✓ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? Seven yrs.

3. RESIDENCE OF FATHER (city, state) Preston, Idaho

4. FULL NAME OF CHILD LeRoy Olsen Larsen

5. Date of Birth of Child (Month, day, year) June 26 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Larsen
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace United Denmark (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane Olsen
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Beresford South Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by Della (First name) Lewis (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Millie Shaw M.D. Midwife Address 598 N 3rd W Date Dec 1-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 1942 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-222-001-294

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 361917

Local Reg. No.

Reg. Dist. No.

DEC 4 - 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:** (a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 719 N. 7th
(d) Name of Hospital or Maternity Home Born in private home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. In **THIS** county years month 7 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. East Main
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Weiser, Idaho

3. **RESIDENCE of FATHER** (city, state): Weiser, Ida.

4. **FULL NAME OF CHILD** Erma Margaret Utter

5. Date of Birth (Month, day, year) Dec. 22, 1906

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Darwin A. Utter
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Erie, Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie M. Kimball
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Erie, Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maggie M. Utter, being first duly sworn, say that I am related to (Related to (or) acquainted with) Erma Margaret Utter (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Orlando Robbins (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Maggie M. Utter Signature

Route #1 Boise, Idaho. P. O. Address

Subscribed and sworn to before me on this 1st day of December 1942

(SEAL)

DEC 4 - 1942

Notary Public, residing at Boise, Idaho

DEC 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-127-029-848

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361924
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No. R.F.D. 1
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 10 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No. R. F. D. 1
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Juliaetta, Ida.

4. FULL NAME OF CHILD John Marshall Carlton

5. Date of Birth of Child (Month, day, year) Dec. 27, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Marshall Greenlee Carlton
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Lenoir (City or town) North Carolina (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Hutchison
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace [illegible] (City or town) Juliaetta Idaho (State or foreign country)
20. Exact Occupation Local wife
21. Industry or Business Local keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 35 years, and that Mrs. W. W. Smith (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Caroline Carlton Signature
Juliaetta Idaho P. O. Address

Subscribed and sworn to before me this 16 day of Nov, 1942

(SEAL) [signature] Notary Public, residing at Moscow

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-181-001-213

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 361939

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. RFD #5
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. R.F.D. #5
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) 4 years

4. **FULL NAME OF CHILD** Edgar Alford Anderson

5. Date of Birth of Child (Month, day, year) 11/1/1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Anders Anderson
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Warmland (City or town) Sweden (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Sill
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Warmland (City or town) Sweden (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Credes Solution
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, still born) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by Emma Anderson (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature John Bacek M.D. Midwife Address Boise Ida. Date 12-5-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 7 1942 by Mabel H Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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691-214-037-113

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361980
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Dewey
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 11 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Dewey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Dewey, Idaho

4. FULL NAME OF CHILD Caroline Catherine Fraser

5. Date of Birth of Child (Month, day, year) Nov. 14, 1906

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Alexander Fraser
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Stellarton (City or town), Nova Scotia (State or foreign country) Canada
14. Exact Occupation Millworker
15. Industry or Business Gold Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Jackson
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Lunacy (City or town), Nova Scotia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nova Scotia
County of Pictou } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 36 years, and that Dr. Wm Hamelton (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret E. Fraser Signature
Stellarton N. S. P. O. Address

Subscribed and sworn to before me this 27th day of November, 1942

(SEAL) W. Richardson Notary Public, residing at Stellarton, Nova Scotia

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on DEC 10 1942 by [illegible], Registrar.

DEC 10 1942

MAR 20 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 29 1952

556-216-032-165

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 361984

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lincoln (b) City Shoshone

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: In own home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 10 months ---days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lincoln

(c) City Shoshone

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Ellen Newman

5. Date of Birth of Child (Month, day, year) 7-16-1906

6. Sex Female

7. Twin or Triplet XXXXXXX If so—born 1st, 2nd, 3rd XXXX

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Sterling Price Newman

11. Color or Race White

12. Age at time of THIS birth 44 yrs.

13. Birthplace Missouri (City or town) (State or foreign country)

14. Exact Occupation Sheepman

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Compton Jones

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Kentuckey (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for --- years, and that Dr. J. H. Baugh (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Compton Newman Signature

Twin Falls, Idaho. P. O. Address

Subscribed and sworn to before me this 7th day of December, 1942.

(SEAL) Notary Public, residing at Twin Falls Idaho.

(Note: Perjury is punishable as a felony ~~in Idaho,~~ see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1942 by Mary F Eldredge, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-106-019-629

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361995
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No. Challis, Ida
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years ✓ months ✓ days ✓

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Challis Idaho

4. **FULL NAME OF CHILD** Joseph Robert Brasseur

5. Date of Birth of Child (Month, day, year) Aug 6, 1906

6. Sex Male

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Joseph Brasseur
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Montreal (City or town) Canada (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmith Shop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Geraldine O'Brien
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Brooklyn (City or town) New York (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 36 years, and that Dr (First name) Sick (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth E. Aten Signature
6575 Chabot Road, Oakland O. Address

Subscribed and sworn to before me this 21st day of November, 1942

(SEAL) Florence L. Bennett Notary Public, residing at 614 Lawton Oakland, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

918-212-034-961

362007

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

1. PLACE OF BIRTH
(a) County Minadoka (b) City Rupert
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: .....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
IN **THIS** county 1 years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Minadoka
(c) City Rupert
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Rupert, Idaho

3. RESIDENCE of FATHER (city, state) Rupert, Idaho

4. FULL NAME OF CHILD Leah Ray

5. Date of Birth (Month, day year) Oct. 12, 1906

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Absolum Ray

11. Color or Race White **12.** Age at time of THIS birth 41 yrs.

13. Birthplace Talking Rock (City or town) Georgia (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LouElla Roach

17. Color or Race White **18.** Age at time of THIS birth 33 yrs.

19. Birthplace Gainesville, Georgia (City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6 (c) Born alive and now dead 3 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Leah Ray Geyer (First name) (Last name), who is related to this child as Self (Mother, etc.)

26. (a) DEC 10 1942 (Date received) (b) Maud Fowler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Pearl J. Carnahan M.D. (M.D., Midwife, etc.)
and address 6621 Bencuo N. Hollywood, Calif. Date 11-30-42

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

DEC 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-121-025-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362024
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Ferdinand
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Ferdinand
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) 7 yrs

4. FULL NAME OF CHILD Robert Emmett Willis

5. Date of Birth of Child (Month, day, year) March 21, 1906

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Wherry Willis
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Lane County (City or town) Oregon (State or foreign country)
14. Exact Occupation farmer and stockman
15. Industry or Business farming and stock-raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Myrtle Stevenson
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Elgin (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Cascade } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 36 years, and that Hannah (First name) Hanson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary M. Willis Signature

713 Eleventh Street North, Great Falls P. O. Address

Subscribed and sworn to before me this 7th day of Dec, 1942

(SEAL) Chas Regan County Clerk & Recorder Notary Public residing at Bernice Schraeder Deputy

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1942 by Mary F Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1942

OCT 13 1965

JAN 17 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-128-001-699

United States
Department of Commerce
Bureau of the Census Ada

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362034
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ashyce (b) City Boise
(c) Street Address or R.F.D. No. unknown
(d) Name of Hospital or Maternity Home: residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Ashyce~~ Ada
(c) City Boise
(d) Street Address or R.F.D. No. unknown
(e) How long has **MOTHER** lived in Idaho? 6 mths

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Charles Harry Wright Scholey
5. Date of Birth of Child (Month, day, year) Sept 28-1906
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate?

FATHER OF CHILD
10. **FULL NAME** Harry Harcanas Scholey
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Hawleyville Iowa (City or town) (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Nina Myrtle Wright
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Clarinda Iowa (City or town) (State or foreign country)
20. Exact Occupation Stenographer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 1.2 (Born alive, stillborn) at 9 M. on the date and at the place stated above, and that personal particulars were furnished by Mary Roberts (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Dr Lewis (deceased) M.D. ~~Midwife~~ Address Boise Idaho Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 36 years, and that Dr Lewis (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry H Scholey Signature
134 West 3d North P. O. Address

Subscribed and sworn to before me this 1st day of Dec, 1942

(SEAL) Ray L McCarty Notary Public, residing at NOTARY PUBLIC Residing at Salt Lake City, Utah My Commission Expires June 4, 19

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1942 by Mary F Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

996-231-038-286

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362037
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Payette (b) City New Plymouth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Payette
(c) City New Plymouth
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Daisy Irwin
5. Date of Birth of Child (Month, day, year) 7/31/1906
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo.
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Irwin
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace U. Sec. Ad. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosie Ann Short
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Jefferson City (City or town) Mo. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Umatilla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Half Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 30 years, and that Midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x F M Graham Signature
Milton, Oregon, P. O. Address

Subscribed and sworn to before me this 3rd day of December, 1942
(SEAL) MY COMMISSION EXPIRES AUG. 13, 1943 L. A. Fullerton Notary Public, residing at Milton, Oreg.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 7 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 11 1942

OCT 29 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-214-035-897

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 362041
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R F.D No. 5th St.
(d) Name of Hospital or Maternity Home: St. Joseph's Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 7 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 613-6th Ave.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address 613-6th Ave.

3. **RESIDENCE OF FATHER** (city, state) Lewiston, Ida

4. **FULL NAME OF CHILD** Margaret Irene Cameron

5. Date of Birth (Month, day, year) Nov. 14 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Dominic Cameron
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Park Hill (City or town) Canada (State or foreign country)
14. Exact Occupation Dealer in timber lands
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Winifred Higgins
17. Color or Race White
18. Age at time of THIS birth 37 years
19. Birthplace Palms (City or town), Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 3 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 7 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Michigan
County of St. Clair } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Winifred Cameron, being first duly sworn, say that I am related (Related to (or) acquainted with) Margaret Irene Cameron (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Phillips (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Winifred Cameron Name
1513 Military St. P. O. Address

Subscribed and sworn to before me on this 7 day of November

(SEAL) [signature] Notary Public, residing at Port Huron St. Clair

4-16-45

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

66b-2151003-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 362052
Local Reg. No. 94
Now Reg. Dist. No. 520

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City So. da Springs
   (c) Street address or R. F. D. No. Soda Canyon
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home ..... Days
   In THIS county ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER: (Always fill in these)**
   (a) State Idaho (b) County Bannock
   (c) City Soda Springs
   (d) Street address or R. F. D. No.
   (e) How long has MOTHER lived in Idaho? 5 yrs.
   (f) Mother's mailing address (For registration notice):
   mother not living. Send to D. A. Woodall (Street or R. F. D.) Utah (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Soda Springs

4. **FULL NAME OF CHILD** Faye Virginia Woodall

5. **DATE OF BIRTH** (Month, day, year) Dec. 15, 1906

6. Sex fe

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Demas Alexander Woodall
11. Color or Race W
12. Age at time of THIS birth 27 yrs.
13. Birthplace Missouri (City or Town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Belle Mortimer
17. Color or Race W
18. Age at time of THIS birth 27 yrs.
19. Birthplace Utah (City or Town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
    (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3A M. on the date and at the place stated above, and that personal particulars were furnished by Demas Woodall (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's OWN signature Ellis Lackey M. D.
    and address Soda Springs (P. O., Midwife, etc.) Date 11/29/42

26. (a) Dec. 1, 1942 (Date received) (b) [signature] (Registrar's signature)
    DEC 7 1942

27. Given name added on ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occured WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

DEC 10 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DELAYED

285-210-023-751

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362085
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ~~Boise~~ Gem (b) City Sweet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Boise~~ Gem
(c) City Sweet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Seven yrs.

3. **RESIDENCE OF FATHER** (city, state) Sweet

4. **FULL NAME OF CHILD** Mary Adelia Shepherd

5. Date of Birth of Child (Month, day, year) June, 10th 1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Benjiman Elmo Shepherd
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Greenville (City or town), Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Pease
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Arcadia (City or town), Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Salt water

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Jane Shepherd (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mary B. Rainey ~~M.D.~~ Midwife Address Homedale Date Dec 10-1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 11 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 5 1971

DEC 3 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth ~~of a child~~ born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to~~ report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-229-001-955

362096

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 7 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Ida

4. **FULL NAME OF CHILD** Rachael Ann Bragg

5. Date of Birth of Child (Month, day, year) Nov. 29, 1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Harvey Bragg
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Mechanicsville (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Reedy
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Bearwallow (City or town) Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Mary A. Conway M.D. ~~Midwife~~ Address Boise Idaho Date 12-12-42

State of Oregon
County of Jackson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 36 years, and that Dr. Dutton (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Susan Bragg Harrison Signature

P. O. Box 165 Talent, Oregon P. O. Address

Subscribed and sworn to before me this 25th day of November, 1942

(SEAL) My commission expires Feb. 15, 1946 Notary Public, residing at Talent, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

532-22-4040 S15

362126

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Weippe
(c) Street Address or R.F.D. No. Rural Section
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Weippe
(d) Street Address or R.F.D. No. Rural Section
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Weippe, Idaho

4. FULL NAME OF CHILD Leola Elben

5. Date of Birth of Child (Month, day, year) Jany. 24, 1906

6. Sex female

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Elben

11. Color or Race white

12. Age at time of THIS birth 41 yrs.

13. Birthplace Newark (City or town) Ohio (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Van Artsdalen

17. Color or Race white

18. Age at time of THIS birth 22 yrs.

19. Birthplace Columbus (City or town) Nebraska (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California } ss.
County of Santa Clara }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for since birth years, and that Sarah (First name) Ferree (Last name), who attended this birth in now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Elben Signature

My Commission expires Nov. 17, 1946 15 South 22nd St. San Jose, California. P. O. Address

Subscribed and sworn to before me this 9th day of December, 19 42

(SEAL) George L. West Notary Public, residing at San Jose, Calif., Notary Public in and for the County of Santa Clara, State of California.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

532-22-4040-575

362127

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Weippe
(c) Street Address or R.F.D. No. Rural Section
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Weippe
(d) Street Address or R.F.D. No. Rural Section
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Weippe, Idaho

4. FULL NAME OF CHILD Viola Elben

5. Date of Birth of Child (Month, day, year) Jany. 24, 1906

6. Sex female **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Elben
11. Color or Race white **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Newark (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Van Artsdalen
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Columbus (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California } ss.
County of Santa Clara }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for since birth years, and that Sarah (First name) Ferree (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Elben Signature

My Commission expires Nov. 17, 1946 15 South 22nd St. San Jose, California. P. O. Address

Subscribed and sworn to before me this 9th day of December, 1942

(SEAL) George L. West Notary Public, residing at San Jose, Calif., Notary Public in and for the County of Santa Clara, State of California.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1942 by Mabel Nielsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-203-032665

362193

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Bruneau, Ida

4. FULL NAME OF CHILD Naomi Josephine Sullivan

5. Date of Birth of Child (Month, day, year) 2/13/1906

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Claude L.Sullivan
11. Color or Race American **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Mason Ville (City or town) Iowa (State or foreign country)
14. Exact Occupation Comon Labor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Luzziaetta Owens
17. Color or Race American **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Yacakama (City or town) Washington (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of ~~birth and including~~ this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 11 A M. on the date and at the place stated above, and that personal particulars were furnished by Claude (First name) L.Sullivan (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Idaho
County of Owyhee } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 36 years, and that Maggie Glidden (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter ~~139,~~ 1937 Session Laws.

Claude L Sullivan Signature

Murphy, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of December, 1942

(SEAL) Milo Axelsen Notary Public, residing at Murphy, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1942 by Mark Fletcher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-215003 168

362214

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Downey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. RESIDENCE OF FATHER (city, state) Downey, Idaho

4. FULL NAME OF CHILD Mabel Luella Salvesen

5. Date of Birth of Child (Month, day, year) April, 15, 1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Salvinuis Salvesen
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Christiansand (City or town) Norway (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Ardvick Johnson
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Skull Valley, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at Downey M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Salvesen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Eleanor Johnson M.D. Midwife Address Downey, Idaho Date Dec. 15-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 17 1942

MAY 4 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-103-025-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363349
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Nonpareil~~ IDAHO (b) City Cottonwood
(c) Street Address or R.F.D. No. ?
(d) Name of Hospital or Maternity Home: at Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years ~~[illegible]~~ months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Nonpareil~~ IDAHO
(c) City Cottonwood
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Cottonwood Ida

4. FULL NAME OF CHILD Rex Alvin Lamb.

5. Date of Birth of Child (Month, day, year) Sept 3-1906

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ellsworth David Lamb
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace — (City or town) Illinois U.S.A. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rebecca Elizabeth Williams
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace — (City or town) Illinois U.S.A. (State or foreign country)
20. Exact Occupation — wife of farmer.
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of BENEWAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 36 years, and that EMMA B. PAUL (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cressie Way Signature

PLUMMER IDAHO P. O. Address

Subscribed and sworn to before me this 12th day of December, 1942

(SEAL) Jerry J. McFadden Notary Public, residing at Plummer Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by Mabel F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-105-036-165

363352

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 63 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Claude J. Thomas

5. Date of Birth of Child (Month, day, year) Dec. 5, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Benjaman Franklin Thomas
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margret Jones
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for years, and that Dr. J. M. Kerns (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Margaret Jones Signature

P. O. Address

Subscribed and sworn to before me this 18th day of December 1942

(SEAL) John H. McAllister [illegible] Public residing [illegible] Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 23 1942

OCT 29 1963

JUN 25 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659-206-028-132

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363358
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City POST FALLS
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ALICE CHARLOTTE FERGER

5. Date of Birth of Child (Month, day, year) FEB. 6TH 19[illegible]

6. Sex FEMALE

7. ~~Twin~~ or Triplet ~~If so—born~~ 1st, ~~2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME John Dennis FERGER
11. Color or Race WHITE
12. Age at time of THIS birth 42 yrs.
13. Birthplace CASTLE ROCK (City or town) WISCONSIN (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME CARLA ROXENA ATKINSON
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace BEETOWN (City or town) WISCONSIN (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NO

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11 8 M. on the date and at the place stated above, and that personal particulars were furnished by Carla (First name) or Ferger (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature MRS. MARION KENNEDY Midwife Address now DEAD Date 12-18-42

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for years, and that Marion Kennedy (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Earle R Ferger Signature

Post Falls P. O. Address

Subscribed and sworn to before me this 18 day of Dec 1942

(SEAL) [illegible] Notary Public, residing at Post Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by [illegible] Registrar.

DEC 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-112-001-249

36 3384

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363384
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Prairie
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Prairie

4. FULL NAME OF CHILD William Floyd Brown

5. Date of Birth of Child (Month, day, year) June 12, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alfred E. Brown
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Shelby Co. Missouri (City or town) (State or foreign country)
14. Exact Occupation Stock raising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Candace Smith
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Junction City Wisconsin (City or town) (State or foreign country)
20. Exact Occupation House work
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for all his life years, and that Dr. Vanmote (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alfred E. Brown Signature

Rt. #1 Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 28 day of December, 19 42

(SEAL) Chas. L. Shaffer Notary Public, residing at Caldwell

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 30 1942 by Mary F. Elder, Registrar.

DEC 3 0

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-27-034-319

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363416
Local Reg. No.
Reg. Dist. No.

* Lincoln County at that time.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minidoka *(b) City Heyburn
   (c) Street Address or R.F.D. No. One
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county One years no months no days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Heyburn
   (d) Street Address or R.F.D. No. One
   (e) How long has **MOTHER** lived in Idaho? One yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Esther Evelyn Anderson

5. Date of Birth of Child (Month, day, year) Oct. 17th 1906.

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nels. Peter Anderson
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Holland (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Larson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Holland (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 36 years, and that Dr. V. R. Killan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Ida Anderson Signature

Heyburn, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of December, 1942

(SEAL)

Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 23 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

369-106-028-319

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363468
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootni (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootni
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Rathdrum, Id

4. FULL NAME OF CHILD Cliffe Ancele Lortie

5. Date of Birth of Child (Month, day, year) Jan. 6, 1906.

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Hector Lortie
11. Color or Race white **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Leckidee (City or town) Canada (State or foreign country)
14. Exact Occupation carpenter and mason
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Evoline Carmon
17. Color or Race white **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Grand Forks, Minnesoata (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon, County of Coos. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 36 years, and that Dr. Frank Wenz (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Melvina Bonnon Signature

Wallowa, Oregon. P. O. Address

Subscribed and sworn to before me this 23rd day of December, 1942

(SEAL) S C Roberts Notary Public, residing at Myrtle Point, Or

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1942 by Mabel Keeler, Registrar.

DEC 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-207-044-255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363472
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Elliott residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Council Idaho

4. **FULL NAME OF CHILD** Lola Venice Davis

5. Date of Birth of Child (Month, day, year) 10-7-1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** De Lafayette Davis
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace (City or town) Oregon (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Beem
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Elgin (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Beem (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Jessie Elliott M.D. Midwife Address Council Ida Date 10-7-1906

State of Oregon
County of Lane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289-116-026-652

United States
Department of Commerce
Bureau of the Census

DEC 28 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363488
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County JEFFERSON (b) City LEWISVILLE
(c) Street Address or R.F.D. No. can't remember
(d) Name of Hospital or Maternity Home: AT OWN HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County JEFFERSON
(c) City LEWISVILLE
(d) Street Address or R.F.D. No. ~~can't rember~~
(e) How long has **MOTHER** lived in Idaho? about one yrs.

3. RESIDENCE OF FATHER (city, state) SALT LAKE CITY UTAH

4. FULL NAME OF CHILD Harold Fay Shields

5. Date of Birth of Child (Month, day, year) 3-16-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd [redacted]

8. No. months of Pregnancy NINE

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** JAMES WALLACE SHIELDS
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace SOUTH JORDAN UTAH (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CLARA MAY WEBB
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace AMERICAN FORK UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business HOUSE WIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at about 12 M. on the date and at the place stated above, and that personal particulars were furnished by James Wallace Shields (First name) (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature James W. Shields M.D. Midwife Address 164 E. 8th So. Salt Lake City, Utah Date Dec. 18, 1942

State of IDAHO
County of JEFFERSON } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I ~~am~~ now 63 ~~years~~ of age, that I have known this person for 36 years, and that DR. TUCKER (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Clara May Shields Signature

28 weight Pl P. O. Address

Subscribed and sworn to before me this 18 day of December, 1942

(SEAL) W. D. Hurley Notary Public, residing at Salt Lake

(Note: Perjury is punishable as a felony in Idaho; see ~~Sec.~~ 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-128-022.719

363495

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Sugar City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Sugar City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Sugar City, Idaho

4. FULL NAME OF CHILD Max Rodney Jensen

5. Date of Birth of Child (Month, day, year) Jan. 28, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Soren Orvel Jensen
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Ephraim (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Sugar Factory

MOTHER OF CHILD

16. FULL MAIDEN NAME Edythe Larsen
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Manti (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Union } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 36 years, and that Dr. Campbell (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edythe Jensen Signature

Union, Oregon P. O. Address

Subscribed and sworn to before me this 12th day of November, 19 42

(SEAL) My commission expires Jan. 12, '45 Notary Public, residing at Union, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1942 by Mary E. Nelson, Registrar.

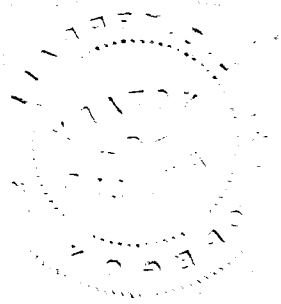
DEC 2 9 1942

OCT 3 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



585-212010-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363538
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 9th St.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 9th St.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** Anna Margaret Nyegaard

5. Date of Birth of Child (Month, day, year) Jan. 12, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James S. Nyegaard
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) Denmark (State or foreign country)
14. Exact Occupation Bartender
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Carlson
17. Color or Race white
18. Age at time of THIS birth 16 yrs.
19. Birthplace Osage City (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 36 years, and that George (First name) Coulthard M.D. (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Carlson Ayman Signature

4317 So. D. St., Tacoma, Wash. P. O. Address

Subscribed and sworn to before me this 28th day of December, 1942

(SEAL) O B Stubb Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1942 by Mabel H Eaton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281 114016-364

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363550
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Malta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Malta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malta, Ida.

4. **FULL NAME OF CHILD** Lewis Fred Shangle

5. Date of Birth of Child (Month, day, year) 1/14/1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George W. Shangle
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Payson (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive J. Lounsbury
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Lookout Point, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by George S. Shangle (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Mary X. Lounsbury ~~M.D.~~ Midwife Address Rupert Date 12/19-42

State of Wheat Hermann Wheat Hermann
County of Viola Meulemann ss. Owning
Witness

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 31 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

996-109 044 331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363623
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Agie Hotel
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county — years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Riggins
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? six yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Donald Robert Irwin

5. Date of Birth of Child (Month, day, year) July 9, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Noah C. Irwin
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Walla Walla (City or town) Washington (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen May Clark
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Union (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Naz Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 36 years, and that Dr. Quick (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Noah C. Irwin Signature

Lewiston, Idaho, P. O. Address

Subscribed and sworn to before me this 2nd day of January, 19 43

(SEAL) Notary Public, residing at Lewiston, Idaho,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1943 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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363632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363632
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Dubois
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Dubois
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state) Dubois, Ida

4. FULL NAME OF CHILD Bertha Fay Miller

5. Date of Birth of Child (Month, day, year) Nov. 30, 1906

6. Sex female **7.** Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____ **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Lake Miller
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Union (City or town) West Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME May Row
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Early Gulah, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 59 36 years, and that Mrs. Lou Yeamans (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May Row Miller Signature

Dubois, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of December, 19 42

(SEAL) ____ Notary Public, residing at Dubois, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1943 by ____, Registrar.

JAN 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

856-218009-251

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363638

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BONNER (b) City SAND POINT
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: HOME
   (e) Mother's stay **BEFORE** delivery: IN THIS county 30 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** HELEN MARJORY HEWITT (Typewrite)

5. Date of Birth of Child (Month, day, year) June 18, 1906

6. Sex FEMALE

7. Twin or Triplet 1

If so—born 1st, 2nd, 3rd 1

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** EDWIN PELEG HEWITT

11. Color or Race WHITE

12. Age at time of THIS birth 33 yrs.

13. Birthplace KEARNEY (City or town) NEBRASKA (State or foreign country)

14. Exact Occupation ENGINEER

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** NELLIE BEALS

17. Color or Race WHITE

18. Age at time of THIS birth 30 yrs.

19. Birthplace CAMBRIA (City or town) IOWA (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 36 years, and that DR. (First name) PAGE (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Hewitt Signature

E. 2428 - 14th Ave. Spokane Wash. P. O. Address

Subscribed and sworn to before me this 31st day of December, 1942

(SEAL) M. Craft Notary Public, residing at Spokane

(Note—Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

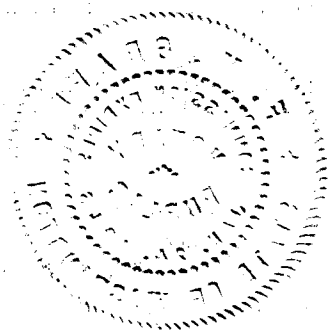
Received for filing on JAN 5 1943 by Registrar.

JAN 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



285-212035-349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363648
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Nez Perce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: About 1 year
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Nez Perce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) NezPerce,Id.

4. FULL NAME OF CHILD Edith Eudora Sheldon

5. Date of Birth of Child (Month, day, year) July 12,1906

6. Sex Femal **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Rufus Sheldon
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Sterling, Illinois (City or town) (State or foreign country)
14. Exact Occupation physician and surgeon
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Miranda Page Turner
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Waverly, Tennessee (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% silver nitrate solution
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at A. M. on the date and at the place stated above, and that personal particulars were furnished by self - father (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature John R. Sheldon M.D. ~~Midwife~~ Address Tampico,Ill.,R. D. Date Dec.31,192

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-216 006 349

363650

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley Idaho

4. **FULL NAME OF CHILD** Ida Pline Smith

5. Date of Birth of Child (Month, day, year) Apr. 16, 1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Francis Thomas Smith
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lina Agusta Curtis
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Payson (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the step-sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 36 years, and that Liza Jemmit (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive Brown Signature
6765 Alvina Ave., Bell, Calif. P. O. Address

My Commission Expires July 29, 1945

Subscribed and sworn to before me this 31 day of December, 19 42

(SEAL) Frank J Galeath Notary Public, residing at Bell, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Mabel Rhodes, Registrar.

JAN 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455 - 202014 - 713

363677

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363677
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Ida.

4. FULL NAME OF CHILD Celia Juanita Dennis

5. Date of Birth of Child (Month, day, year) July 2, 1906

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Van Vorhis Dennis
11. Color or Race W
12. Age at time of THIS birth 36 yrs.
13. Birthplace Marshalltown, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Adelia Patten
17. Color or Race W
18. Age at time of THIS birth 33 yrs.
19. Birthplace Eastport, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 36 years, and that Dr. Neal (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Adelia Dennis Signature

R.R. #1, Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 2 day of January, 1943

(SEAL)

John L. Crandall Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Mabel E. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN - 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

997-115035-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363719
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Myrtle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Myrtle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Myrtle Ida

4. **FULL NAME OF CHILD** Clarence Augustus Zigler

5. Date of Birth of Child (Month, day, year) July 15 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Maxwell Zigler
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Pleasanton (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Richey
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Kingston (City or town) Missouri (State or foreign country)
20. Exact Occupation Farmer's wife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by The midwife, Lyda Jane Zigler (First name) (Last name), who is related to this child as (Mother, etc.) is deceased.

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Iowa
County of Decatur } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 36 years, and that Lyda Jane Zigler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Maude Zigler Signature

Lamoni Iowa P. O. Address

Subscribed and sworn to before me this 22nd day of December, 1942

(SEAL) Martha A Hynden Notary Public, residing at Lamoni, Iowa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by [illegible], Registrar.

JAN 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-121-001-366

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

363757

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. ..... File No. 363757

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Walter Francis Fietze

Sex of Child male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug 21 1906 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest C. Fietze	FULL MAIDEN NAME	Essie A. Cooper.
RESIDENCE	Boise, Idaho	RESIDENCE	104 W. State St. Boise, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Dresden Germany	BIRTHPLACE	St. Louis
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address .....

Filed 1/11/43 19.... Mabel F. Elder

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 11 1943

APR 22 1971

DELAYED

655 112 029 655

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363793
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Troy
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho

4. **FULL NAME OF CHILD** Erwin Francis Weeks

5. Date of Birth of Child (Month, day, year) May 12, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ananias Francis Weeks
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Floyd (City or town) Virginia (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Angeline Victoria Weeks
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Floyd (City or town) Virginia (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father & mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 & 72 years of age, that I have known this person for 36 years, and that Dr. Hinkle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A. F. Weeks, Angie V. Weeks Signature
Post Falls, Idaho R.F.D. 1 P. O. Address

Subscribed and sworn to before me this 5 day of Dec, 19 42

(SEAL) [illegible] Notary Public, residing at Post Falls Idaho

(Note: Perjury is punishable as a felony in Idaho (see Sec. 17-914, Idaho Code Annotated)

Received for filing on JAN 9 1943 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-130 044-212

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363816

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Midvale
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: In own home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 5 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Midvale
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** William Allen Hood

5. Date of Birth of Child (Month, day, year) Aug. 30, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Dennis Hood
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Harrison, Ark. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Marilla Babb
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Tekoa Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary M. Hood (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Dora Williams M.D. Midwife Address Midvale Date Idaho

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1943 by Mark Keeler, Registrar.

NOV 10 1971

JAN 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-220003-462

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN -9 1943 **CERTIFICATE OF BIRTH** STATE OF IDAHO

State File No. 363855
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Chesterfield
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 11 months 23 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Chesterfield
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Chesterfield, Idaho

4. **FULL NAME OF CHILD** Elsie Elizabeth Yates

5. Date of Birth of Child (Month, day, year) Nov. 10, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Yates
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Cattle Raising
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Moss
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Chesterfield, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 36 years, and that Christina Higginson - Midwife (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Yates Signature

763 E 3rd So - Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 9th day of December, 1943

(SEAL)

Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN - 9 1943 by Mark H. Erickson, Registrar.

JAN 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-2090 44-319

363870

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Wash. (b) City CAMBRIDGE
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born on Ranch
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County Washington
   (c) City CAMBRIDGE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO

4. **FULL NAME OF CHILD** ALMETA ELVA CASTLE

5. Date of Birth of Child (Month, day, year) OCT. 9 - 1906

6. Sex FEMALE

7. Twin or [illegible] If so—born [illegible], 2nd, [illegible]

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CARY FRANKLIN CASTLE
11. Color or Race WHITE
12. Age at time of THIS birth 24 yrs.
13. Birthplace CEDARVILLE MICHIGAN (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ADDIE ESTELL CARRICK
17. Color or Race WHITE
18. Age at time of THIS birth 29 yrs.
19. Birthplace (NOT KNOWN) KANSAS (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Sonoma } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 36 years, and that unknown (First name) Schmitz (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Nora Bathe Signature
2022 Augustan Ave., Santa Rosa, Calif. P. O. Address

Subscribed and sworn to before me this 8th day of January, 19 43

(SEAL) Laura Adams Notary Public, residing at Santa Rosa, California.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1943 by [signature] Registrar.

JAN 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154 107022-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363938
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Thornton
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 9 years 1 months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Thornton
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? Nine yrs.

3. **RESIDENCE OF FATHER** (city, state) Thornton, Ida.

4. **FULL NAME OF CHILD** OTTO ADOLF ROLLAND ANDERSON

5. Date of Birth of Child (Month, day, year) Feb. 7, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Otto Edward Anderson
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilma Augusta Larsen
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 37 years, and that Mrs. Carl J. Peterson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Hansen Signature

Rexburg, Idaho Rt. 1. P. O. Address

Subscribed and sworn to before me this 5th day of January, 1943

(SEAL) Daniel Ricks Notary Public, residing at Rexburg

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1943 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-218003-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363939
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 706 Hayes Ave.
(d) Name of Hospital or Maternity Home: Private residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 706-Hayes Ave
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello

4. **FULL NAME OF CHILD** Beatrice Irene Williams

5. Date of Birth of Child (Month, day, year) April 18, 1906

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Herbert Brookshaw Williams
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Little Dean, Gloucestershire Wales (City or town) (State or foreign country)
14. Exact Occupation Railroad Switchman
15. Industry or Business Oregon Shortline

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Beatrice Kimball
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Meadowville, Rich co: Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ethel B. Kimball-Williams (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Annie Bird Midwife Address 655 So 6th Ave Pocatello, Ida. Date 12-12-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1943 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-219-009-155

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 363941
Reg. Dist. No.

JAN 13 1943

1. **PLACE OF BIRTH:**
   (a) County Bonner (b) City Sandpoint
   (c) Street Address or R.F.D. No. 520 Cedar st
   (d) ~~Name of Hospital or Maternity~~ Home: residence
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 3 years month days.

2. **USUAL RESIDENCE of MOTHER: (At time of this birth)**
   (a) State Idaho (b) County Bonner
   (c) City Sand Point
   (d) Street Address or R.F.D. No. 520 Cedar st
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.
   (f) Mother's mailing address Same.

3. **RESIDENCE of FATHER** (city, state): Sandpoint, Idaho

4. **FULL NAME OF CHILD** Barbara Jane Davis

5. Date of Birth (Month, day, year) Sept 19 1906

6. Sex female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William James Davis
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace New Brunswick Canada (City or town) (State or foreign country)
14. Exact Occupation Laundryman
15. Industry or Business Steam Laundry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Ella Henry
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Aberdeen, South Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother 3 (a) At time of birth and including this child 1 (b) Born alive and now living 1
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 5:00 A. M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Myrtle E. Davis, who is (First name) (Last name)
related to this child as Mother (Mother, etc.)

26. (a) July 28 1943 (b) [signature] (Registrar's signature)
(Date received)

27. Given name added on ..... by .....
(Registrar's signature)

25. Attendant's **OWN signature** Mrs E B Davis M.D.
(D.O., Midwife, etc.)
and address 324 So. Boyer Sandpoint, Idaho Date Mar. 3, 1943

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am .....
(Related to (or) acquainted with)
..... as ....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ....., who attended
(Name of attendant at birth)
said birth ..... and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

367-206008-457

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363967
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Crawford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Crawford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Crawford

4. FULL NAME OF CHILD Geneva Alida Logue

5. Date of Birth of Child (Month, day, year) 5/6/1906

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas E. Logue
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Logue (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Winnie Dexter
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Cambridge, (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 P M. on the date and at the place stated above, and that personal particulars were furnished by Mary Winnie (First name) Logue (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Phalla E. Patterson ~~MD~~ Midwife Address Cascade, Idaho Date 1/13/43

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1943

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-109036-551

363995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363995
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 21 years months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD Robert Evans Thomson

5. Date of Birth of Child (Month, day, year) Sept 19, 1942

6. Sex White **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Carlon Thomson
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Lake Town (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Evans
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Lamania (City or town) Idaho (State or foreign country)
20. Exact Occupation House Keeping
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 57 years of age, that I have known this person for 36 years, and that Dr. J. M. Kerns (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Evans Thomson Signature
Malad, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of January, 1943

(SEAL) Jessie Clark. Notary Public, residing at Malad Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1943 by Mary F. Eldridge, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364002
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Geneva
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Geneva
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Geneva, Ida

4. **FULL NAME OF CHILD** Jesse Lorenzo Mallory

5. Date of Birth of Child (Month, day, year) Aug. 1, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lorenzo Mallory
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Montpelier, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mamie Presilla Herrick
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Montpelier, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 36 years, and that Mrs. John Blickard (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mamie Priscilla Mallory Signature

718 So. Coml. Ave., Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of January, 1943

(SEAL) [signature] Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 21 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 21 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364011
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James Paul Reed
5. Date of Birth of Child (Month, day, year) 11/26/06
6. Sex M.
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Hilton Reed
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Jensen Reed
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Oregon City, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 36 years, and that J.M. Kerns (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Hilton Reed Signature
Malad, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of January, 1943
(SEAL) John H. McAllister ~~Notary Public~~, residing at Malad, Idaho
Clerk of the District Court
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 25 1943 by Mavel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 25 1943

NOV 5 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred~~ subsequent to such date, such report may be received and filed by the ~~local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-231-028-193

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364060
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rathdrum

4. **FULL NAME OF CHILD** Winifred Helen Peters
5. Date of Birth of Child (Month, day, year) 8/31/06
6. Sex Female
7. Twin or ~~Triplet~~
If so—born ~~1st~~, 2nd, ~~3rd~~
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Walter Peters
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Millageville (City or town) Ill. (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ann Arling
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace (City or town) England (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for since birth years, and that Dr. Frank Wenz (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mable Viola Peters Peters Signature
Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me this 14th day of January, 1943

(SEAL) E. H. Miles, U.S.C. Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JAN 19 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1949

JAN 29 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-105-044 485

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

* now Adams

State File No. 364066
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington* (b) City Council
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: parents' Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington*
(c) City Council
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Council, Ida

4. FULL NAME OF CHILD ROBERT FRANKLIN THOMPSON

5. Date of Birth of Child (Month, day, year) Mar. 5, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Lee Thompson

11. Color or Race white

12. Age at time of THIS birth 52 yrs.

13. Birthplace (City or town) Tennassee (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Sibbie E. Myers

17. Color or Race white

18. Age at time of THIS birth 31 yrs.

19. Birthplace (City or town) Mount Rose, (State or foreign country) Illinois

20. Exact Occupation Housewife

21. Industry or Business Home making

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 36 years, and that Mrs. Ellen Houston (M W) (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sibbie E Warren Signature

Council, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of January, 19 43

(SEAL) Carl N Swanstrom Notary Public, residing at Council

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by Mabel H Helper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

741-20-7040866

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364074
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kingston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Shoshone
(c) City KINGSTON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD MARY VOILET GUAY

5. Date of Birth of Child (Month, day, year) 10-7-06

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** FRANK GUAY
11. Color or Race WHITE
12. Age at time of THIS birth 22 yrs.
13. Birthplace COLORADO (City or town) (State or foreign country)
14. Exact Occupation MINER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY ANN GERTRUDE VOWELS
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace TORONTO ONTARIO CANADA (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child NONE (b) Born alive and now living NONE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 54 years of age, that I have known this person for 37 years, and that Dr Machette (First name) (Last name), who attended this birth Is now Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

F W Vowels Signature

717 E Queen Ave P. O. Address

Subscribed and sworn to before me this 13th day of January, 1943

(SEAL) Evelyn Vowels Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by [illegible], Registrar.

JAN 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-212-037-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364080
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Wilson
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Wilson
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Wilson, Idaho

4. FULL NAME OF CHILD Elizabeth Cora M. Gifford (Vassar)

5. Date of Birth of Child (Month, day, year) November 12, 1906

6. Sex Female

7. Twin or Triplet nil

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Reuben J. Gifford

11. Color or Race White

12. Age at time of THIS birth yrs.

13. Birthplace Milton, Vermont (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Almeda J. Bernard

17. Color or Race White

18. Age at time of THIS birth 38 yrs.

19. Birthplace Boise, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife to Farmer

21. Industry or Business " " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 56 years, and that Ada P. Bernard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Reuben J. Gifford Signature

4703-12th Ave. So. Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of January, 1943

(SEAL) Ronald C. Patten Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-104-022-251

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364098
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Hibbard
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 4 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Hibbard
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Hibbard, Idaho

4. FULL NAME OF CHILD Heber Lionel Ward

5. Date of Birth of Child (Month, day, year) April 4, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Heber Ward
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Hyrum, Utah (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Knapp
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Richmond, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 36 years, and that Dr. B. F. Cambell (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Knapp Ward. Signature

Rexburg, Idaho, RFD #2 P. O. Address

Subscribed and sworn to before me this 16th day of January, 1943

(SEAL) Mary Smith Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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259-218014-366

DELAYED BIRTH CERTIFICATE

(Be sure the information is complete and accurate)

364110

State File No.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 14 1943

Local Reg. No. 9
Reg. Dist. No. 3-31

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County CANYON (b) City PAYETTE
   (c) Street address or R. F. D. No. R.F.D.NO. 2
   (d) Name of Hospital or Maternity Home: MOUNIE OLSON HOME
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home 0 Days
   In **THIS** county 2 years 3 months 10 days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State IDAHO (b) County CANYON
   (c) City PAYETTE
   (d) Street address or R. F. D. No. R.F.D.NO. 2
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.
   (f) Mother's mailing address (For registration notice): PAYETTE, IDAHO
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) PAYETTE, ID.

4. FULL NAME OF CHILD: CARRIE BELLE KEIFER

5. DATE OF BIRTH (Month, day, year): DEC. 18, 1906

6. Sex: FEMALE

7. Twin or Triplet: **** If so—born 1st, 2nd, 3rd: ******

8. No. months of Pregnancy: 9

9. Legitimate? YES.

FATHER OF CHILD

10. FULL NAME: OSCAR URIAH KEIFER
11. Color or Race: WHITE
12. Age at time of THIS birth: 43 yrs.
13. Birthplace: ALLENTOWN, PENNSYLVANIA (City or Town) (State or foreign country)
14. Exact Occupation: FARMER
15. Industry or Business: FARMING

MOTHER OF CHILD

16. FULL MAIDEN NAME: BERTHA EUGENA TOOTHACRE
17. Color or Race: WHITE
18. Age at time of THIS birth: 33 yrs.
19. Birthplace: BURLINGTON, IOWA (City or Town) (State or foreign country)
20. Exact Occupation: HOUSEWIFE
21. Industry or Business: HOMEMAKING

22. Name prophylactic used to prevent Ophthalmia Neonatorum: SOL. NEO-SILVOL 10%
23. Number of children of this mother: (a) At time of birth and including this child: 7 (b) Born alive and now living: 7
    (c) Born alive and now dead: 0 (d) Stillborn: 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ------- M. on the date and at the place stated above, and that personal particulars were furnished by ELMER KEIFER (First name) (Last name), who is related to this child as BROTHER (Mother, etc.)

26. (a) 1/12/1943 (Date received) (b) J.C. Woodward (Registrar's signature)

25. Attendant's OWN signature J.C. Woodward, M. D. (D. O., Midwife, etc.)
and address PAYETTE, IDAHO Date 1/12/43

27. Given name added on ..... by ..... (Registrar's signature)

AUG 1 6 1973

MAR 1 2 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of NONE

(b) Labor: Complications: NONE.

Induced? NO.

(c) State all operations for delivery NONE

(d) Did baby have any:

(1) Congenital Malformation? NO.

Describe: *****

(2) Birth Injury? NO.

Describe: *****

(3) Was mother given a Wasserman before delivery?

Yes ---- No No Pos. ----- Neg. ----

(e) Signature of Physician:

J. C. Woodward, M.D.

DELAYED

666 208 004 693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 18 1943

State File No. 364135
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. Main St
(d) Name of Hospital or Maternity Home: At Mothers Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. Main St
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier Id

4. FULL NAME OF CHILD Virginia Wood

5. Date of Birth of Child (Month, day, year) Jan 8, 1906

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 months

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Blain Wood
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Shawnee (City or town) Oklahoma (State or foreign country)
14. Exact Occupation Brakeman
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cecelia Bell Fitzpatrick
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Shoshone (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Argentine Nitrate
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Cecelia (First name) Wood (Last name), who is related to this child as Mother. (Mother, etc.) 1350 Washington ave

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address [illegible] Colfax Date 1-13-43

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 18 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

853-107010-449

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364137
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 months yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD John Murphy Helms

5. Date of Birth of Child (Month, day, year) Sept. 7, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Robert Helms

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Lowndes (City or town) Missouri (State or foreign country)

14. Exact Occupation Teacher

15. Industry or Business Public Schools

MOTHER OF CHILD

16. FULL MAIDEN NAME Olive Missouri Murphy

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Bonne Terre (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Missouri
County of St. Francois } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 36 years, and that Physician (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive Murphy Helms Signature

Bonne Terre Mo. Route 1 P. O. Address

Subscribed and sworn to before me this 15 day of January, 1943

(SEAL) Byndie Buhrmester Notary Public, residing at Flat River, Mo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

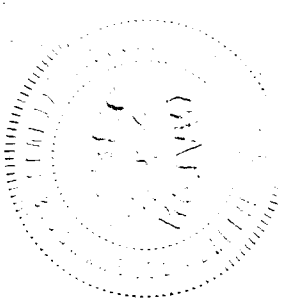
Received for filing on JAN 19 1943 by Mabel H. Heller, Registrar.

JAN 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



231-209 035-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364140
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Gifford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Gifford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. RESIDENCE OF FATHER (city, state) Gifford Idaho

4. FULL NAME OF CHILD Anna Mabel Black

5. Date of Birth of Child (Month, day, year) Oct 9 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John H Black
11. Color or Race W.
12. Age at time of THIS birth 41 yrs.
13. Birthplace Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Williams
17. Color or Race W.
18. Age at time of THIS birth 33 yrs.
19. Birthplace Ill. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11 a.M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Black (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Idaho
County of Nezperce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 40 years, and that Dr J J Herington (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Elizabeth Black Signature
Gifford Idaho Address

Subscribed and sworn to before me this 14 day of May, 1942

(SEAL) D C Tribble Justice of the Peace ~~Notary Public~~, residing at Gifford Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 1 7 1943 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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364161

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 0 yrs.

3. RESIDENCE OF FATHER (city, state) Council Idaho

4. FULL NAME OF CHILD Halley Granvel Smith

5. Date of Birth of Child (Month, day, year) 2-1-1906

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Henery Smith

11. Color or Race White

12. Age at time of THIS birth 51 yrs.

13. Birthplace West Virginia (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie E Fitch

17. Color or Race White

18. Age at time of THIS birth 41 yrs.

19. Birthplace Ithica Newyork (City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agnos 279

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Frank E Brown M D. M.D. ~~Midwife~~ Address Salem Or. 1-14-43 Date

State of Oregon
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 36 years, and that F. E. Brown (First name) (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie E. Fitch Smith Signature

1695 N 4th St Salem, Ore P. O. Address

Subscribed and sworn to before me this 28th day of December 1942

(SEAL)

M B Stegner Notary Public, residing at Salem Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. Com Expires Apr 27 1946

Received for filing on JAN 1 9 1943 by Mabel Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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364164

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 364164
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. 1015 2nd St.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years . . months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. Star Route
   (e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** George William W. Johnson

5. Date of Birth of Child (Month, day, year) June 29, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** J. P. Johnson
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sally Benson
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature John O'Neal M.D. Midwife Address Coeur d'Alene Ida Date Jan 15-43.

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by , Registrar.

JAN 2 0 1943

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-208030-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365250
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LEMHI (b) City SALMON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: PRIVATE RESIDENCE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ONE years X months X days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LEMHI
(c) City SALMON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** AGNES THELMA DECORIA
5. Date of Birth of Child (Month, day, year) MAR. 8TH 1906
6. Sex FEMALE
7. Twin or Triplet NO If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** HARRY BEN DECORIA
11. Color or Race WHITE
12. Age at time of THIS birth 28 yrs.
13. Birthplace LANDER CITY, WYOMING (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA GRESCELIA ANDREASON
17. Color or Race WHITE
18. Age at time of THIS birth 19 yrs.
19. Birthplace EPHRAIM, UTAH. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of BUTTE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 37 years, and that DR. KINNEY (First name) (Last name), who attended this birth IN NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna G. Andreason DeCoria Signature

Arco Idaho P. O. Address

Subscribed and sworn to before me this 19 day of JANUARY, 1943

(SEAL) [signature] Notary Public, residing at ARCO, IDAHO.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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365261

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Russell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Russell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ora Ethelyn Wilkinson

5. Date of Birth of Child (Month, day, year) 11/20-1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Roy Theo Wilkinson

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace (City or town) Iowa (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Pearl Hamilton

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Portland, (City or town) Oregon (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 37 years, and that Mrs. Jane Martin (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena Pearl Wilkinson Signature

Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of January, 1943

(SEAL)

County Auditor Notary Public, residing at Orofino, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1943 by By Gayle Corbett, Deputy Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1943

SEP 20 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-217001-213

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365262
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1412 N. 4th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: 2 Home
IN **THIS** county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Boise
(d) Street Address or R.F.D. No. 1412 N. 4th
(e) How long has **MOTHER** lived in Idaho? 8 mos. yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Ida

4. FULL NAME OF CHILD Alberta Edna Anderson

5. Date of Birth of Child (Month, day, year) Feb 17 1906

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wm. Henry Anderson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Oregon (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Rowena Bates
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace near Burns Ore. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Umatilla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 36 years, and that Alberta Anderson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna R. Anderson Signature

316 Colorado Milton Ore P. O. Address

Subscribed and sworn to before me this 19 day of Jan, 1943

(SEAL) Wm. McKinney Notary Public, residing at Pendleton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) NOTARY PUBLIC FOR OREGON

Received for filing on JAN 20 1943 by [illegible] 6-4-3, Registrar.

JAN 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695 225025 559

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365265
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Winona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Winona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Winona, Ida

4. FULL NAME OF CHILD Eva Wren

5. Date of Birth of Child (Month, day, year) Oct. 25, 1906

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ira Nelson Wren
11. Color or Race white **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Mankato, Kansas (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Elizabeth Neilson
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Hyrum Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for all / her life years, and that cannot remember this name (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ira Nelson Wren Signature

P. O. Address

Subscribed and sworn to before me this 19th day of January, 19 43

(SEAL) W. A. McClure, Notary Public, residing at Payette, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1943 by Mina Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 25 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253 220036-613

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 365311

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No. --
   (d) Name of Hospital or Maternity Home: --
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No. --
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad, Ida.

4. **FULL NAME OF CHILD** Martha Didemia Sellers

5. Date of Birth of Child (Month, day, year) April 20, '06

6. Sex Female

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Allen Sellers
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Laborer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Charlottie Adel Walters
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Chanute, Nesho Co., Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person ~~xx~~ all / ~~years~~ her life and that (Name forgotten) (First name) midwife (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charlottie Adel Walters Signature

Heyburn, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of January, 1943

(SEAL) A. M. Nielson Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 25 1943 by Mabel M. Nielson, Registrar.

JAN 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365330
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years 7 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier, Idaho

4. FULL NAME OF CHILD Elva Annselina King

5. Date of Birth of Child (Month, day, year) Dec. 10, 1906

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Henry King
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Railroad
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Hayes
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Georgetown, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Argentine Nitrosi
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 P.M. on the date and at the place stated above, and that personal particulars were furnished by Catherine King (First name) (Last name), who is related to this child as Mother (Mother, etc.) 1350 Cushion Ave

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address Fresno Calif Date 12-10-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

392-207022-345

365341

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City near Teton City
(c) Street Address or R.F.D. No. Rural.
(d) Name of Hospital or Maternity Home: birth was at parents' home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho. (b) County Fremont.
(c) City Near Teton City.
(d) Street Address or R.F.D. No. Rural.
(e) How long has **MOTHER** lived in Idaho? Five yrs.

3. RESIDENCE OF FATHER (city, state) Teton City, Idaho.

4. FULL NAME OF CHILD Lillie Levonia Likes,

5. Date of Birth of Child (Month, day, year) March 7, 1906.

6. Sex Female

7. Twin or Triplet ----- If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnacy 9.

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Dora Ellis Likes,
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Kinderkook, (City or town) Illinois. (State or foreign country)
14. Exact Occupation Bricklayer, Mason & Farmer.
15. Industry or Business Self employed, farmer.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Orr Cunningham,
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Heber City, (City or town) Utah. (State or foreign country)
20. Exact Occupation House-wife.
21. Industry or Business -----

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Bannock, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for nearly 37 years, all her life and that Mary Sorensen (First name) (Last name), who attended this birth is now deceased, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes Orr Cunningham Likes Signature
1125 Idaho Ave., Idaho Falls, Idaho. P. O. Address

Subscribed and sworn to before me this 22d day of January, 1943.

(SEAL) [signature] Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365468
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Parker, Idaho

4. FULL NAME OF CHILD Lowell Evans Remington

5. Date of Birth of Child (Month, day, year) July 18, 1906

6. Sex Male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jerome Jackson Remington
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Paradise, Cache County, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jenetta McNiel
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Logan, Cache County, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (1st child died at birth)

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jenetta McNiel Remington Signature

Box 5, Parker, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of January, 1943.

(SEAL) Kathryn Coffin Deputy Clerk of District Court, Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1943 by Mabel McClain, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-108-023 168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365495
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Utah (b) County Salt Lake
(c) City Salt Lake City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett Idaho

4. **FULL NAME OF CHILD** Leonard Emmett Jensen

5. Date of Birth of Child (Month, day, year) Apr. 8, 1906

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hans Christian Jensen
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Copenhagen (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Johnson
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) ~~Born alive and now living~~ 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 37 years, and that (First name) (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Elmer Jensen Signature
1235 Crapshot Cove P. O. Address

Subscribed and sworn to before me this 29th day of January 1943

(SEAL)

Velora Ford Notary Public, residing at Salt Lake City Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1943 by Mabel F. Gardner, Registrar.

FEB 3 1943

OCT 25 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453 112-040459

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **365511**
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Sho Shone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Frederick James Delaran

5. Date of Birth of Child (Month, day, year) 12 Aug 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frederick Harrison Delaran

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Harbor Oregon (City or town) (State or foreign country)

14. Exact Occupation Miner - Barber

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Emma Derbyshire

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Newport Minnesota (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nil

23. Number of children of this mother: (a) At time of birth and including this child Nil (b) Born alive and now living Nil

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of British Columbia } ss.
County of Canada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 26 years, and that Emma L Ross (First name) (Last name), who attended this birth too feeble (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Emma Delaran — Bauer Signature

Penticton B.C. Canada P. O. Address

Subscribed and sworn to before me this 22 day of January, 1943

(SEAL) Notary Public, residing at Penticton British Columbia

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 - 1943 by Mary [illegible] Registrar

FEB 3 1943

DELAYED REGISTRATION LAW

~~(1937 Session Laws, Chapter 130, Section 4)~~

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

997-229 035-117

305519

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Peck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Peck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Peck Idaho

4. FULL NAME OF CHILD Sarah Birdie Riggs

5. Date of Birth of Child (Month, day, year) Nov. 29, 1906

6. Sex Female

7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd 0

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Garnett Lewis Riggs
11. Color or Race White
12. Age at time of THIS birth [illegible] yrs.
13. Birthplace State of Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Chloe May Jaggers
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Lincoln Ill. (City or town) (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive or stillborn) at [illegible] M. on the date and at the place stated above, and that personal particulars were furnished by Chloe Riggs (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D. ~~Midwife~~ Address Lewiston Ida Date 1-14-43

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1943 by [illegible], Registrar.

FEB 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses ~~prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

841-107029-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365531
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 14 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City MOSCOW,
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** OLAF ANTONY QUALEY

5. Date of Birth of Child (Month, day, year) FEB. 7 1906

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** KNUD CHRISTEN QUALEY
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace OSLO (City or town) NORWAY (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** KAREN MARIE MILLER
17. Color or Race WHITE
18. Age at time of THIS birth 33 yrs.
19. Birthplace COPENHAGEN (City or town) DENMARK (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 36 years, and that Mrs. H. Halverson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Knud Christensen Qualey Signature

White Bird, Idaho P. O. Address

Subscribed and sworn to before me this 28 day of January, 1943

(SEAL) John L. Rooke Notary Public, residing at Cottonwood Idah

(Note: Perjury is punishable as a felony in Idaho: see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1943 by Mabel F. Elefers, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

751-222025-363

365562

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. P.O.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville Ida

4. FULL NAME OF CHILD Marguerite Pearson

5. Date of Birth of Child (Month, day, year) Dec. 22. 1906

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Hubert Pearson
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation common laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lois Ethelyn Colvin
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Walla Walla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 36 years, and that Mrs. (First name) Stockton (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 138, 1937 Session Laws.

Mrs. Harry McGuire Signature
Box 209 - Rt. 4 P. O. Address

Subscribed and sworn to before me this 7th day of Dec., 1942

(SEAL) Ray Appleton Notary Public, residing at Walla Walla, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1943 by Mabel W. Eaker, Registrar.

FEB 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331 210 042 915

United States
Department of Commerce
Bureau of the Census

FEB 1 1943

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365573
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 147-7th Ave. East
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 147-7th Ave. East
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Neva Dorothy Claar
5. Date of Birth of Child (Month, day, year) May 10, 1906
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Nelson Claar
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Jackson, Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta Stella Rae
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Boone County, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)
25. Attendant's **OWN** signature Dr. T. O. Boyd (Deceased) M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 36 years, and that Dr. T. O. Boyd, --- (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Etta Stella Rae Claar Signature
424 Walnut St., Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of January, 1943
(SEAL) Alice C. Taylor Notary Public, residing at Twin Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1943 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1943

JAN 30 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-202031-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365760
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Gibbonsville
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Private homes.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Gibbonsville
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gibbonsville Ida.

4. **FULL NAME OF CHILD** Lillie Elizabeth Benedict

5. Date of Birth of Child (Month, day, year) Aug. 2, 1906

6. Sex Female

7. Twin or Triplet no.

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Ernest Richard Benedict
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Winnebago Co. (City or town) Illinois (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business Cattle raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Palmer
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Mineral Ridge, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho }
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 36 years, and that Edward R. Benedict (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Benedict Signature
Leadore Idaho P. O. Address

Subscribed and sworn to before me this 6 day of February, 1943

(SEAL) Mary V. Stone Notary Public, residing at Leadore Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1943 by Mary V. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389 127022-595

365774

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Marysville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   Birth took place in own home
   (e) Mother's stay **BEFORE** delivery:
   IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Marysville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. **RESIDENCE OF FATHER** (city, state) Marysville Ida

4. **FULL NAME OF CHILD** Dimond Le Grand, Christensen

5. Date of Birth of Child (Month, day, year) Aug. 27, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Chris Christensen
11. Color or Race Danish
12. Age at time of THIS birth 51 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer Self Employed
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Nielsen
17. Color or Race Danish
18. Age at time of THIS birth 39 yrs.
19. Birthplace Ephriam, Utah (City or town) (State or foreign country)
20. Exact Occupation Seamstress & House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 36 years, and that Mrs. Emley Lamborn (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena Christensen Signature

Marysville Idaho P. O. Address

Subscribed and sworn to before me this 30 day of January 19 43.

(SEAL)

Paul C. Stone Notary Public residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1943 by Maud [illegible], Registrar.

FEB 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-116-029-619

365843

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Potlatch
(c) ~~Street Address or R.F.~~D. No. R.F.D. no. 1
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 1 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) ~~Street Address or~~ R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Potlatch Idaho

4. FULL NAME OF CHILD James R. Browning

5. Date of Birth of Child (Month, day, year) Nov 16, 1906

6. Sex male

7. ~~Twin or Triplet~~ Ralph If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James S. Edward Browning
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Potlatch (City or town) Idaho (State or foreign country)
14. Exact Occupation Sawmill worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna May Waite
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Potlatch (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for since birth years, and that Mrs. Lehman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wm. Browning Signature
Potlatch, Ida. P. O. Address

Subscribed and sworn to before me this 19 day of January, 1943

(SEAL) [signature] Notary Public, residing at Potlatch, Idaho
NOTARY PUBLIC residing at Potlatch, Idaho
My commission expires December 10, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 12 1943 by Mavel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595 705 021-766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365857
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County FRANKLIN (b) City WESTON
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: OWN HOME
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County FRANKLIN
   (c) City WESTON
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weston, Idaho

4. **FULL NAME OF CHILD** OTTIS ALBERT NIELSEN

5. Date of Birth of Child (Month, day, year) Sept. 5, 1906

6. Sex Male

7. Twin or Triplet ------ If so—born 1st, 2nd, 3rd -----

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter Adolph Nielsen
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Weston, (City or town) Idaho (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Francess Hannah Goodsell
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Newton, (City or town) Utah (State or foreign country)
20. Exact Occupation Wife of Peter A. Nielsen
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 A.M. on the date and at the place stated above, and that personal particulars were furnished by Francess Hannah Nielsen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mary Olsen MXX Midwife Address Weston, Idaho Date 1-13-43

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 19[illegible] by Mabel [illegible], Registrar.

FEB 15 1943

APR 24 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

45/110 028-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 36588
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenia (b) City Port Hill
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Washington (b) County Whatcom
(c) City Bellingham,
(d) Street Address or R.F.D. No. 1124 High St.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles Henry Meaker

5. Date of Birth of Child (Month, day, year) Aug. 10, 1906

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Meaker
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace (City or town) England (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriet Georgina Burns
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Whatcom } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for years, and that No attendant (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet G. Meaker
Signature

Bellingham, Wash.
P. O. Address

Subscribed and sworn to before me this 11th day of February, 1943

(SEAL) Robt. N. Smith
Notary Public, residing at Blaine, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1943 by Mary H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 16 1943

JUN 4 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-22-6019-866

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365895
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CUSTER (b) City -
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In remote mining section of county
(e) Mother's stay BEFORE delivery: IN THIS county - years 8 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CUSTER
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 mos. yrs.

3. RESIDENCE OF FATHER (city, state) CUSTER CO., IDAHO.

4. FULL NAME OF CHILD: DOROTHY MYRTLE SMITH

5. Date of Birth of Child (Month, day, year): March 26, 1906

6. Sex: Female

7. Twin or Triplet: No. If so—born 1st, 2nd, 3rd: -

8. No. months of Pregnancy: Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME: Temple Joshua Smith, M. D.
11. Color or Race: White
12. Age at time of THIS birth: 23 yrs.
13. Birthplace: Calhoun, (City or town) Louisiana (State or foreign country)
14. Exact Occupation: Doctor of Medicine
15. Industry or Business:

MOTHER OF CHILD

16. FULL MAIDEN NAME: Irma Hoffman
17. Color or Race: White
18. Age at time of THIS birth: 23 yrs.
19. Birthplace: Thibodeaux, (City or town) Louisiana (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: -

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Louisiana
County of Catahoula Parish } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person since birth and that Dr. Temple J. Smith (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Irma Hoffman Smith, Signature

Jonesville, Catahoula Parish, Louisiana, P. O. Address

Subscribed and sworn to before me this 4th day of February, 1943.

(SEAL) Henry S. Haberyan, Notary Public, residing at Jonesville, La.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1943 by Mabel Helder, Reg

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. When COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 16 1949

SEP 29 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 12 1949

432-126-016-364

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365942
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Twin Falls Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Lft yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Ida

4. FULL NAME OF CHILD Ray McKean

5. Date of Birth of Child (Month, day, year) May 24, 1906

6. Sex MALE

7. Twin or Triplet None.

If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnacy Reg.

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME George W. McKean

11. Color or Race W

12. Age at time of THIS birth 35 yrs.

13. Birthplace Gallipolis (City or town), Ohio (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susanna Loucks

17. Color or Race W

18. Age at time of THIS birth 28 yrs.

19. Birthplace Gallipolis (City or town), Ohio (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) Nurse—

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho, County of Cassia } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 36 years, and that Ward Loucks (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George W. McKean (Signature)
411 Walnut or Twin Falls Idaho (P.O. Address)

Subscribed and sworn to before me this 12 day of February, 1943.

(SEAL) Nancy H. Tuck Notary Public, residing at Burley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1943 by Mary Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 18 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-214-044-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365966
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. Court
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county One years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. Court
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** Lois Elizabeth Taylor
5. Date of Birth of Child (Month, day, year) Feb. 14, 1906
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy nine
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frederic Lewis Taylor
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Lawrence (City or town), Kansas (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Sheep

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Belle Hartley
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Dixie Valley (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 37 years, and that Wm George (First name) Waterhouse (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Emma F. Lauer Signature
2167 Alameda Ave Alameda Calif. P. O. Address

Subscribed and sworn to before me this 10th day of February, 1943

(SEAL) Jeannette Kelham Notary Public, residing at NOTARY PUBLIC COUNTY OF ALAMEDA, CALIFORNIA MY COMMISSION EXPIRES May 20, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 18 1943 by Mary F. Leger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1943

JUN 9 1959
APR 28 1967

SEP 18 195[illegible]

JAN 12 1971

JUL 9 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-102-003-27

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365984
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Turner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Turner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grace, Idaho.

4. **FULL NAME OF CHILD** Ellis Paul Leffler

5. Date of Birth of Child (Month, day, year) Apr. 2 1906

6. Sex Male

7. Twin or Triplet ------ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Paul Leffler
11. Color or Race White Am
12. Age at time of THIS birth 24 yrs.
13. Birthplace Know (City or town) Iowa (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Ann Black
17. Color or Race White Am
18. Age at time of THIS birth 21 yrs.
19. Birthplace Morgan, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 37 years, and that Ellen Egbert (First name) ~~Elizabeth Leffler~~ (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Paul Leffler Signature

Grace, Idaho. P. O. Address

Subscribed and sworn to before me this 16 day of Feb., 19 43

(SEAL) Notary Public, residing at Grace, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1943 by Mark F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-2051007-719 365995 365995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 31 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Carey Idaho

4. FULL NAME OF CHILD Beatrice Kelley [redacted]

5. Date of Birth of Child (Month, day, year) 2-5-1906

6. Sex F

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Dave Kelley
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farming & Stock
15. Industry or Business raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eunice Parke ~~Kelley~~
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Bountiful (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Half brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 37 years, and that Mrs. Jas. Carey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma S. Kelley Signature
Carey Idaho P. O. Address

Subscribed and sworn to before me this 15th day of February, 1943
(SEAL) Alice A. York Notary Public, residing at Carey Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 22 1943 by Mary F. Elder, Registrar.

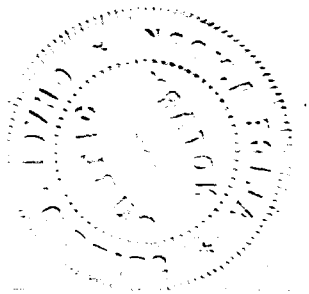
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



569-212-040-216 366023 366023

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. Chestnut
(d) Name of Hospital or Maternity Home: None (at own home)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackcloud, Idaho

4. **FULL NAME OF CHILD** Ethel Sophia Nordquist

5. Date of Birth of Child (Month, day, year) July 12, 1906

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albin Theodore Nordquist
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Emtervik (City or town) Sweden (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Lead Mines

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Karolina Bjork
17. Color or Race white
18. Age at time of THIS birth yrs.
19. Birthplace Ivarsbjork (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 3 o'clock P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Midwife Attn ~~M.D.~~ Midwife Address Dont Know her adres Date July 12-1906

State of Astoria Oregon
County of Clatsop } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 37 years, and that Dont Know her (First name) present (Last name) Tokatier, who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Karolina Lafgren Signature

721-7th Astoria Oregon P. O. Address

Subscribed and sworn to before me this 20th day of February, 1943

NOTARY PUBLIC FOR OREGON
My Commission expires June 8, 1943

(SEAL) John Swenson Notary Public, residing at Astoria Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 24 1949

JUL 20 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-124-035-992

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 366043
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Morrowtown
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Morrowtown
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Morrowtown Idaho

4. FULL NAME OF CHILD William Henry Lantz

5. Date of Birth of Child (Month, day, year) 8-24-1906

6. Sex male **7.** Twin or Triplet one If so—born 1st, 2nd, 3rd none **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Daniel O. Lantz
11. Color or Race white **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Milton (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Risdon
17. Color or Race white **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Palouse City (City or town) Washington (State or foreign country)
20. Exact Occupation student
21. Industry or Business going to school

22. Name prophylactic used to prevent Ophthalmia Neonatorum no

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 36 years, and that Mrs. Albert Nelson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daniel O Lantz Signature

Lewiston, Idaho Route 2 P. O. Address

Subscribed and sworn to before me this 16th day of February, 19 43

(SEAL) C P Hinkle Notary Public, residing at Lewiston, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ____ by Mary F Felder, Registrar.

FEB 20 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

194-226-078-194

366076

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No. R.F.D. 2
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No. R.F.D. 2
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Ida

4. FULL NAME OF CHILD Esther Viola Armstrong

5. Date of Birth of Child (Month, day, year) Sept. 26, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William C. Armstrong
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace John Day, Ore (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Min Dora Jimerson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Springfield, Ill. (City or town) (State or foreign country)
20. Exact Occupation House-Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 37 years, and that Dr. (First name) Avey (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Jackson Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of February, 1943

(SEAL) Nancy A. Inman Notary Public, residing at Portland, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My comm. exp. 3/27/43

Received for filing on FEB 22 1943 by Mary Field, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

267-121-040-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 366081
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City WARDNER
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City WARDNER
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD Peter-Leonard-Bogovich

5. Date of Birth of Child (Month, day, year) 3-21-1906

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Bogovich
11. Color or Race White **12.** Age at time of THIS birth 57 yrs.
13. Birthplace MALINSKA (City or town) Yugo SLAVIA (State or foreign country)
14. Exact Occupation Landlord
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hilda Johnson
17. Color or Race White **18.** Age at time of THIS birth 45 yrs.
19. Birthplace Stockholm (City or town) Sweden (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic ~~used to prevent Ophthalmia Neonatorum~~ Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature T. R. Mason M.D. Midwife Address Kellogg Id. Date 2/16-43

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California
County of Shasta } ss.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 36 years, and that Dr. T. R. Mason (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George M. Bogovich Signature

Shasta Dam Calif. P. O. Address

Subscribed and sworn to before me this 30th day of January, 1943

(SEAL) Victor R O'Shea Notary Public, residing at Shasta Dam, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires July 25, 1946

Received for filing on FEB 22 1943 by Mark H Felton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

199-125 022-666

366152

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 366152
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Manyville Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Manyville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) St Anthony Idaho

4. **FULL NAME OF CHILD** Carol Airhart

5. Date of Birth of Child (Month, day, year) Oct 23-1904

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George A Airhart
11. Color or Race White
12. Age at time of THIS birth 40 25 yrs.
13. Birthplace Hamilton (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rhoda Jane Wood
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Franklin (City or town) Idaho (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 67 years, and that (First name) Young (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rhoda Jane Wood Airhart Signature
St Anthony, Idaho. R.R. No 2 P. O. Address

Subscribed and sworn to before me this 23 day of November, 1944

(SEAL)

Notary Public residing at St Anthony Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 29 1944 by Mabel [illegible], Registrar.

FEB 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

144 208033 419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

367193 367193
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Idaho

4. FULL NAME OF CHILD Alice Cleora Judd

5. Date of Birth of Child (Month, day, year) Nov. 8, 1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Daniel Fuller Judd
11. Color or Race White **12.** Age at time of THIS birth 20 yrs.
13. Birthplace Pima (City or town) Arizona (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Sugar Factory

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Alice Marshall
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Panguitch Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 10 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mabel Alice Marshall (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for life years, and that Dr. Rich (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mabel Alice Judd Signature

Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of February, 1943.

(SEAL) Arlene Ambrose Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1943 by Mary F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1948

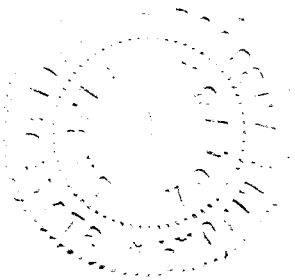
MAY 3 1967

MAR 6 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



253 106001 231

367198

367198

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise

(c) Street Address or ~~R.F.D.~~ No. 1516 Jefferson

(d) Name of Hospital or Maternity Home: ✓

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 9 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada

(c) City Boise

(d) Street Address or ~~R.F.D.~~ No. 1516 Jefferson

(e) How long has **MOTHER** lived in Idaho? 2+ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Aleck Petrie Ketchen

5. Date of Birth of Child (Month, day, year) Dec. 6, 1906

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd ✓ **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Adam Ketchen

11. Color or Race White **12.** Age at time of THIS birth 41 yrs.

13. Birthplace Loanhead (City or town) Scotland (State or foreign country)

14. Exact Occupation Retail Lumberyard Owner

15. Industry or Business Lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME Dinah Blair

17. Color or Race White **18.** Age at time of THIS birth 31 yrs.

19. Birthplace Arbroath (City or town) Scotland (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 36 years, and that Dr. J. C. Davies (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dinah Blair Ketchen Signature

R.D. #1 Boise Idaho P. O. Address

Subscribed and sworn to before me this 28 day of Feb, 1943

(SEAL) Dorothy Selby Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 1 - 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 1943

JAN 30 1962
SEP 13 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

49-101-022-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

367204

State File No. 367204
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Teton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery; IN **THIS** county 1 years 6 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Formerly Fremont Teton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Teton Idaho

4. **FULL NAME OF CHILD** Ona CALL MARLER

5. Date of Birth of Child (Month, day, year) Feby 1-1906

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ezra Lewis Marler
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Harrisburg Utah (City or town) (State or foreign country)
14. Exact Occupation Editor News paper
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vesa Call
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Bountiful Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that the midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vesa Call Marler Signature

403 South Pleasant, Independence Mo. P. O. Address

Subscribed and sworn to before me this 24th day of February, 1943

(SEAL) J. Anderson Notary Public, residing at Blackfoot Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 - 1943 by Mabel F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

431 112001-248

3672 or 367205

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367205
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. South Boise
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Ida

4. **FULL NAME OF CHILD** Ralph Roland Mc Adams

5. Date of Birth of Child (Month, day, year) June 12 - 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Mc Adams
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Okla homa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Antonette Suhlsen
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Norway (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Credes Solution

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature John Burch M.D. Midwife Address Boise Ida Date 3-1-43

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 - 1943 by Maud F Felder, Registrar.

Mail To 2610 Boise Avenue. To Ralph Mc Adams

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

712-212001-612

367235

State File No. 367235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. S. 12th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. S. 12th
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Blanche Gasser

5. Date of Birth of Child (Month, day, year) 7-12-06

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Owen Gasser
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nell Blanche Wasson
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace St. Clair Co. (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Montana }
County of Silver Bow } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 36 years, and that Dr Mary Wood (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nell Blanche Wasson Wakefield (Signature)
1225 East Second St Butte Montana (P. O. Address)

Subscribed and sworn to before me this 19th day of February, 1943.

(SEAL)

NOTARY PUBLIC FOR THE STATE OF MONTANA
Notary Public residing at Butte
MY COMMISSION EXPIRES JUNE 3, 1944.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-911, Idaho Code Annotated.)

Received for filing on MAR 9 - 1943 by ..... Registrar.

MAR 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

747-114001-331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

367244 / 367244

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 113 Main Street
   (d) Name of Hospital or Maternity Home: Family lived at Hotel
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 10 & Main 12th Streets
   (e) How long has **MOTHER** lived in Idaho? 2m yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Ida

4. **FULL NAME OF CHILD** Elwood Clark Pugh

5. Date of Birth of Child (Month, day, year) Mar. 14-1906

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full term Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harvey Albert Pugh
11. Color or Race W
12. Age at time of THIS birth 30 yrs.
13. Birthplace Ill. (City or town) (State or foreign country)
14. Exact Occupation Sawmill & logging
15. Industry or Business self.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel May Clark
17. Color or Race W
18. Age at time of THIS birth 25 yrs.
19. Birthplace Marshall (City or town) Mo (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Credes Solution
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at [illegible] M. on the date and at the place stated above, and that personal particulars were furnished by Harvey A. Pugh (First name) (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature John Bowtz M.D. Midwife Address Boise Ida Date 3-12-43

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of ... } ss.
County of ... }

I, the undersigned, being first duly sworn, say that I am the ... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that ... (First name) ... (Last name), who attended this birth ... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

... Signature

... P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ..., Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1943 by Mary F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1966

MAR 12 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 131, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

532-128001 815

367258

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367258
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Eagle
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years Mother born in this country months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Eagle
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. **RESIDENCE OF FATHER** (city, state) Eagle, Idaho

4. **FULL NAME OF CHILD** Merlin Donald Eckert

5. Date of Birth of Child (Month, day, year) April 28, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest Clarence Eckert
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace McGregor (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Yant
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Altoona (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for Life years, and that Mrs. Henry Warren (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Eckert, Signature

915 North 16th St. P. O. Address

Subscribed and sworn to before me this 16th day of March, 19 43

(SEAL) L L Sullivan, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1943 by Maud Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 24 1971

MAR 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 10 Ave. 1st. S.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida. (b) County canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 10 Ave. 1st. S.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clara Valantina La Lande

5. Date of Birth of Child (Month, day, year) Feb. 14, 1906

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Max Antoine La Lande
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Canada (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Angelina Dimana Laurain
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1:30A M. on the date and at the place stated above, and that personal particulars were furnished by Angelina La Lande (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 60 years, and that Dr. (First name) Kohler (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Angelina La Lande Signature
1206 E 1st so Salt Lake City P. O. Address

Subscribed and sworn to before me this 9th day of Jan., 1943

(SEAL) Rosine Grover Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1943 by Maud Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

MAR 18 1943

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Nampa
   × (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   × In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Nampa Rural
   (d) Street Address or R.F.D. No.
   × (e) How long has **MOTHER** lived in Idaho? 3 yrs.
   (f) Mother's mailing address (For registration notice):
   × (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Elmer Theodore Stoner

5. **DATE OF BIRTH** (Month, day, year) Dec 13 1906

6. Sex Male

7. Twin or Triplet ×

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** × William Stoner

11. Color or Race White

× 12. Age at time of THIS birth 53 yrs.

× 13. Birthplace Virginia (City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business ✓

MOTHER OF CHILD

✓ 16. **FULL MAIDEN NAME** Augusta Kinney

17. Color or Race White

× 18. Age at time of THIS birth 33 yrs.

× 19. Birthplace Iowa (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol. Arg. Nit.

× 23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

× (c) Born alive and now dead (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 12 [illegible] M. on the date and at the place stated above, and that personal particulars were furnished by Augusta Stoner (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 18 1943 (Date received) (b) Mabel Helen (Registrar's signature)

25. Attendant's **OWN signature** J. H. Murray M.D. (D.O., Midwife, etc.)

and address Nampa Ida. Date Mar 15-1943

27. Given name added on ..... by ..... (Registrar's signature)

MAR 1 5 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? No

Describe: —

(2) Birth Injury? No

Describe: —

(3) Was mother given a Wasserman before delivery?

Yes..... No X Pos..... Neg.....

(e) Signature of Physician:

G H Murray M D.

DELAYED

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367282
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Ruth Cahalan

5. Date of Birth of Child (Month, day, year) Feb. 4, 1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Emmett Lee Cahalan
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Edina (City or town) Missouri (State or foreign country)
14. Exact Occupation Agriculturist
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Maria Chamberlain
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Idaho City (City or town) Idaho (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 37 years, and that Dr. L. C. Bowers (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Maria Cahalan Signature
1712 No 23rd, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of March, 1943.
(SEAL) E. B. Laine Notary Public, residing at Boise, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1943 by [illegible] Registrar.

DEC 9 1970

MAR 2 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-106-035 615

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367321
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. No. 4th Street.
   (d) Name of Hospital or Maternity Home: —
   (e) Mother's stay **BEFORE** delivery: IN THIS county 14 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Clayton Pennell Lomax

5. Date of Birth of Child (Month, day, year) July 6 - 1906

6. Sex M

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Presley Thornton Lomax
11. Color or Race W
12. Age at time of THIS birth 47 yrs.
13. Birthplace Alabama — (City or town) (State or foreign country)
14. Exact Occupation merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Wann
17. Color or Race W
18. Age at time of THIS birth 30 yrs.
19. Birthplace Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 36 years, and that Dr. C. C. Phillips (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

P. T. Lomax
Signature

620 - 9th St Clarkston Washington
P. O. Address

Subscribed and sworn to before me this 16 day of February, 1943

(SEAL) Philip Steinguber
Notary Public, residing at Lewiston Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1943 by Mary E Elder, Registrar.

FEB 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367363
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenay (b) City Coeur D'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 months ? days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ?
(c) City Coeur d' Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 mos. yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene

4. **FULL NAME OF CHILD** Gwendolyne Mabel Webb

5. Date of Birth of Child (Month, day, year) July 9th 1906

6. Sex female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ralph Humphreys Webb
11. Color or Race white
12. Age at time of THIS birth 19 yrs.
13. Birthplace Born at Sea -, British Origin (City or town) (State or foreign country)
14. Exact Occupation Manager. Pan-Handle Lumber Co.
15. Industry or Business Lumber. Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Thaude Sunoline Summerfeld
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Cookstown, Ontario, Canada (City or town) (State or foreign country)
20. Exact Occupation wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child [illegible] (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature John T. Wood M.D. Midwife Address Coeur d'Alene. Ida. Date Feb 23-43

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 1 - 1943 by Mary J. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367375
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Clearwater (b) City Orofino Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Goldie May Brown

5. Date of Birth of Child (Month, day, year) May 13, 1906

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Chester Albert Brown
11. Color or Race White 12. Age at time of THIS birth 46 yrs.
13. Birthplace Mendota (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Viola Fowler
17. Color or Race White 18. Age at time of THIS birth 41 yrs.
19. Birthplace Mendota (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Lane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 37 years, and that Mrs (First name) Carson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chester William Brown Signature
Route 1 - Creswell, Oregon P. O. Address

Subscribed and sworn to before me this 22nd day of February 1943

(SEAL) Frank S. Kinney Notary Public, residing at Eugene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires Nov 30th 1946

Received for filing on MAR 2 - 1943 by Mabel H Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367378
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Ovid
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Ovid
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Ovid, Idaho

4. FULL NAME OF CHILD Joseph Elver Sorensen

5. Date of Birth of Child (Month, day, year) March 18, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Christian Sorensen
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Askee (City or town) Norway (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Selmine Samuelson
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Hornest Sogn (City or town) Denmark (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Chris (First name) Sorensen (Last name), who is related to this child as father (Mother, etc.) 4691 East Tolmage Dr.

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address San Diego Calif. Date 6-9-42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 36 years, and that Dr Poynter (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christian Sorensen Signature
Ovid, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of May, 1942

(SEAL) [signature] Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED MAR 1943 FORMER REJECT

719 228-026-122

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

367411

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Barbara Musette Parks

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term ✓	7. Legitimate? ✓	8. Date of birth 3-28, 1906 (Month, Day, Year)
Female					

FATHER	MOTHER
9. Full name George Teasedale Parks	18. Full maiden name Mary Ann Askew
10. Residence (usual place of abode) (If non-resident, give place and State) Rigby, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Rigby, Ida
11. Color or race White | 12. Age at last birthday 32 (years)	20. Color or race White | 21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Morganton, N. C	22. Birthplace (city or place) (State or Country) Millcreek, Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work present, 1906 | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work present, 1906 | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? boracic acid

28. Number of children of this mother 2 (At time of this birth and including this child) ✓
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed ....., 193 Mary F. Elder
Registrar.

MAR 2 - 1943

Registrar.

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ~~Idaho~~ California }
County of ~~Jefferson~~ San Mateo } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Ann P. Head being first duly sworn says that she is the Mother (Relationship of child)* of Barbara Musette Parks born March 28, 1906 (Date of birth) at Rigby, Idaho, whose certificate of birth is hereto attached, and that desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Barbara Musette Parks hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Eliza Parks ~~M. D. was~~ Midwife medical attendant at the birth of said Barbara Musette Parks and that the said medical attendant is deceased
(Now deceased ~~(or) cannot be located~~)

Name of Affiant Mary ann P. Head

P. O. Address 219 Eighth St San Francisco

Subscribed and sworn to before me this 1st day of July, 19 42

John J. Ahey
Notary Public.

Residing at Daly City, California, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 2 1943

759-202014 714

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367417

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Payette

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon

(c) City Payette

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Ida

4. FULL NAME OF CHILD Emilie Mary Anna Gerlach

5. Date of Birth of Child (Month, day, year) Jan. 2, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Max George Gerlach

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Lubeck (City or town) Germany (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Pauline Paulsen

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Kappeln (City or town) Germany (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for all her life years, and that Dr. O. H. Avey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Pauline Gerlach Signature

Payette, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of February, 1943

(SEAL) W. R. McClure Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 - 1943 by Mary Felger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-214 036 155

367428

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Oneida (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Oneida
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Florence Arillia Beckstead

5. **DATE OF BIRTH** (Month, day, year) Mar 14 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Eugene Beckstead

11. Color or Race white

12. Age at time of THIS birth 27 yrs.

13. Birthplace Brigham City Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Lucinda Jenkins

17. Color or Race white

18. Age at time of THIS birth 19 yrs.

19. Birthplace South Jorden Utah
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Eugene Beckstead (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) MAR 3 - 1943 (Date received) Mavel H Elder (Registrar's signature)

25. Attendant's **OWN signature** Nancy Beckstead M.D. (D.O., Midwife, etc.)
and address ..... Date .....

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

MAR 3 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

695 212 035 866

367432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Laura Rose Frederick

5. Date of Birth of Child (Month, day, year) Aug., 12, '06

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gustave William Frederick
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Landsberg, Germany (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Maria Hofschulte
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Westfallen, Germany (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Wasco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 36 years, and that -------- Turner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gustave William Frederick Signature

220 East 12th. The Dalles, Ore. P. O. Address

Subscribed and sworn to before me this 23 day of Febr., 1943

(SEAL) R A Brouhard Notary Public, residing at The Dalles, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGON
My Commission Expires Oct. 1, 1947

Received for filing on MAR 3 - 1943 by Mary F. [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

858 223 022-419

367435

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Salem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Salem
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Salem Id

4. FULL NAME OF CHILD Lydia Hegsted

5. Date of Birth of Child (Month, day, year) 5/23/1906

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Victor Charles Hegsted
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Copenhagen (City or town) Denmark (State or foreign country)
14. Exact Occupation Auditor-Recorder, Salesman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Martin
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Harrisville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont know

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 37 years, and that Mrs Linsenman (First name) (Last name), who attended this birth Mrs Linsenman is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Genevre H Jensen Signature

Spencer Idaho P. O. Address

Subscribed and sworn to before me this 26 day of Feb, 1943

(SEAL) C W Hardy Notary Public, residing at Spencer Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 - 1943 by Mary F Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

963 231 031 · 799

367441

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon City
(c) Street Address or R.F.D. No. General Del
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon City
(d) Street Address or R.F.D. No. Gen Del
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Salmon, Ida.

4. FULL NAME OF CHILD Marceline Elizabeth Rothery

5. Date of Birth of Child (Month, day, year) 1/31/1906

6. Sex Female **7.** ~~Twin or~~ Triplet ~~If so—born 1st, 2nd, 3rd~~ **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Henery Rothery
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Newark (City or town) New Jersey (State or foreign country)
14. Exact Occupation School Teacher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marceline Grieber
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Salmon City (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person ~~for~~ Since Birth years, and that Mrs. (First name) Barskeabu (Last name) who attended this birth ~~is now deceased~~ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marceline Rothery-Stobbs Signature
121 E. Sunset Ave. San Gabriel P. O. Address

Subscribed and sworn to before me this 27 day of February, 1943
(SEAL) Edward F. Clark Notary Public, residing at San Gabriel
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annot.) My Commission Expires April 26, 1944

Received for filing on MAR 3 - 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331/15001-316

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367451

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Idaho St.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Vernon Clark

5. Date of Birth of Child (Month, day, year) Jan. 15, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank A. Clark

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace (City or town) (State or foreign country) Iowa

14. Exact Occupation

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola La Follette

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Deer Lodge Co. (City or town) New Chicago (State or foreign country) Mont.

20. Exact Occupation Housewife

21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 P. M. on the date and at the place stated above, and that personal particulars were furnished by Viola (First name) Clark (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Lena Boyd M.D. ~~Midwife~~ Address 2674 N. 195th St. Seattle Wa. Date Feb 24'43

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 36 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Viola La Follette Clark Signature

Picabo Idaho P. O. Address

Subscribed and sworn to before me this 24th day of Feb. 1943

(SEAL) Sallie R. Olmsted Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 - 1943 by Mary F. Elder, Registrar.

MAR 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864 716 036-491

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367499
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston, Idaho

4. **FULL NAME OF CHILD** Leonard Young

5. Date of Birth of Child (Month, day, year) June 16, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest Young
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Kaysville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Cornealia Draper
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Freedom (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho, County of Twin Falls } ss.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 36 years, and that (Do not know doctors name) (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernest Lorenzo Young — Signature
244 Locust St. Twin Falls Idaho — P. O. Address

Subscribed and sworn to before me this 2nd day of March, 19 43

(SEAL) Alice A. Taylor, Notary Public, residing at Twin Falls Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 - 1943 by Maud F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-20-4108-553

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367530
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d' Alene
(c) Street Address or R.F.D. No. 910 No. 4th St.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 2 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d' Alene
(d) Street Address or R.F.D. No. 910 No. 4th St.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Cd'A, Idaho

4. FULL NAME OF CHILD Clara Ingeborg Elizabeth Carlson

5. Date of Birth of Child (Month, day, year) June 4, 1906

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd xx **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Carlson
11. Color or Race White **12.** Age at time of THIS birth 45 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Manufacturing Soft Drinks
15. Industry or Business Coeur d' Alene Bottling Works

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Marie Nelson
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 4 A M. on the date and at the place stated above, and that personal particulars were furnished by Edith Marie (First name) Nelson Carlson (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address 812 Cd'A Ave., Cd'A Date Mar. 3, 1943

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 37 years, and that Dr. Frank W. Watts (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Chas Carlson Signature

812 Coeur d' Alene Avenue, Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of March, 19 43

(SEAL)

Notary Public for the State of Idaho residing at Coeur d'Alene, Idaho
My Commission expires Oct 10 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 - 1943 by Mary F Elder, Registrar.

JUN 6 1972

MAR 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-131-014-087

367566

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 2 months 19 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho

4. **FULL NAME OF CHILD** Manly Anderson Moore

5. Date of Birth of Child (Month, day, year) Dec. 31, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Chester Lauren Moore
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Hulett (City or town) Wyoming (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Ada Bigham
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Emmett (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Carter } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that Mabel White (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Carrie (Bigham) Moore Signature

Alzada, Montana P. O. Address

Subscribed and sworn to before me this 5th day of February 1943

(SEAL) Forlos N King U.S. Com. Notary Public, residing at Alzada Mont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 - 1943 by Mary F Elder, Registrar.

MAR 17 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343-130-02b-652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367568
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Rigby
   (c) Street Address or R.F.D. No. one
   (d) Name of Hospital or Maternity Home: No Hosp. at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years ✓ months ✓ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby
   (d) Street Address or R.F.D. No. one
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Died 1939 -

4. **FULL NAME OF CHILD** Blair Cuthbert

5. Date of Birth of Child (Month, day, year) Jan 30, 1906

6. Sex Male

7. Twin or Triplet X

If so, born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward B Cuthbert
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Agriculture.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laverne West
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate Silver 1%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 6 alive (Born alive, stillborn) at 3 A M. on the date and at the place stated above, and that personal particulars were furnished by Family Record and affiant (First name) (Last name), who is related as good neighbor, present at birth (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Jefferson }

I, the undersigned, being first duly sworn, say that I am the good neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for since birth years, and that Dr. R D. Tucker (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lois Pierce Signature
Lorenza Idaho R F D 1 P. O. Address

Subscribed and sworn before me this 6th day of March, 1943

(SEAL)

Residing at Rigby, Idaho
My Commission Expires Feb. 3, 1947

Notary Public, residing at Rigby, Idaho
My Commission Expires Feb. 3, 1947

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1932.)

Received for filing on MAR 9 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States 614-207-00-455 (Be sure the information is as of date of birth of THIS child.)
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367651
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. R.F.D. # 2
(d) Name of Hospital or Maternity Home: Residence
(e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. R.F.D. # 2
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Opal Mae Faulkner
5. Date of Birth of Child (Month, day, year) AUG. 7, 1906
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Oscar Charles Faulkner
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Covington (City or town) Kentucky (State or foreign country)
14. Exact Occupation Teamester
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Cecilia De Vore
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Republic City (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for ..... years, and that Mrs. Leonia Morton (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Cecilia Faulkner Signature
1500 W. 53rd St Los Angeles Calif P.O. Address

Subscribed and sworn to before me this 4th day of March, 1943.

(SEAL) Jos. F. Flynn, Notary Public, residing at Los Angeles, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Feb. 1, 1947

Received for filing on MAR 11 1943 by Mabel F. Elder, Registrar.

MAR 1 1 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-102-016-343

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367660
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 24 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 61 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oakley, Idaho

4. **FULL NAME OF CHILD** David Bruce Haight

5. Date of Birth of Child (Month, day, year) Sept 2 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hector Caleb Haight
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Farmington, Utah (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Josephine Tuttle
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Tooele, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. ~~Name~~ prophylactic used to ~~prevent~~ Ophthalmia ~~Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Cassia } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 36 years, and that Dr. Axel F. O. Nielson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara J. Haight Signature
Oakley, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of March, 1943.

(SEAL) Viva Black, Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 1 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local registrar for record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-202-036-632

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

•STATE OF IDAHO

State File No. 367664
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Mink Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Mink Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) Mink Creek, Idaho

4. FULL NAME OF CHILD Woneta Lena John

5. Date of Birth of Child (Month, day, year) Oct. 2, 1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles John
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Portage, (City or town) Utah (State or foreign country)
14. Exact Occupation salesman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sadie Cornelia Olsen
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Mantua (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Borax solution

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 36 years, and that Adra (First name) Keller (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sadie Olsen John Signature

Lava Hot Springs, Idaho P. O. Address

Subscribed and sworn to before ~~me this~~ 5th day of March, 19 43

(SEAL)

Notary Public, residing at Los Angeles, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1943 by Mary E. Logan, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-213-025-393

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367681

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City

(c) Street Address or R.F.D. No. Elk City

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho

(c) City Elk City

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Helen Elizabeth Painter

5. Date of Birth of Child (Month, day, year) 12-13-1906

6. Sex F **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lawrence Albert Painter

11. Color or Race White **12.** Age at time of THIS birth 37 yrs.

13. Birthplace Illinois (City or town) Scioto (State or foreign country)

14. Exact Occupation Store Owner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Noel Mizpah Litchfield

17. Color or Race White **18.** Age at time of THIS birth 20½ yrs.

19. Birthplace Oakland Calif. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum I

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of San Bernardino }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that Dr. Shinnick (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Noel Mizpah Painter Signature

2051 Macy Street, San Bernardino, Cal. Address

Subscribed and sworn to before me this 8th day of March, 19 43

(SEAL) Ray F. Allen Notary Public, residing at San Bernardino Cal

(Note: Perjury is punishable under Section 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1943 by Mabel F. Eaton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

544-219-009-493

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 11 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367697
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Newport
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Mrs Viola Vaughan. Private home.
   (e) Mother's stay **BEFORE** delivery: IN THIS county years months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Wash (b) County Pend Oreille
   (c) City Usk
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? No yrs.

3. **RESIDENCE OF FATHER** (city, state) Usk, Wash.

4. **FULL NAME OF CHILD** Almetta Vuurman

5. Date of Birth of Child (Month, day, year) Oct. 19, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frederick William Vuurmen
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Arnhem (City or town) Holland. (State or foreign country)
14. Exact Occupation Woodsman.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Almetta Miller.
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Deep Creek (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Pend Oreille }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 68 years of age, that I have known this person for 37 years, and that Dr. J. Phillips (First name) (Last name), who attended this birth is Now Deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie A. Maxwell. Signature

U.S.A. Washington P. O. Address

Subscribed and sworn to before me this 6th day of March, 1943

(SEAL)

Paul O. Barker Notary Public, residing at Usk, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1943 by Auditor Pend Oreille Co. Registrar.

APR 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-220-025-165

367717

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Stites
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Stites
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ? yrs.

3. RESIDENCE OF FATHER (city, state) Stites Idaho

4. FULL NAME OF CHILD Fern Lee Barnett

5. Date of Birth of Child (Month, day, year) 7/20/06

6. Sex Female **7.** Twin or Triplet No. If so—born 1st, 2nd, 3rd 6th Child **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Martin Ballard Barnett
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Walla Walla (City or town) Washington (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Anna Bones
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 36 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lecy D. Anderson Signature
2727 E 218 Place Long Beach Calif. P. O. Address

Subscribed and sworn to before me this 15 day of February, 1943

(SEAL) My Commission Expires Jan 5 1946 E. W. Sanford Notary Public, residing at Long Beach

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1943 by Maud F. Elder, Registrar.

MAR 15 1949

MAR 23 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-22-038-533

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367736
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Payette (b) City Payette
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years One months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Payette
   (c) City Payette
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette Idaho

4. **FULL NAME OF CHILD** Lena Naomi Schrock

5. Date of Birth of Child (Month, day, year) October 23-1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank William Schrock
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Peoria (City or town) Illinois (State or foreign country)
14. Exact Occupation Saw Mill laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Pearl Ellsworth
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Aurora (City or town) Nebraska (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 36 years, and that Phebe Genoways (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Julia Pearl Schrock Signature

County Hospital San Diego California P. O. Address

Subscribed and sworn to before me this 1st day of March, 1943

My Commission Expires Mar. 18, 1946 (SEAL) Esther Caldwell Notary Public, residing at San Diego, Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1943 by Mabel Hedger, Registrar.

MAR 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

917-230-009-231

367738

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Sandpoint
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Sandpoint
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) 42

4. **FULL NAME OF CHILD** Juanita Charlotte Ragland

5. Date of Birth of Child (Month, day, year) March 30-1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles A. Ragland
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Chetopa (City or town) Kansas (State or foreign country)
14. Exact Occupation Agent Continental Oil Co.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Eliza Stamm
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Fort Scott (City or town) Kansas (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 36 years, and that Dr O. F. Page, (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles A. Ragland — Signature

Bonners Ferry, Idaho. — P. O. Address

Subscribed and sworn to before me this 11th day of March, 19 43

(SEAL) Probate Judge, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-215-006-695

367740

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR - 8 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: at Home.
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot R. No 1.
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 1 8 mos. yrs.

3. **RESIDENCE OF FATHER** (city, state) 5 years

4. **FULL NAME OF CHILD** Mary Blanch Blood

5. Date of Birth of Child (Month, day, year) 6/15/06

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ewert L. Blood
11. Color or Race white
12. Age at time of THIS birth 21 yrs.
13. Birthplace Salina (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hulda K. Winroth
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Grasshopper City (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 11,30 a M. on the date and at the place stated above, and that personal particulars were furnished by Mother (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 37 years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Hula Flint. Signature

P. O. Address

Subscribed and sworn to before me this 27 day of Feb, 19 43

(SEAL) ____ Notary Public, residing at Ogden Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires July 22, 1945

Received for filing on MAR - 8 1943 by Maud Felder, Registrar.

MAR 16 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

518-212-025-199

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367782

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville, I.
   (c) Street Address or R.F.D. No. In the country.
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No. In the country.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville, Idaho.

4. **FULL NAME OF CHILD** Hazel Margaret Hahn

5. Date of Birth of Child (Month, day, year) Aug. 12, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Henry Hahn
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Louisa County, Iowa (City or town) (State or foreign country)
14. Exact Occupation Teaming
15. Industry or Business Hauling lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Callie Viola Arihood
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Grandview, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None that I know of

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Iowa
County of Muscatine } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person since birth, and that the midwife is unknown (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Callie V. Hahn Signature

513 Shiller St Muscatine Iowa P. O. Address

Subscribed and sworn to before me this 27th day of February, 1943.

(SEAL) Chas. B. Hanley Notary Public, residing at Muscatine, Iowa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 26 1963

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-102-029-866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367793
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. St Marks Rectory
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No. St Marks Rectory
   (e) How long has **MOTHER** lived in Idaho? 6 mos yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Conrade Howell Baer

5. Date of Birth of Child (Month, day, year) May 2 - 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Francis Vinton Baer
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Germantown Ohio (City or town) (State or foreign country)
14. Exact Occupation Clergyman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kathleen Allyne Howell
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Barbados B.W.I. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:30 A M. on the date and at the place stated above, and that personal particulars were furnished by Rev. Francis Vinton Baer (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of New York } ss.
County of Orleans }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 36 years, and that Lee Asprey (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rev Francis V. Baer Signature
11-50 Witthoff St Lawrence Village P. O. Address, N.J.

Subscribed and sworn to before me this 10th day of March 1943

(SEAL) David Brick, Notary Public
Queens Co. Clk's No. 3976 Reg. No. 4408
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. Commission expires March 30, 1944

Received for filing on MAR 17 1943 by Mary F. Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

S46-N7.00K-753

367811

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Paris
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Paris
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Paris, Idaho

4. **FULL NAME OF CHILD** Walter LeRoy Quinton

5. Date of Birth of Child (Month, day, year) July 17, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Thomas Quinton
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace New Port (City or town) England (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Peterson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace ? (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bear Lake } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 6½ 36 years, and that Doctor Hayward (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Sarah Quinton Signature

2089 Roberts, Butte Mont P. O. Address

Subscribed and sworn to before me this 12th day of March 1943.

(SEAL)

H. L. Dalling, Notary Public Residing at Butte, Montana.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Dec. 31, 19 44

Notary Public for the State of Montana.

Received for filing on MAR 17 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

293-112-025-493

367829

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Denver
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 4 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Denver
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Denver Ida.

4. FULL NAME OF CHILD Lyle Guy Bittle

5. Date of Birth of Child (Month, day, year) Oct. 12-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jephthah Lewis Bittle
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Birmingham (City or town) Alabama (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Versal Iness Mitchael
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Sulphur Springs, Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 37 years, and that Mrs. Lytle (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Versal Iness Monroe Signature

Route # 1, Zillah, Washington P. O. Address

Subscribed and sworn to before me this 13th. day of March, 19 43

(SEAL) Mrs L. H. Gannaps Notary Public, residing at Toppenish

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 18 1943

JUL 31 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and upon prescribed in Chapter 2, Title 32 Michie Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-128-036-235

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367831

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Daniels

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: At home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida

(c) City Daniels

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Daniels, Ida.

4. FULL NAME OF CHILD Friedman Nephi Pierson

5. Date of Birth of Child (Month, day, year) 12-28-06

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Levi Pierson

11. Color or Race White

12. Age at time of THIS birth 42 yrs.

13. Birthplace Willard, (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Areta Stevenson

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Cottonwood, (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at A.M. on the date and at the place stated above, and that personal particulars were furnished by Elsie (First name) Pierson (Last name) Hansen, who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature Elsie Pierson Hansen M.D. Midwife Address 621 Bryan Avenue Date 3-4-43

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 8 1943 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1970

MAR 18 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-203 · 040-343

United States
Department of Commerce
Bureau of the Census

(Be sure the [illegible]on is as of d[illegible]th of THIS child.)

[illegible]IFICATE OF [illegible]RTH
STATE OF IDAHO

State File No. 367874
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Kingston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county - 6 - years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Kingston ~~Idaho~~
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** [illegible]ed in Idaho? - 6 - yrs.

3. **RESIDENCE OF FATHER** [illegible]e) Idaho

4. **FULL NAME OF CHILD** Ruberta Rhoda Hunt
5. Date [illegible] of Child (Month, [illegible]) 6/3/06
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 — Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert William Hunt
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Colfax Co. Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF [illegible]D Tucker

16. **FULL MAIDEN NAME** Mary Eliza Hunt
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Perry City Oregon (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child - 3 - (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Wash. } ss.
County of King }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 36 years, and that Robert W. Hunt (First name) (Last name), who attended this birth Mrs. T. W. Hunt (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert W. Hunt Signature
R. 1, Box 374 Kirkland Wash. P.O. Address

Subscribed and sworn to before me this 11th day of March, 1943

(SEAL) T. A. Magnussen, Notary Public, residing at Redmond

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 22 1943 by Mabel F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

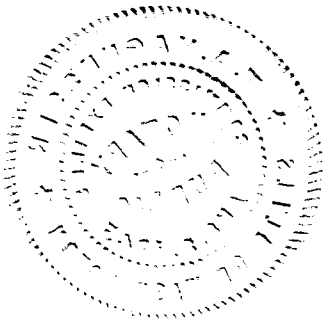
OCT 5 1962

MAR 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



354 210003966

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367918
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 920 W. Center
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 920 W. Center
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Florence Belle Lemon

5. Date of Birth of Child (Month, day, year) Oct. 10, 1906.

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Orange Lemon
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace St. Joseph Illinois (City or town) (State or foreign country)
14. Exact Occupation Transfer Clerk. R.M.S.
15. Industry or Business Railway Mail Service

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Rowan
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Powersville, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living five 1943 One 1906.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:30 a M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Ella R. Lemon (First name) (Last name), who is related as Mother. From record (Mother, etc.)

25. Attendant's **OWN** signature William F. Howard M.D. Address Pocatello Idaho Date March 15, 1943.

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1943 by Mary E. Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 22 1971

MAR 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864-22-028-845

369053

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Belgrove
(c) Street Address or R.F.D. No. Star Rt.
(d) Name of Hospital or Maternity Home: Home Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county | years 6 months 22 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Belgrove
(d) Street Address or R.F.D. No. Star Rt.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state) 1½ yrs.

4. **FULL NAME OF CHILD** Irene Hodgen

5. Date of Birth of Child (Month, day, year) May 22 1906

6. Sex Female

7. Twin or ~~Triplet~~

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jacob Marion Hodgen
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Junction City Oregon (City or town) (State or foreign country)
14. Exact Occupation Lumber Jack
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Almira Rosella Hunter
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Harvard (City or town) Nebraska (State or foreign country)
20. Exact Occupation Home wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living TWO

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at 9-30 M. on the date and at the place stated above, and that personal particulars were furnished by ROSELLA. HUNTER (First name) (Last name) who is related to this child as grandmother (Mother, etc.)

25. Attendant's **OWN** signature Rosella Hunter M.D. Midwife Address Wenatchie. Wn. Date Mar 24 43

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1943 by Mary F. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-227-070-663

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369054
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LEMHI (b) City SALMON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LEMHI
(c) City SALMON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) SALMON, IDAHO

4. FULL NAME OF CHILD FRANCES CATHERINE GREENE
5. Date of Birth of Child (Month, day, year) 12-27-1906
6. Sex FEMALE
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ARTHUR GREENE
11. Color or Race WHITE
12. Age at time of THIS birth 51 yrs.
13. Birthplace Township of March - Ontario, Canada (City or town) (State or foreign country)
14. Exact Occupation (DECEASED)
15. Industry or Business Merchant at time of this birth

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY ALICE FOLEY
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace in or near Dublin, Ireland (City or town) (State or foreign country)
20. Exact Occupation (DECEASED) Housewife at
21. Industry or Business time of this birth

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of New York
County of New York } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 36 years, and that Dr Frank S. Wright (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arthur Lawrence Greene
Signature
438 Kissel Ave. Staten Island N.Y.
P. O. Address

Subscribed and sworn to before me this 22nd day of January, 1943

(SEAL) [signature] Notary Public, ~~residing at~~

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1943 by Mary [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

5417-119.003-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369063
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 426 No. 6th
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 426 No. 6th
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** PHENOI HARRISON EDGLEY

5. Date of Birth of Child (Month, day, year) March 19, 1906

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy ____

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leo Herbert Edgley
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace London (City or town) England (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Angelina Harrison
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____

23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Bannock }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 37 years, and that Martha Scadden (mid-wife) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel H. Edgley Signature

P. O. Address

Subscribed and sworn to before me this 12 day of March, 1943

(SEAL) J. R. Blankenship, Notary Public, residing at Pocatello Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1943 by Mary H Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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751-120-022-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 23 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369094
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Sugar City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City LaBelle
(d) Street Address or R.F.D. No. Lorenzo R.F.D. 1
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state) LaBelle Idaho

4. FULL NAME OF CHILD Clyde Albert Pearson

5. Date of Birth of Child (Month, day, year) Nov. 20 - 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Carl Albert Pearson
11. Color or Race Swedish
12. Age at time of THIS birth 24 yrs.
13. Birthplace Malmo (City or town) Sweden (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Scott Morgan
17. Color or Race American
18. Age at time of THIS birth 17 yrs.
19. Birthplace LaBelle (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 53 years of age, that I have known this person ~~for~~ Since Birth years, and that Dr. Lorin F. (First name) Rich M.D. (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Scott Pearson Signature
2227 S. Walnut Grove, Rosemead P. O. Address

Subscribed and sworn to ~~before me~~ this 26th day of February, 1943

(SEAL) Edward T. Clark Notary Public, residing at San Gabriel Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires April 26, 1944

Received for filing on MAR 23 1943 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

518-206-010-962

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369112
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. unknown
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Iona, Ida.

4. FULL NAME OF CHILD Wilda Katherine Haycock

5. Date of Birth of Child (Month, day, year) 8-6-06

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Sylvestus B. Haycock
11. Color or Race white **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Richfield (City or town) Utah (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business unknown

MOTHER OF CHILD

16. FULL MAIDEN NAME Zina Elizabeth Robinson
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Farmington (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho }
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that Sarah (First name) Rowberry (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zina E. Hyde Signature

Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of March, 1943

(SEAL) Ruby E. Rogers Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1943 by Mabel H. Elder, Registrar.

FEB 12 1960

MAR 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

617-129-035-364

369161

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369161
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Cameron
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 ½ years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Cameron
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cameron Idaho

4. **FULL NAME OF CHILD** Walter Henry Wagner

5. Date of Birth of Child (Month, day, year) August 29, 1906

6. Sex Male

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Henry Wagner
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Arlington, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business -

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Selma Comnick
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Arlington, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, [illegible]) at 5 A M. on the date and at the place stated above, and that personal particulars were furnished by Edward Wagner (First name) (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature Edward H. Wagner M.D. Midwife Address Cameron, Idaho Date August 29, 1906

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1943 by Mary H Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-102 od-769 369166

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369166
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Meridian
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) ~~Street Address or~~ R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa

4. **FULL NAME OF CHILD** Laverne Adelbert McCurdy
5. Date of Birth of Child (Month, day, year) July 2 - 1906
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Bert D McCurdy
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Fairbury (City or town) Nebr (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Phoebe Gordon
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Bloomer (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 36 years, and that Dr Chester Dutton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Phoebe G McCurdy — Signature
Boise RR-3 — P. O. Address

Subscribed and sworn to before me this 7th day of April, 1943
(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Apr. 7 - 43 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

818-104-032-231

369218

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369218
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Hagerman
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at own residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Hagerman
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hagerman Idaho

4. **FULL NAME OF CHILD** WILLIAM MILTON HAYDON

5. Date of Birth of Child (Month, day, year) March 4th 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Milton Haydon
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Grassy Lick (City or town) Kentucky (State or foreign country)
14. Exact Occupation Farmer & stock raiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lolo May Stanton
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Lewiston (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Elmore } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for years, and that Mrs. Mc Knight (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lolo May Haydon Signature
Hammett Idaho P. O. Address

Subscribed and sworn to before me this 19th day of April, 1943

(SEAL) Geo A. Robertson, Notary Public, residing at Glenns Ferry

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1943 by Maud F Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-225-010-655

369264

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369264
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Irwin
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Irwin
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Irwin, Ida.

4. **FULL NAME OF CHILD** Mary Ann Burton

5. Date of Birth of Child (Month, day, year) 12-25-1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Burton
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Little Bookem (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Weeks
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Smithfield (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 3½ years, and that Laura M. Weeks (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Weeks Burton — Signature

6616 Harding Ave., Hollydale, Calif. — P. O. Address

Subscribed and sworn to before me this 19th day of March, 19 43.

(SEAL) Mildred Cano — Notary Public, residing at Los Angeles, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1943 by Mary Felder, Registrar.

APR 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966-121-038-161

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369275
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ~~[illegible]~~ Payette (b) City Payette
   (c) Street Address or R.F.D. No. R.F.D.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 1 months 12 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Payette
   (c) City Payette
   (d) Street Address or R.F.D. No. R.F.D.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette Idaho

4. **FULL NAME OF CHILD** Lester Wilbur Rowedder

5. Date of Birth of Child (Month, day, year) Oct. 21, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 months

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Willie Rowedder
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace West Side (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helena Sabina Joachimsen
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Manning (City or town) Iowa (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Iowa
County of Carroll } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for his entire life years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helena Sabina Joachimsen Rowedder Signature

..... P. O. Address

Subscribed and sworn to before ~~me this~~ 25 day of March, 1943

(SEAL) Orwin H Hansen, Notary Public, residing at Manning Iowa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

ROWEDDER — D 1/1/64 1A

562-208 009-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

369278

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonner (b) City Clarks Fork
(c) Street Address or R F.D No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City Clarks Fork
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.
(f) Mother's mailing address same

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Ruth Amelia Nosker

5. Date of Birth (Month, day, year) October 8, 1906

6. Sex Female

7. Twin or Triplet ——— If so—born 1st, 2nd, 3rd ———

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jay Denton Nosker
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Cubelius (City or town) Mich (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business ———

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Anna Schussman
17. Color or Race White
18. Age at time of THIS birth.....years
19. Birthplace Brutherton (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ———

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead ✓ (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) MAR 31 1943 (Date received) (b) Mary F Elder (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington
County of Kitsap } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jay Denton Nosker, being first duly sworn, say that I am related (Related to (or) acquainted with) Ruth Amelia Nosker (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Knapp (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jay Denton Nosker Name

2121 E 14th Bremerton P. O. Address

Subscribed and sworn to before me on this 24 day of March, 1943

(SEAL) Ruth A Palmer Notary Public, residing at Bremerton

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.

DELAYED

855-102-006864

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369325
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Idaho

4. **FULL NAME OF CHILD** Virgil Jesse HENDERSON

5. Date of Birth of Child (Month, day, year) June 2, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Jesse Henderson
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Robin (City or town) Idaho (State or foreign country)
14. Exact Occupation Rural Mail Carrier
15. Industry or Business U.S. Government

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Metta Young
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Usual precautions taken
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington
County of King } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 37 years, and that Cannot recall physician's name: think Dr. Davis (First name) (Last name) who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mayme Etta Idle Signature
2121 Nob Hill, Seattle, Wn. P. O. Address

Subscribed and sworn to before me this 30th day of March, 1943

(SEAL) ____, Notary Public, residing at Seattle.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotated.)

Received for filing on APR 2 1943 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

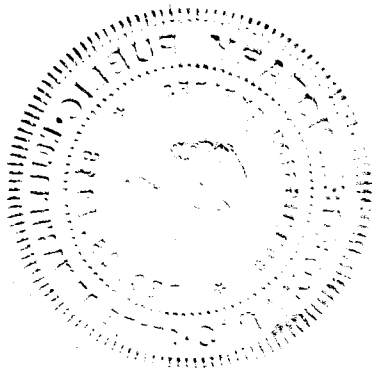
OCT 17 1967
MAR 13 1968

APR 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



493-210-01X-453

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369335
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 year yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Georgia Madeline Mitchell
   Twin or Triplet
   If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) July 10 1906

6. Sex Female

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William White Mitchell
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Atlanta (City or town) Georgia (State or foreign country)
14. Exact Occupation Common Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Venia Delp
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Wyatt Mill (City or town) Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Venia Mitchell (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature J. H. Murray M.D. ~~Midwife~~ Address Nampa Ida Date Mar 22 1943

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of Clark }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for all her life years, and that Dr. (First name) Murray (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Venia Mitchell Signature
3311 L St P. O. Address

Subscribed and sworn to before me this 5 day of March, 1943

(SEAL) Virgil Schuler, Notary Public, residing at Vancouver Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1943 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

518-118-025-442

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369411
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Ferdinand
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Ferdinand, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Ferdinand, Ida.

4. FULL NAME OF CHILD Bernard Jerome Hayden

5. Date of Birth of Child (Month, day, year) Nov. 18-1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Hayden
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace ..... (City or town) U.S.A. (State or foreign country)
14. Exact Occupation Farmed & Dray Line
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Duboid
17. Color or Race White
18. Age at time of THIS birth ..... yrs.
19. Birthplace — (City or town) U.S.A. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 37 years, and that Mrs. Margaret Hayden (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank J. Hayden Signature
Cottonwood Ida P. O. Address

Subscribed and sworn to before me this 1 day of April 1943
(SEAL) Mike Wilbert Notary Public, residing at Cottonwood Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1943 by Maud F. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

417-28-028-299

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369416
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Saint Maries
(c) Street Address or R.F.D. No. ---------
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay **BEFORE** delivery: 20 or 21 yrs. IN **THIS** county ---- years ---- months ---- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Saint Maries
(d) Street Address or R.F.D. No. ---------
(e) How long has **MOTHER** lived in Idaho 20 or 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Saint Maries Idaho

4. **FULL NAME OF CHILD** Lawrence Everett Daggett

5. Date of Birth of Child (Month, day, year) June 28, 1906

6. Sex Male

7. Twin or Triplet ----- If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** M. Hale Daggett
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Vallejo (City or town), California (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business -------

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Georgianna Brinker
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace ---------- (City or town), Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Pierce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 36 years, and that Dr. (First name) Thompson (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

M. Hale Daggett Signature

403 E. 109th Street, Los Angeles, Calif. Address

Subscribed and sworn to before me this 28th day of January, 1943

(SEAL) Dorothy Downie Notary Public, residing at Renton, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ____ by Maud Feller, Registrar.

APR 8 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966-130-031-893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 5 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369430
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Nez Perce
(c) Street Address or R.F.D. No. Route 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nez Perce
(d) Street Address or R.F.D. No. Route 1
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nez Perce, Ida

4. **FULL NAME OF CHILD** Theodore Cecil Rood

5. Date of Birth of Child (Month, day, year) June 30, 1906

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ole Rood
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace (City or town) Norway (State or foreign country)
14. Exact Occupation farm owner
15. Industry or Business agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Leota Hill
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Reedy (City or town) West Virginia (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum no knowledge

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 36 years, and that Dr. Powell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs W H Corrall Signature

Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1943

(SEAL) O W Schoolder Notary Public, residing at Moscow

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-230-042-692

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369489
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years approx. months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? approx. 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Anthony, Idaho

4. **FULL NAME OF CHILD** Viola Magdalene Matthews

5. Date of Birth of Child (Month, day, year) 3-30-1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter E. Matthews
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Livingston (City or town) Tennessee (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sara Ella Wiser
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Cookeville (City or town) Tennessee (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic Acid
23. Number of children of this mother: (a) At time of birth and including this child Three (b) Born alive and now living Five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Fremont } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for Thirty-seven years, and that Dr. William M. (First name) Middleton (Last name), who attended this birth Is Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Sara Ella Matthews Signature

St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of April, 1943

(SEAL) W. D. Adams, Notary Public, residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1943 by Mary H. Edgar, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556-22-4028-443

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369513
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d' Alene
   (c) Street Address or R.F.D. No. Coeur d' Alene
   (d) Name of Hospital or Maternity Home: at own personal home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 2 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d' Alene
   (d) Street Address or R.F.D. No. Coeur d' Alene
   (e) How long has **MOTHER** lived in Idaho? 2 mo. 18 da.

3. **RESIDENCE OF FATHER** (city, state) same as above.

4. **FULL NAME OF CHILD** Louesa Ellen Newell

5. Date of Birth of Child (Month, day, year) Mar. 24, 1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Alfred Newell
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Correctionville, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Bell Ducker
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace St. Johns, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 6 P.M. on the date and at the place stated above, and that personal particulars were furnished by Charles (First name) Newell (Last name), who is related as father. (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Kootenai }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 37 years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Newell Signature

R.3 Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me this 29th day of March, 19 43

(SEAL) John W. Poole, Notary Public, residing at Coeur d'Alene Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1943 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-117-034-369

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369540

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No. Gen Del
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No. Gen Del
(e) How long has **MOTHER** lived in Idaho? 2 mos. ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Benjiman Franklin Walton

5. Date of Birth of Child (Month, day, year) September 17th 1906

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Parley Pratt Walton

11. Color or Race white **12.** Age at time of THIS birth 25 yrs.

13. Birthplace Richmond, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hazel Margret Twitchell ~~Walton~~

17. Color or Race white **18.** Age at time of THIS birth 20 yrs.

19. Birthplace Anaconda Montana (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Eva J. Wilkins M.D. Midwife Address Date

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for over 36 years, and that Eva J. Wilkins (First name) (Last name), who attended this birth, resides at 2657 E 16th str Oakland, California (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

/ Mrs Hazel Margret Walton Signature

MY COMMISSION EXPIRES MAR. 18, 1946

P. O. Address

Subscribed and sworn to before me this 6th day of February, 1943

(SEAL) M. Martens Notary Public, residing at Berkeley Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1943 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

No. 182—8000 8-39

COUNTY CLERK'S CERTIFICATE AS TO NOTARY PUBLIC No. 44731

STATE OF CALIFORNIA, }
COUNTY OF ALAMEDA, } ss.

I, G. E. WADE, County Clerk of the County of Alameda, State of California, and ex-officio Clerk of the Superior Court of the State of California in and for the County of Alameda, which is a court of record of the State of California, having by law a seal, do hereby certify that

M. Martino

whose name is subscribed to the attached certificate of proof, acknowledgment or affidavit, was at the time of taking such proof, acknowledgment or affidavit a Notary Public in and for said Alameda County, duly commissioned and qualified, and residing in said county, and was as such an officer of the State of California, duly authorized by the laws thereof to administer oaths or affirmations and to take and certify the proof and acknowledgment of deeds and other instruments in writing to be recorded in said State, and that full faith and credit are and ought to be given all his official acts as such Notary Public, and that I am well acquainted with the handwriting of said Notary Public and verily believe that the signature to the attached certificate is his genuine signature and that the annexed instrument is executed and acknowledged according to the laws of the State of California; and I further certify that an impression of the seal of the said Notary Public is not required by law to be filed in my office.

In witness whereof I have hereunto set my hand, and affixed my official seal this 10 day of February 1943

G. E. Wade

County Clerk of the County of Alameda and ex-officio Clerk of the Superior Court of the State of California in and for the County of Alameda.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in

APR 14 1943

993-126-040-38

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369560
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wallace
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Sisters Hospital
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County SHOSHONE
   (c) City WALLACE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) WALLACE, IDAHO

4. **FULL NAME OF CHILD** Stanley Alfred Rice

5. Date of Birth of Child (Month, day, year) Sept 26/1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Yes

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Earl Rich
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Austin Minn (City or town) (State or foreign country)
14. Exact Occupation Fireman
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zilpha Chase
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Knapp Wis (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 P.M. M. on the date and at the place stated above, and that personal particulars were furnished by Zilpha Chase-Rice (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 36 years, and that Doctor Earl (First name) (Last name), who attended this birth, Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Z B Rice — Signature
566-W, 15th St San Pedro, Calif. — P. O. Address

Subscribed and sworn to before me this 7th day of April, 1943

(SEAL) M Damasco — Notary Public, residing at San Pedro Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1943 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 1943

AUG 2 2 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-10-009-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 15 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369584
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 404 R.R.Avenue
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 404 R.R.Avenue
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)
Sandpoint, Idaho.

4. FULL NAME OF CHILD Clifford Albert Coons

5. Date of Birth of Child (Month, day, year) Jan. 1, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Robert Coons

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace (City or town) (State or foreign country)

14. Exact Occupation Agent-N.P.Ry. Company

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zibbie Vought Coons

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Bonner } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 37 years, and that Dr. O. F. Page (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zibbie Vought Coons Signature

P. O. Address

Subscribed and sworn to before this 12th day of April, 19 43.

(SEAL) E. K. Finn Notary Public, residing at Sandpoint, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1943 by Mary F. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

038-219-009-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369608
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Clarksfork
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Clarksfork
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Clarksfork

4. FULL NAME OF CHILD Marie Christine Schlicht

5. Date of Birth of Child (Month, day, year) Nov. 19th 1906

6. Sex female **7.** Twin or Triplet twin If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Schlicht
11. Color or Race white **12.** Age at time of THIS birth 47 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Christine Thomsen
17. Color or Race white **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 36 years, and that Mary (First name) Judge (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christine Schlicht Signature
Clark Fork Idaho P. O. Address

Subscribed and sworn to before me this 10th day of April, 1943.

(SEAL) Clarence Reel Notary Public, residing at Clark Fork, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1943 by Mary F. Felder, Registrar.

APR 17 1943

DEC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

234-123-029-286

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369651
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Harvard
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years One months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Harvard
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Terry Jerome Sturman

5. Date of Birth of Child (Month, day, year) 6-23-1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Sturman
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Delano (City or town) Min. (State or foreign country)
14. Exact Occupation Mineing
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosazella Pearl Shore
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace La Grand (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Six (b) Born alive and now living Five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Forty Three years of age, that I have known this person for since 1906 years, and that [illegible] Mrs. Kaiser [illegible] (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Sturman Bramon
Signature
734 Mabelle Ave, Moscow, Idaho
P.O. Address

Subscribed and sworn to before me this 14th day of April, 1943.

(SEAL)

[illegible], Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 19 1943 by Mary Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record ~~in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-23-0021-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369667
Local Reg. No. 112
Reg. Dist. No. 340

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ___ years ___ months ___ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston Idaho

4. **FULL NAME OF CHILD** Verna W. Stevenson

5. Date of Birth of Child (Month, day, year) March 31-1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Miles Stevenson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Bloomington (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna May Wilcox
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive/stillborn) at ___ M. on the date and at the place stated above, and that personal particulars were furnished by Edna Stevenson (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Nancy Jones ~~M.D.~~ Midwife Address Dayton, Idaho Date 4, 16, 1943

State of Idaho }
County of Franklin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ___ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ___ years of age, that I have known this person for ___ years, and that ___ (First name) ___ (Last name), who attended this birth ___ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

___ Signature

___ P. O. Address

Subscribed and sworn to before me this ___ day of ___, 19___

(SEAL) ___, Notary Public, residing at ___

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 4-15-1943 by Effie W. Brower, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370768
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Winona
   (c) Street Address or R.F.D. No. --
   (d) Name of Hospital or Maternity Home: ----
   (e) Mothers stay **BEFORE** delivery: In **THIS** county one years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Winona
   (d) Street Address or R.F.D. No. --
   (e) How long has **MOTHER** lived in Idaho? 1 year yrs.

3. **RESIDENCE OF FATHER** (city, state) Winona, Idaho

4. **FULL NAME OF CHILD** Jerril Thomas Patterson

5. Date of Birth of Child (Month, day, year) Sept. 6, 1906

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Washington Patterson
11. Color or Race white
12. Age at time of THIS birth 51 yrs.
13. Birthplace Russelville (City or town) Alabama (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Georgianna Atwood
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Laurens (City or town) South Carolina (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child six (b) Born alive and now living 5 in '06

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Butte } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 36 years, and that Mrs Mary Wyrick (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susie A. Patterson Signature
Box287A Route 2, Oroville, Cal. P. O. Address

Subscribed and sworn to before me this 20th day of April, 1943.

(SEAL)

Mary J. Mills, Notary Public, residing at Oroville, Butte County, California

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1943 by Mary E. Snyder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-219 028-331

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootnai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: My Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county yes / years 7 months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootnai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 year 7 mo yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene, Idaho

4. **FULL NAME OF CHILD** Esper Lillian Wing

5. Date of Birth of Child (Month, day, year) Feb 19-1906

6. Sex Female

7. Twin or Triplet One — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Amos Oscar Wing
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Levant (City or town) Maine (State or foreign country)
14. Exact Occupation Fireman
15. Industry or Business Sawmill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mertie Elmira Clark
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Levant, (City or town) Maine (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon, County of Columbia. } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 37 years, and that Dr Felton D. Watts (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mertie Elmira Wing Signature
Rainier, Oregon P. O. Address

Subscribed and sworn to before me this 20th day of April, 1943

(SEAL) Fred W Heaman, Notary Public, residing at Rainier
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. exp. 7/11/44

Received for filing on APR 26 1943 by Naval F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799 229 203

United States 249
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 370785
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BANNOCK (b) City McCammon
   (c) Street Address or R.F.D. No. STAR ROUT
   (d) Name of Hospital or Maternity Home: FARM HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BANNOCK
   (c) City McCammon
   (d) Street Address or R.F.D. No. STAR ROUT
   (e) How long has **MOTHER** lived in Idaho? 4 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) DECEASED

4. **FULL NAME OF CHILD** WANDA PRICE

5. Date of Birth of Child (Month, day, year) AUGUST 29-1906

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** MORONI PRICE
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace SMITHFIELD, UTAH (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY SMITH
17. Color or Race WHITE
18. Age at time of THIS birth 33 yrs.
19. Birthplace SMITHFIELD, UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business HOUSE WIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho, County of BANNOCK } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for HER LIFE years, and that MRS. W. W. LEWIS (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary S. Price Signature

McCammon P. O. Address

Subscribed and sworn to before me this 20th day of April, 19 43

(SEAL) L. J. Whitney, Notary Public, residing at McCammon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 26 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464 116 026-213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370883
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Vernal Devere Doman

5. Date of Birth of Child (Month, day, year) Mar. 16, 1906

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles A Doman
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Layton (City or town) Utah (State or foreign country)
14. Exact Occupation Electrician and Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Hannah Bates
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Wanship (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None Used.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 37 years, and that Mrs. Mary (First name) Parks (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma H Doman Signature
P. O. Address

Subscribed and sworn to before me this 26 day of April 1943
(SEAL) Donald L Rockland Notary Public, residing at Parma, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1943 by Maud F Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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370911

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur D'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 4 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur D'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) 6

4. FULL NAME OF CHILD Gail Miller Williams

5. Date of Birth of Child (Month, day, year) 1/4/06

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Harlan Williams
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Crawfords Ville (City or town) Iowa (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Miller
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Indian Prairie (City or town) Township (State or foreign country) Ronard Illinois
20. Exact Occupation Homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 P.M. on the date and at the place stated above, and that personal particulars were furnished by Katherine M. Williams (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Deceased — M.D. Midwife Address Coeur D'Alene Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for Son years, and that Dr. F. D. Watts (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katherine Williams Signature
622 N. Nevada Colo. Spring Colo. P. O. Address

Subscribed and sworn to before me this 15th day of April, 1943

(SEAL) Crawford Son Notary Public, residing at Colorado Springs, Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires May 26, 1946

Received for filing on APR 21 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 29 1943

DEC 18 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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370925

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville. (b) City Idaho Falls.
   (c) Street Address or R.F.D. No. Broadway.
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Yes 24 years 6 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville.
   (c) City Idaho Falls.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho.

4. **FULL NAME OF CHILD** Blanche Lillian Wilbur.
5. Date of Birth of Child (Month, day, year) June 19 - 1906
6. Sex Female.
7. Twin or Triplet —
   If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy
9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Ormand King Wilbur
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Eden. Utah. (City or town) (State or foreign country)
14. Exact Occupation Merchant.
15. Industry or Business General Merchandise

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Chadwick.
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Slaterville. Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California. } ss.
County of Los Angeles. }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 Yrs - 2 Mo - 17 Days years of age, that I have known this person for - 37 - years, and that Doctor LA Rue (First name) (Last name) who attended this birth is Now Deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Chadwick Wilbur Signature
166 S. McCadden Pl. Los Angeles P.O. Address

Subscribed and sworn to before me this 24 day of April, 1943.

(SEAL) Lon Miller, Notary Public, residing at Alhambra.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires May 29, 1945

Received for filing on APR 30 1943 by Maud F Elder, Registrar.

APR 3 ...

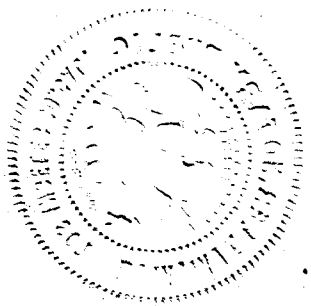
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



556-21-1042-792

370959

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370959
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Kimberly
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Kimberly
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ida Mary Newbrey

5. Date of Birth of Child (Month, day, year) June 11 1906

6. Sex female

7. Twin or Triplet

8. If so—born 1st, 2nd, 3rd — No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William C. Newbry
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Illinois (City or town) Brown Co (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie L Gibson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Indiana (City or town) Dearborn Co (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 10 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for Life years, and that Dr Boyd (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W A Newbry Signature
Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of May, 1943

(SEAL) Pauline Ambrose, Notary Public, residing at Twin, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 - 1943 by Maud E Eagen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 15 1970

MAR 9 1948

MAY 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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371016

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY -3 1943

State File No.

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 8 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot Id.

4. **FULL NAME OF CHILD** Golden Bertha West

5. Date of Birth of Child (Month, day, year) June 12, 1906

6. Sex female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ransom Hilliam West

11. Color or Race white

12. Age at time of THIS birth 33 yrs.

13. Birthplace Ogden City (City or town) Utah (State or foreign country)

14. Exact Occupation salesman

15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Anderson

17. Color or Race white

18. Age at time of THIS birth 32 yrs.

19. Birthplace Kanarville (City or town) Utah (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature F. W. Mitchell M.D. Midwife Address Blackfoot Idaho Date

State of Nevada
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 69 years of age, that I have known this person for 36 years, and that Dr. F. W. Mitchell (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. R. W. West Signature

Overton Nevada P. O. Address

Subscribed and sworn to before me this 24th day of November 1942

(SEAL) T. W. Riggs Notary Public, residing at Overton Nev.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 5 1942 by Mary F. Elder, Registrar.

MAY 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

685-230004-231

371019

United States
Department of Commerce MAY 3 1943
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ~~55~~ 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier Idaho

4. **FULL NAME OF CHILD** Eleanor Marie Wheelan

5. Date of Birth of Child (Month, day, year) July 30-1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Richard Earnest Wheelan
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Columbus Junction Iowa (City or town) (State or foreign country)
14. Exact Occupation R. R. Fireman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Eleanor Staley
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Montpelier Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~[illegible]~~ 1 gr Col Argenti Nitrosa
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address 2272 Maiden Lane Altadena Calif. Date 4-28-43

State of ..... } ss.
County of .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 36 years, and that the Don Poynter (First name) (Last name), who attended this birth July 30-1906 (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie M. Kelley Signature
Salt Lake City Ut. P. O. Address

7-16-1944

Subscribed and sworn to before me this 17th day of April, 1943

(SEAL) Paul B. Sewell, Notary Public, residing at Salt Lake City Ut.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

618-208 028-316

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAY 3 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371029
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County KOOTENAI (b) City ELMIRA
   (c) Street Address or R.F.D. No. NONE
   (d) Name of Hospital or Maternity Home: NONE (HOME)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 7 months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County KOOTENAI
   (c) City ELMIRA
   (d) Street Address or R.F.D. No. NONE
   (e) How long has **MOTHER** lived in Idaho? ABOUT 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) ELMIRA IDAHO

4. **FULL NAME OF CHILD** MARY FRANCES FAHL

5. Date of Birth of Child (Month, day, year) MAR. 8, 1906

6. Sex FEMALE

7. Twin or Triplet SINGLE If so—born 1st, 2nd, 3rd ONE

8. No. months of Pregnancy 9

9. Legitimate? YES.

FATHER OF CHILD

10. **FULL NAME** LOUIS WINSLOW FAHL
11. Color or Race WHITE
12. Age at time of THIS birth 46 yrs.
13. Birthplace CHICAGO (City or town) ILL. (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business R

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELIZABETH MARY LAFFERTY
17. Color or Race WHITE
18. Age at time of THIS birth 41 yrs.
19. Birthplace CLINTON (City or town) IOWA. (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business H H

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOT KNOWN
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of King }

I, the undersigned, being first duly sworn, say that I am the HALF BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 37 years, and that DR. (First name) PAGE (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Henry Brown Signature

4213½ UNIVERSITY WAY SEATTLE P. O. Address

Subscribed and sworn to before me this 30 day of April, 1943

(SEAL) ..... Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 1943 by Mabel E. Felder, Registrar.

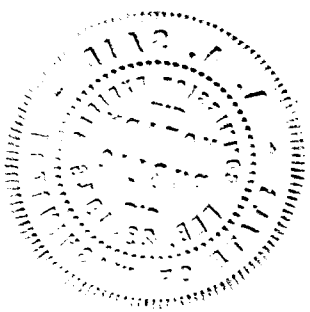
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



335-202003 693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371044
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Grace
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Grace
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Anna Louetta Clegg

5. Date of Birth of Child (Month, day, year) Jan. 2, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Benjamin Clegg
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Tooele City Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Jane Williams
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace Montpelier Idaho (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bannock } ss.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 37 years, and that Nancy (First name) Gibbs (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Clegg Signature
Grace Idaho P. O. Address

Subscribed and sworn to before me this 3 day of May, 1943

(SEAL)

Morani N. Lee, Notary Public, residing at Grace Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 - 1943 by Mary E Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168 126 025 433

371062

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371062
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ida (b) City Ferdinand
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Ida (b) County Idaho
   (c) City Ferdinand
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** HARRY JAMICSON JOHNSTON

5. Date of Birth of Child (Month, day, year) JUNE 26-1906

6. Sex MALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** J. H. JOHNSTON
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace GLASGLOW (City or town) SCOTLAND (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNIE S. MC. CALLEN
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace FERGLON (City or town) CANADA (State or foreign country)
20. Exact Occupation House WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum B
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Lewis }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 74 years, and that DR LENZ (First name) (Last name), who attended this birth CANNOT be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. H. Johnston Signature

Emmett Idaho P. O. Address

Subscribed and sworn to before me this 30 day of April, 1943

(SEAL) Eugene Lampa Notary Public, residing at Emmett

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1943 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

794 104022-214

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371073
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Marysville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Marysville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Marysville Ida.

4. **FULL NAME OF CHILD** Owen Peter Grube

5. Date of Birth of Child (Month, day, year) May 4, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Perry David Grube
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Macgregor (City or town) Iowa (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sophia Louise Kautz
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Kohlsville (City or town) Wisconsin (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 37 years, and that Wm. (First name) Young (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs P. D. Grube — Signature

Ashton, Idaho — P. O. Address

Subscribed and sworn to before me this 1 day of May, 1943

(SEAL) Paul Stone, Notary Public, residing at Ashton, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 - 1943 by Alva H Eden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

439 123010-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371150
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Hill Street
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls,
(d) Street Address or R.F.D. No. Hill Street
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Herbert William Ulrich

5. Date of Birth of Child (Month, day, year) Nov. 23, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Fredrick F. Ulrich
11. Color or Race white **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Sternberg, Germany (City or town) (State or foreign country)
14. Exact Occupation Upholsterer.
15. Industry or Business In furniture store.

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Anna Fichtner
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Alt Liebichau, Germany (City or town) Silesia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 35 years, and that Dr. Jones (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Charles Fredrick F. Ulrich Signature

1511 So. 1st West, Salt Lake City P. O. Address

Subscribed and sworn to before me this 14th day of September 19 42

(SEAL) XX ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1943 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such ~~report is accompanied by a certificate of the attending~~ physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

818-204002-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371164
Local Reg. No.
Reg. Dist. No.

MAY 10 1943

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Council
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Council
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Council, Idaho

4. **FULL NAME OF CHILD** Ruby Mae Hayter

5. Date of Birth of Child (Month, day, year) May 4, 1906

6. Sex Female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John William Hayter
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Ainsworth (City or town) Nebraska (State or foreign country)
14. Exact Occupation Sawyer
15. Industry or Business Lumbering (Saw Mill)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Mabel Cook
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Bertrand (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% agnos
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at A M. on the date and at the place stated above, and that personal particulars were furnished by Hattie (First name) Cook (Last name) Hayter, who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Frank E Brown M.D. ~~Midwife~~ Address Salem Oregon Date 5-1-43

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Nebraska
County of Brown } ss.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 10 1943 by Mary E Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 2 1970

MAY 1 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

743 219001 556

37/22

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371222
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Eagle
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Eagle
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Eagle Idaho

4. **FULL NAME OF CHILD** Violet Louella Pulliam

5. Date of Birth of Child (Month, day, year) Oct 19 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest Pulliam
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Sedalia (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Daisy Neff
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Burlington (City or town) Iowa (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Seven (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for life years, and that Mrs. Hughes (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mary Daisy Pulliam Signature
508 S. 9th Boise P. O. Address

Subscribed and sworn to before me this 7th day of June, 1943

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 7 1943 by Mary E Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

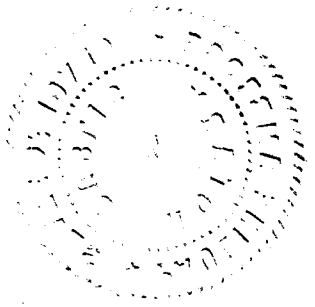
JUN 28 1943

JUN 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-118001-249

United States
Department of Commerce
Bureau of the Census JUN 1 1943

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

371228

State File No. 371228
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. 1311 FRANKLIN
(d) Name of Hospital or Maternity Home: 1311 FRANKLIN (HOME)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No. 1311 FRANKLIN
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) BOISE, IDAHO

4. FULL NAME OF CHILD EDWIN LESTER BURNS

5. Date of Birth of Child (Month, day, year) JANUARY 18, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ERWIN LESTER BURNS
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace GREENE COUNTY (City or town) WISCONSIN (State or foreign country)
14. Exact Occupation DENTIST
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** THEA BURGESON
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace PERRY - DANE COUNTY (City or town) WISCONSIN (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum credes Sol.

23. Number of children of this mother; (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature John Bouck M.D. Midwife Address Boise Ida Date June 8th 43

State of MINNESOTA
County of HENNEPIN } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 37 years, and that JOHN BOUCK (First name) M. D. (Last name), who attended this birth ~~CANNOT BE REACHED BY ME~~ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thea Burgeson Burns Signature
4324 Xerxes Av. So P. O. Address

Subscribed and sworn to before me this 28 day of May, 1943

(SEAL) Don B. Eckes Notary Public, residing at Mpls. Minn.
DON B. ECKES Notary Public, Hennepin County, Minn. My Commission Expires May 1, 1945.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

242-106-036-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371255
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Never yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad Idaho

4. **FULL NAME OF CHILD** Albert Brockway Bush

5. Date of Birth of Child (Month, day, year) June 6, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Walter Bush
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rhoda Nelson [redacted]
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation School teaching
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Oneida }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 67 years of age, that I have known this person for since birth years, and that J. M. Nevins M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rhoda N. Bush Signature

Malad Idaho P. O. Address

Subscribed and sworn to before me this 10th day of May, 1943

(SEAL) Jas. Jones Notary Public, residing at Malad Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 17 1943 by Maud E Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 17 1943

DEC 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-203-025-615

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372341
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho County (b) City Denver
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Denver
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? four yrs.

3. **RESIDENCE OF FATHER** (city, state) Denver, Idaho

4. **FULL NAME OF CHILD** Lillian Pauline Stephens

5. Date of Birth of Child (Month, day, year) June 3, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Franklin Stephens
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Lee Wann
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Gravett, Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California, City and County of San Francisco } ss.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 36 years, and that Dr. George Stockton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Virginia Stephens Smith Signature
872 27th Avenue, San Francisco, Cal. P.O. Address

Subscribed and sworn to before me this 1st day of April, 19 43

(SEAL)

Notary Public, residing at San Francisco, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 24 1943 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

S42-113-201-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 17 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372370
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1109 O'Farrell St.
   (d) Name of Hospital or Maternity Home: St. Luke's Hospital
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1109 O'Farrell St.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Jack Benjamin Nisbet

5. Date of Birth of Child (Month, day, year) 12-13-1906

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Benjamin Morgan Nisbet
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Pittsburgh, (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Architect
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Brown Patterson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Brownsville, (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate solution

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for ever birth years, and that Dr. Ed E. Mapes (First name) (Last name), who attended this birth is now deceased (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Jane Patterson Nisbet Signature

2002 Second Ave. Los Angeles Cal. P. O. Address

Subscribed and sworn to before me this 10 day of May, 1943

(SEAL) H. E. Quebec Notary Public, residing at Los Angeles Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 17 1943 by Mary F. Elder, Registrar.

MAY 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-206-022-819

372371

United States
Department of Commerce
Bureau of the Census

MAY 19 1943 (Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City ~~or Town~~ Salem
   (c) Street Address or R.F.D. No. Salem Idaho
   (d) Name of Hospital or Maternity Home: Born in Mothers home.
   (e) Mothers stay **BEFORE** delivery: in own home.
   In **THIS** county yes. years 23 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth) Salem
   (a) State Idaho (b) County Fremont
   (c) ~~City~~ Town Salem
   (d) Street Address or R.F.D. No. Rexburg R.D.#2 Idaho
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Salem Idaho

4. **FULL NAME OF CHILD** Erma Marie Mortensen

5. Date of Birth of Child (Month, day, year) June 6-1906

6. Sex Female

7. Twin or Triplet single child If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Peter Mortensen

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Poland (City or town) Denmark (State or foreign country)

14. Exact Occupation Farmer.

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Mary Harris

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Pleasant Grove (City or town) Utah (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho, County of Madison } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 37 years, and that Magdelene (First name) Walz (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Annie Mary Harris Mortensen (Mother) Signature

321 S. Meldrum Ida. Falls Idaho P. O. Address

Subscribed and sworn to before me this 8th day of May, 1943.

(SEAL) D. W. Stowell, Notary Public, residing at Rexbrg Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1943 by Mary E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1949.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-21-1035-795

372391

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Kate Eloise Denny

5. Date of Birth of Child (Month, day, year) July 12, 1906

6. Sex Female **7.** Twin or Triplet If so, born 1st, 2nd, 3rd 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joe Andrew Denny
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Arkansas (City or town) (State or foreign country)
14. Exact Occupation Drayman
15. Industry or Business Day & Musselman Dray

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie E Presnell
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace North Carolina (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for Birth years, and that Dorlin J K Morris (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Joe Denny Signature
Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 8 day of July, 1942.
(SEAL) Phil Weisgerber Notary Public, residing at Lewiston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED JUNE 1943

133-105-036-381

372441

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Onida (b) City Preston
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: Home Confinement
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Onida
(c) City Preston
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alexander George Allen

5. Date of Birth of Child (Month, day, year) Nov. 5, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alexander Charles Allen
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Weston Idaho (City or town) (State or foreign country)
14. Exact Occupation Plaster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachel May Chapman
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Croyden Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Rachel May Chapman Signature
3396 Virginia - Lynwood P. O. Address

Subscribed and sworn to before me this 21st day of May, 1943

(SEAL) Gertrude C. Harris Notary Public, residing at Lynwood - Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

GERTRUDE C. HARRIS, Notary Public
MY COMMISSION EXPIRES JAN. 13, 1947

Received for filing on JUL 7 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

241-105-236-155

372444

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

MAY [illegible] 1943

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Oneida (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Oneida
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Parley Orlando Smart

5. **DATE OF BIRTH** (Month, day, year) Jan 8 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Gettens Smart

11. Color or Race white

12. Age at time of THIS birth 32 yrs.

13. Birthplace Wellsville Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Elvina Jensen

17. Color or Race white

18. Age at time of THIS birth 32 yrs.

19. Birthplace Franklin Idaho
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 1: A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Nora Smart (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAY 28 1943 (Date received) (b) Mary H Elder (Registrar's signature)

25. Attendant's **OWN signature** Nancy Beckstead M.D. (D.O., Midwife, etc.)
and address ..... Date .....

27. Given name added on ..... by .....
(Registrar's signature)
MAY 10 1943

JUN 28 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

718-209-032-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 27 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372454
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ~~MINIDOKA~~ LINCOLN (b) City HEYBURN
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 26 months 9 days 6

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ~~HEYBURN~~ LINCOLN
(c) City HEYBURN
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. **RESIDENCE OF FATHER** (city, state) Heyburn, Ida.

4. **FULL NAME OF CHILD** DORA MAY PAYNE
5. Date of Birth of Child (Month, day, year) SEPT 9, 1906
6. Sex FEMELE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** HENRY PHILLIPS PAYNE
11. Color or Race WHITE
12. Age at time of THIS birth 26 yrs.
13. Birthplace KAYSVILLE (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** FLORA CHAROLTTA THOMPSON
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace HOOPER (City or town) UTAH (State or foreign country)
20. Exact Occupation FARMING
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 37 years, and that ~~Dora May Payne~~ Doctor Thompson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Payne Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 26 day of May, 1943

(SEAL) Mack W. Crouch Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

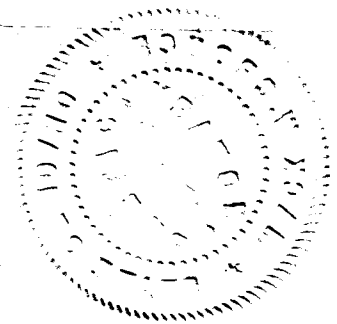
NOV 2 6 1969

JUN 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



331-12-029-83

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372505
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Troy
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho.

4. **FULL NAME OF CHILD** George Edward Clawson

5. Date of Birth of Child (Month, day, year) March 22, 1906

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Patrick Clawson
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Johnson City, Tenn. (City or town) (State or foreign country)
14. Exact Occupation lumberman.
15. Industry or Business Lumber.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luella Hatley
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Pullman, (City or town) Wash. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Oregon
County of Douglas } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 37 years, and that Dr. (First name) Olsen (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ada Clawson Abbott Signature
Reedsport, Oregon. P. O. Address

Subscribed and sworn to before me this 17th day of May, 19 43.

(SEAL) W. L. Benson NOTARY PUBLIC FOR OREGON
My Commission expires March 27, 1945, Notary Public, residing at Reedsport, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 2 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of ~~Vital~~ Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

911-209-001-523

372540

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File
Local Re
Reg. D

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 433 South 11th St
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 433 South 11th Street
   (e) How long has **MOTHER** ~~lived~~ in Idaho? 11 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Esther Raaen
5. Date of Birth of Child (Month, day, year) August 9, 1906
6. Sex Female
7. Twin or Triplet No — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hans Raaen
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Eker (City or town) Norway (State or foreign country)
14. Exact Occupation Brick Mason
15. Industry or Business Construction

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sophia Ingeborg Ektvedt
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Tonsberg (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~[illegible]~~ Ag NO_3 sol - 1%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature John Boeck M.D. Midwife Address Boise Ida Date May 27.43

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 5 1943 by Mary F Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 7 1971

JUN 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-112-225-915

372567

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Stites
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at mothers home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Idaho years months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Stites
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ~~[illegible]~~ 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nooskia, Idaho

4. **FULL NAME OF CHILD** Chester Nash Lyons

5. Date of Birth of Child (Month, day, year) Aug. 12, 1906

6. Sex Male.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Henry Earl Lyons.
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Wisconsin, Fond du Lac (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Randall ~~Lyons~~.
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Viola Idaho. (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 37 years, and that Mrs Howard (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Randall Lyons Signature

P. O. Address

Subscribed and sworn to before me this 14 day of April, 1943

(SEAL) [signature] Notary Public, residing at Kamiah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 7 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent~~ to ~~such date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

567-219-014-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372598
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No. R. F. D. #2
   (d) Name of Hospital or Maternity Home: In own home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years X months X days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No. R. F. D. #2
   (e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho

4. **FULL NAME OF CHILD** Olive Leota Hopper

5. Date of Birth of Child (Month, day, year) June 19, 1906

6. Sex Female

7. Twin or Triplet X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry S. Hopper
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Humansville (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Pauline Galland
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Bolivar (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business XXXXXXXX

22. Name prophylactic used to prevent Ophthalmia Neonatorum XXXXXXXX

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Sutter } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 37 years, and that Mrs. Sylvia Galland (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Frances Pauline Hopper Signature

P. O. Box 334 P. O. Address

Subscribed and sworn to before me this 3rd day of May, 1943. Live Oak, Calif

(SEAL) ____, Notary Public, residing at Live Oak, Cali

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 9 1943 by Mairl Helgen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

769-114-644-555

372661 372661

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) ~~City~~ Crane Creek
   (c) ~~Street Address~~ or R.F.D. No. Midvale
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) ~~City~~ Crane Creek
   (d) ~~Street Address~~ or R.F.D. No. Midvale Ida
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Midvale Ida.

4. **FULL NAME OF CHILD** Frank Leroy Pointe

5. Date of Birth of Child (Month, day, year) 1-19-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Lenore Pointe
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha M Henshaw
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Sixty years of age, that I have known this person for 37 years, and that Mrs. A. A. Seamy (First name) (Last name), who attended this birth, is deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Silas D Pointe Signature

R#1, Boise Ida P. O. Address

Subscribed and sworn to before me this 28th day of June, 1943

(SEAL) O E Framm, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

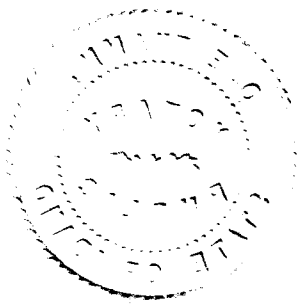
Received for filing on JUN 28 1943 by Maud F Elder, Registrar.

JUN 2 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



465-226-019-368

372669 372669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Mackay
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Mackay
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mackay Ida

4. **FULL NAME OF CHILD** Margaret Alice Donahue

5. Date of Birth of Child (Month, day, year) Jan 26, 1906

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter Donahue
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Coyle
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Penn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Custer } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 37 years, and that Mrs. Jenken Harris (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marcella Allen Signature

54 N.E. Mason Portland, Ore. P.O. Address

Subscribed and sworn to before me this 30 day of June, 1943.

(SEAL) Mary Villeneuve, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 - 1943 by Mary Fidler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-113-007-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372688
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Muldoon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 39 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Muldoon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 64 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** George Andrew Hill

5. Date of Birth of Child (Month, day, year) 2-13-1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George M. Hill
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace California (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary A. Watkins
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Oregon (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2-13-06 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Hill (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Deceased Date 10-27-1937

State of Idaho }
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 37 years, and that Mrs Jennie Cobb. Mother (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A Hill Signature

Jerome Idaho P. O. Address

Subscribed and sworn to before me this 14 day of June, 1943

(SEAL) William G. Comstock Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 14 1943 Probate Judge & Ex-Officio Clerk by Mary F Elder, Registrar.

JUN 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-101-007-444

372700

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Mink Creek
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Mink Creek, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mink Creek, Idaho

4. **FULL NAME OF CHILD** Duane Dudley Keller

5. Date of Birth of Child (Month, day, year) Oct. 1, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Torval Keller
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Mantua (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Delilah Francis Dudley
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Willard (City or town) Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Nevada
County of Clark } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 36 years, and that Caroline Peterson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Delilah F. Keller — Signature

Mink Creek, Idaho — P. O. Address

Subscribed and sworn to before me this 2nd day of June, 1943

(SEAL) Mary Richard, Notary Public, residing at Las Vegas, Nev.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Oct. 13, 1944

Received for filing on JUN 11 1943 by Mark Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-204-035-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372705
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperce (b) City Kippen
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City Kippen
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kippen, Idaho

4. **FULL NAME OF CHILD** Vera Belle Ford

5. Date of Birth of Child (Month, day, year) Jan. 4, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Bernard M. Ford
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Blue Hill, Minnes. (City or town) (State or foreign country)
14. Exact Occupation Sawyer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Bell Chitwood
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Senseba Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 37 years, and that Elizabeth J. Ford (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Ida B. Ford Signature
2837 N.W. 28., Portland, Ore. P. O. Address

Subscribed and sworn to before me this 30th day of May, 1943

(SEAL) Theyry Sheerhill, Notary Public, residing at Portland, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com. exp. 6/5/1946

Received for filing on JUN 11 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 9 1967

JUN 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-202-040-753

372709

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 27 1943

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Eva Pearl Markwick

5. Date of Birth of Child (Month, day, year) Oct. 2, 1906

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Warren Edwin Markwick
11. Color or Race White **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Redding, California (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME BanDora May Pettyjohn
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Red Bluff, California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Siskiyou }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 37 years, and that Dr. Collins (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

BanDora May Markwick, Signature

Mount Shasta, California P. O. Address

Subscribed and sworn to before me this 2nd day of March, 19 43

(SEAL) L. M. Lanagan Notary Public, residing at Siskiyou Co. California.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1943 by Maud E. Engle, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such ~~report is~~ accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-129-026-218

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372711
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby, Idaho

4. **FULL NAME OF CHILD** Alton Mark Bramwell

5. Date of Birth of Child (Month, day, year) Sept. 29, 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Heber Mark Bramwell
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Plain City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Matilda Sayer
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Clarkston (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 36 years, and that Dr. (First name) Paxton (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Heber Mark Bramwell Signature

Rigby Idaho P. O. Address

Subscribed and sworn to before me this 4th day of June, 1943

(SEAL) C. Kirkhall Notary Public, residing at Shanthony

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 38, Idaho Code Annotated,~~ when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-21-042-292

372731

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372731
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Ruth Marguerite Beebe [redacted]

5. Date of Birth of Child (Month, day, year) Apr. 18, 1906

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Naulty Canby Beebe
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Afton, Iowa (City or town) (State or foreign country)
14. Exact Occupation Building contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta E. Bishop
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Akron (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Missouri
County of Clinton } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 37 years, and that Dr. Truman O. Boyd (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Etta E. Bishop Beebe — Signature
Cameron, Missouri — P. O. Address

Subscribed and sworn to before me this 27th day of May, 1943

(SEAL) Ruby Mercil McCoy, Notary Public, residing at Cameron, Mo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 15 1943 by Mary H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-216-029-791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372740
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Troy
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 6 months 12 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Irene Gertrude Carrick

5. Date of Birth of Child (Month, day, year) 4/16/1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jonathan Grant Carrick
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Minister
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lenna Lodema Gray
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Frankfort, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of Asotin }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 36 37 years, and that Dr. Olson (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lenna Lodema Gray Carrick (Signature)

P. O. Address

Subscribed and sworn to before me this 10th day of June, 19 43

(SEAL) Burl C Vulsey, Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 15 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

456-17-025-468

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 372789

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County ..... (b) City Grangeville

(c) Street Address or R.F.D. No. .....

(d) Name of Hospital or Maternity Home: At home my own home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county ..... years ..... months ..... days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County .....

(c) City Grangeville

(d) Street Address or R.F.D. No. .....

(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Albert Leo DeFord

5. Date of Birth of Child (Month, day, year) Nov. 27 Nov 27 1906

6. Sex Boy.

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Silas H. DeFord

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Kansas City (City or town) Mo. (State or foreign country)

14. Exact Occupation Coman Labor

15. Industry or Business .....

MOTHER OF CHILD

16. FULL MAIDEN NAME Ora May Moyer

17. Color or Race White

18. Age at time of THIS birth 18 yrs.

19. Birthplace Klein City, Mo. (City or town) (State or foreign country)

20. Exact Occupation House Wife.

21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Wash. } ss.
County of King }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for Since Birth years, and that Dr. Stockton (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ora May DeFord Signature

..... P. O. Address

Subscribed and sworn to before me this 19 day of May 19 43

(SEAL) Earl F. Beyers Notary Public, residing at Seattle, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1943 by Mabel F. Felder, Registrar.

JUN 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-231-020-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372793
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mountain Home
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore.
   (c) City Moutain Home
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1½ years yrs.

3. **RESIDENCE OF FATHER** (city, state) 1½ years

4. **FULL NAME OF CHILD** Ada Mildred Baldwin. [redacted]

5. Date of Birth of Child (Month, day, year) July 31-1906

6. Sex female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd 7th

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Charles Baldwin

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Near London Ontario Canada (City or town) (State or foreign country)

14. Exact Occupation Carpenter or Shop man

15. Industry or Business Carpenter. Shop man

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Jane Jenkins

17. Color or Race White

18. Age at time of THIS birth [redacted] 34 yrs.

19. Birthplace Renfrew Ontario Canada (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child Seven (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon
County of Multnomah } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70- years of age, that I have known this person for Since July 31-1906 years, and that My sister Grace Jenkins Seberry (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Jane Jenkins Baldwin Signature
609 N.E. Halsey Portland Oregon P. O. Address

Subscribed and sworn to before me this 14 day of May, 1943

(SEAL) Samuel B Lawrence, Notary Public, residing at Portland Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Ex 6/18/46

Received for filing on JUN 16 1943 by Maud E Gilder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1941 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent~~ to such date, such report ~~may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-128-023-919

372795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county two years almost months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Almost two yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho

4. **FULL NAME OF CHILD** Maurice Edward Robertson

5. Date of Birth of Child (Month, day, year) August 28, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Albert Robertson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Indiana Seymore Indiana (City or town) (State or foreign country)
14. Exact Occupation Handling lumber
15. Industry or Business Sawmill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caddie Raines
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Washburn, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name), who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Midwife _____ Address _____ Date _____

AFFIDAVIT

State of Utah
County of Grand } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-six years of age, that I have known this person for thirty-six years, and that Grandma (First name) Boyer (Last name), who attended this birth is believed deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caddie Robertson Signature

Moab, Utah P. O. Address

Subscribed and sworn to before me this 10th day of March, 1943.

(SEAL)

Margie M. Manning County Clerk. Notary Public, residing at Moab, Utah Grand County, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1943 by Mabel H. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1963

JUN 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

195-106-007-866

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372802
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Carey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Carey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Joseph Nevill Ainsworth

5. Date of Birth of Child (Month, day, year) May 6, 1906

6. Sex Male

7. Twin or Triplet -- If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Leon Ainsworth
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Theresa Maud Howard
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Skelmersdale, Lanc., England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Twin Falls } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 10 years, and that Sareh (First name) Harris (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Theresa Maud Ainsworth Signature
637 3rd Ave. W., Twin Falls, Ida. P.O. Address

Subscribed and sworn to before me this 10th day of June, 1943

(SEAL)

Ruth L. Edmunds, Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1943 by Maud S. Elder, Registrar.

JUN 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-203-029-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372808
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home on a farm
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow Idaho

4. **FULL NAME OF CHILD** Artie May Robirts

5. Date of Birth of Child (Month, day, year) March 3 1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Josiah Jefferson Robirts
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace not known (City or town) Missouri (State or foreign country)
14. Exact Occupation Woodsman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy May Scott
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Fulton (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Wash
County of Spokane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 37 years, and that Dr Clark (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence E Trigg Signature
Otis Orchards Wn P. O. Address

Subscribed and sworn to before me this 14th day of June, 1943

(SEAL) Leonard K Cam, Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

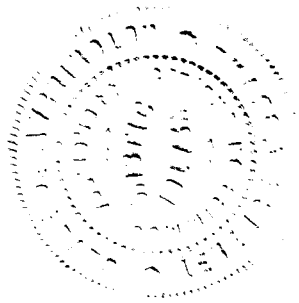
JUN 18 1943

APR 30 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



432-22-016-419

372863

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CASSIA (b) City OAKLEY
   (c) Street Address or R.F.D. No. NONE
   (d) Name of Hospital or Maternity Home: OWN HOME
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CASSIA
   (c) City OAKLEY
   (d) Street Address or R.F.D. No. NONE
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) OAKLEY, IDAHO

4. **FULL NAME OF CHILD** WILMA MAE McBRIDE

5. Date of Birth of Child (Month, day, year) FEB 24 1906

6. Sex FEMALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** HYRUM WASHINGTON McBRIDE

11. Color or Race WHITE

12. Age at time of THIS birth 37 yrs.

13. Birthplace GRANTSVILLE (City or town) UTAH (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY ISABELLE MARTINDALE

17. Color or Race WHITE

18. Age at time of THIS birth 22 yrs.

19. Birthplace OAKLEY (City or town) IDAHO (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for ____ years, and that Mrs. Wilda J. McBride (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Joa Belle Nielsen Signature

my commission expires 4-1-45

201 West 92nd Street P. O. Address

Subscribed and sworn to before me this 10th day of June, 1943

(SEAL) Gladys A. DeHoog Notary Public, residing at Los Angeles California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-714, Idaho Code Annotated.)

Received for filing on JUN 19 1943 by Maud F. Elder, Registrar.

JUL 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-122-044-917

Oregon State Board of Health
Division of Vital Statistics

JUN 21 1940

Certificate of Birth

State Registered No. 372869
Local Registered No. .....

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated. This certificate must be filed by the attending physician or midwife with the local registrar within 10 days after birth.

POSTOFFICE ADDRESS OF MOTHER .....

1. **Place of Birth**
   County Washington State Idaho
   Township ..... or Village Council
   City ..... No. ..... St. ..... Ward
   (If birth occurred in a hospital or institution, give its name instead of street and number)
   (If in country, give distance and direction from nearest town)

2. **Full name of child** Burt Barrett
   If child is not yet named, make supplemental report, as directed

3. Sex of child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. Number in order of birth	6. Premature ..... Full term yes	7. Legitimate? yes	8. Date of birth (Month, day, year)
male						may 22 – 1906

	FATHER	MOTHER
9. Full name	Barrett, Charles Edwin	18. Full maiden name: Barrett, Minnie Bell Ragain
10. Residence (Usual place of abode) If nonresident, give place and state	Council Idaho	19. Residence (Usual place of abode) If nonresident, give place and state: Council Idaho
11. Color or race	W	20. Color or race: W
12. Age at last birthday (years)	28	21. Age at last birthday (years): 22
13. Birthplace (city or place) (State or country)	Kirkwood Warren Co. Ill.	22. Birthplace (city or place) (State or country): near Golden City Jasper Co. Mo.
Occupation 14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Barber	Occupation 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	barber shops	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work ....., 19.....		25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work		26. Total time (years) spent in this work

27. **Number of children of this mother** (Taken as of time of birth of child herein certified and including this child) (a) Born alive and now living one (b) Born alive but now dead ..... (c) Stillborn .....

Were precautions taken against ophthalmia neonatorum? .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at Council Idaho m. on the date above stated.

Signature Frank E. Brown, M.D.
(Physician or midwife)

Address Salem Oregon

Dated 2-15-1938

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report ..... (Month, day, year)

Registrar.

Registrar.

UNITED STATES STANDARD CERTIFICATE OF BIRTH

Why births should be registered—There is hardly a relation of life, social, legal, or economic, in which the evidence furnished by an accurate registration of births may not prove to be of the greatest value, not only to the individual but also to the public at large. It is not only an act of civilization to register birth certificates but good business, for they are frequently used in many practical ways, some of which are listed below:

(1) As evidence to prove the age and legitimacy of heirs;

(2) As proof of age to determine the validity of a contract entered into by an alleged minor;

(3) As evidence to establish age and proof of citizenship and descent in order to vote;

(4) As evidence to establish the right of admission to the professions and to many public offices;

(5) As evidence of legal age to marry;

(6) As evidence to prove the claims of widows and orphans under the widows' and orphans' pension law;

(7) As evidence to determine the liability of parents for the debts of a minor;

(8) As evidence in the administration of estates, the settlement of insurance and pensions;

(9) As evidence to prove the irresponsibility of children under legal age for crime and misdemeanor, and various other matters in the criminal code;

(10) As evidence in the enforcement of law relating to education and to child labor;

(11) As evidence to determine the relations of guardians and wards;

(12) As proof of citizenship in order to obtain a passport;

(13) As evidence in the claim for exemption from or the right to jury and military service.

Statement of occupation—Make some entry in this section for each parent. For a woman whose only occupation is that of home housework, write "housework" in answer to question 23 and "own home" in answer to question 24. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as "housekeeper—private family," "cook—hotel," etc. For a person who has no occupation whatever write "none."

To be complete, an occupation return must state:

(14) and (23) The trade, profession, or particular kind of work done.
(15) and (24) The industry or business in which the work is done.
(16) and (25) The month and year the person last worked at the occupation.
(17) and (26) The number of years the person followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employe," "worker," "operative," etc. Find out the particular kind of work done and return that, as "spinner," "weaver," etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as "grocery store," "soap factory," "cotton mill," etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as "civil engineer," "mechanical engineer," "mining engineer," "stationary engineer," etc. Avoid the term "laborer" when a more precise statement of occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as "carpenter," "painter," "machinist," etc. Distinguish carefully between "retail merchants" and "wholesale merchants." A person who sells goods should be called a "salesman" and not a "clerk."

DELAYED

563-116-025-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372881
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Kooskia
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Kooskia
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) 16

4. **FULL NAME OF CHILD** Inf Warren Nolen

5. Date of Birth of Child (Month, day, year) July 16, 1906

6. Sex

7. Twin or Triplet

8. If so—born 1st, 2nd, 3rd — No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Milton Thomas Nolen
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Ala (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie E Davis
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Evanston Wyoming (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Oregon
County of Benton } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty six years of age, that I have known this person for 36 years, and that Wm T Nolen (First name) (Last name), who attended this birth (Is ~~non-resident~~) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie E Nolen Signature
327 So 14th St P.O. Address

Subscribed and sworn to before me this 17th day of June, 1943.

(SEAL) E. N. Bailey, Notary Public, residing at Corvallis, Ore.

Notary Public for Oregon
My commission expires Mar. 20, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1943 by Maud E Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1943

APR 28 1960

MAY 3 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-201-028-695

United States
Department of Commerce
Bureau of the Census

JUN 21 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372884
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenay (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 4 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenay
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Edna Helen Severson

5. Date of Birth of Child (Month, day, year) Sept. 1, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hans Severson
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Trondhiem (City or town) Norway (State or foreign country)
14. Exact Occupation Millright
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Finson
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Oslo (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 36 years, and that nurse (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hans Severson Signature
Everett Wash P. O. Address

Subscribed and sworn to before me this 18th day of June, 1943

(SEAL) [signature], Notary Public, residing at Everett

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1943 by Mary E. Elder, Registrar.

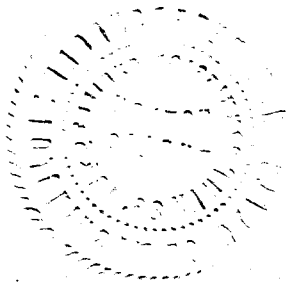
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



154-223016 599

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUN 21 1943

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 37405I
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 57 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oakley Idaho

4. **FULL NAME OF CHILD** Louise Anderson

5. Date of Birth of Child (Month, day, year) February 23, 1906.

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Judd Anderson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Grantsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Evelyn Erickson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Oakley (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by Evelyn (First name) Erickson Anderson (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Cassia } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 37 years, and that Dr. (First name) Emerson (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Evelyn Erickson Anderson Signature

Declo Idaho P. O. Address

Subscribed and sworn to before me this 18 day of June, 1943

(SEAL) S. H. Kunsaw, Notary Public, residing at Burley Idaho

(Note: Perjury is punishable as a felony in Idaho ~~see~~ Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1943 by Maud E. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 8 1943

MAY 4 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-131-035-943

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374095
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Ahsahka
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County NezPerce
   (c) City Ahsahka
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ahsahka, Idaho

4. **FULL NAME OF CHILD** Earl Bloom

5. Date of Birth of Child (Month, day, year) March 31, 1906

6. Sex male

7. Twin or Triplet - If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Bloom
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Cove, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Sutter
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Beatrice Nebraska (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business self

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by self (First name) (Last name), who is related as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Clearwater } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 37 years, and that Mrs. Granger (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Bloom Signature
Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of June, 19 43

(SEAL) Frank G. Kimble, Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 28 1943 by Maud E. Eld, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1970

JUN 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-230-018-243

United States Department of Commerce Bureau of the Census JUN 23 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374146
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Rural
   (c) Street Address or R.F.D. No. Teakean P.O.
   (d) Name of Hospital or Maternity Home: Born at home of parents
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ● years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clearwater
   (c) City Rural R.D.
   (d) Street Address or R.F.D. No. Teakean p.o.
   (e) How long has **MOTHER** lived in Idaho? / yrs.

3. **RESIDENCE OF FATHER** (city, state) Teakean Idaho

4. **FULL NAME OF CHILD** LoLiTa May Hall

5. Date of Birth of Child (Month, day, year) Nouember 30 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Elmer Hall
11. Color or Race wht.
12. Age at time of THIS birth 33 yrs.
13. Birthplace Boone (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Wheat and Stock Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leona Chine SUTTON
17. Color or Race wht.
18. Age at time of THIS birth 31 yrs.
19. Birthplace R.F.D. (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business x

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

X

State of IDAHO
County of LATAH } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for always / needed years, and that DR. (First name) STONEBURNER (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Nova Pearson Signature
KENDRICK, IDAHO P. O. Address

Subscribed and sworn to before me this 1st day of June, 19 43

(SEAL)

Notary Public, residing at Kendrick

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1943 by Mary H Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

264-122-021-866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374157
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Dayton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Dayton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dayton, Idaho

4. **FULL NAME OF CHILD** Wendell James Boden

5. Date of Birth of Child (Month, day, year) Nov. 22, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Boden
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Battle Creek, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Pricillia Hoops
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Weston, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for since birth years, and that Sarah Phillips (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Emrich Signature

1005 So. Fir, Inglewood, Cal P. O. Address

Subscribed and sworn to before me this 23rd day of June, 19 43

(SEAL)

Easton B. Benefield, Notary Public, residing at Inglewood, Cal.

My commission Expires Jan. 22, 1947

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1943 by Carl F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 30 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-225040-881

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374180
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Mace
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born in home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Mace
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 years yrs.

3. **RESIDENCE OF FATHER** (city, state) Mace, Idaho

4. **FULL NAME OF CHILD** Dorothy Lois Barnes

5. Date of Birth of Child (Month, day, year) Oct. 25, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lewis Charles Barnes
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ina Lura Hyatt
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Grand Rapids, Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Washington
County of Stevens } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person since birth years, and that doctor (name unknown), who attended this birth (First name) (Last name) cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hazel G. Clarke Signature

Chewelah, Washington P. O. Address

Subscribed and sworn to before me this 6th day of May, 1943, 19

(SEAL)

Notary Public, residing at Chewelah, Washington.

My Commission Expires Jan. 1, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1943 by Mary E. Eagen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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263-20-7032-866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374185
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone, Id.

4. FULL NAME OF CHILD Althea Lucile Bolin

5. Date of Birth of Child (Month, day, year) Oct. 6, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Jackson Bolin
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Kingsbury, (City or town) Ohio (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Una May Howett
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Darwin, (City or town) Ohio (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 36 years, and that Mrs. (First name) Mary Sims (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Comm. exp. 2-27-45 Samuel J Bolin Signature

26 McKinley Ave., Athens, Ohio P. O. Address

Subscribed and sworn to before me this 26 day of Dec. 1942

(SEAL) A. C. Stratton Notary Public, residing at Athens Ohio

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 - 1943 by Mary F Elder, Registrar.

JUL 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265-1040048 15

374244

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 374244
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Geneva
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Geneva
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? about 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Geneva Idaho

4. **FULL NAME OF CHILD** Fredrick Otto Boehme

5. Date of Birth of Child (Month, day, year) March 4th 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fredrick Arno Boehme
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Pulsnitz - Saxony (City or town) / (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Bamberger R.R. Co. Salt Lake City Utah.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Hansen
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Kiel Germany (City or town) / (State or foreign country)
20. Exact Occupation Died Aug 25. 1910
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Utah
County of Davis } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 37 years, and that Mrs Anna Bleckert (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fredrick Arno Boehme Signature
R. 1. Box 393 Woods Cross. Utah. P. O. Address

Subscribed and sworn to before me this 26 day of June, 1943

(SEAL) Wendell B. Hammond, Notary Public, residing at Bountiful Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 - 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1943 JUL 7

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-208018-319

374258

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Orofino
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clearwater
   (c) City Orofino
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Orofino, Idaho

4. **FULL NAME OF CHILD** Minnie Lorraine Smith

5. Date of Birth of Child (Month, day, year) Dec. 8, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Wesley Smith
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Marshalltown (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ila Louretta Carper
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace South Whitley, Whitley Co. (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 37 years, and that Dr. (First name) Fairley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ila Le. Carper Smith Signature

Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of June, 19 43

(SEAL)

Carroll E. Brock, Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 9 1943 by Maud F. Elder, Registrar.

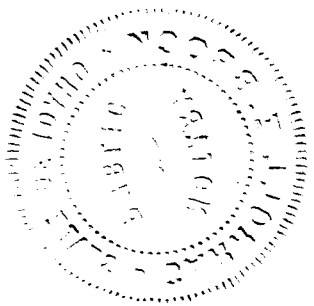
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



266-22-006-259

374263

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 23 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374263
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot Idaho (deceased)

4. **FULL NAME OF CHILD** Bettie Bowen

5. Date of Birth of Child (Month, day, year) Feb. 22, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Morgan Bowen
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace California (City or town) (State or foreign country)
14. Exact Occupation Attorney
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Bernhart
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Washington, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. ~~Number of children of this mother: (a) At time of birth and~~ including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature F. W. Mitchell M.D. ~~Midwife~~ Address Blackfoot Idaho Date June 3/1943

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 37 years, and that Dr. Mitchell (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Magel Signature

P. O. Address

Subscribed and sworn to before me this 11 day of June, 1943

(SEAL) Leo A. Dawson Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1943 by [illegible], Registrar.

1949 JUL 6 9

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

762-230 029 915

374270

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374270
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Since yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow Idaho

4. **FULL NAME OF CHILD** Margaret Mary Bozarth

5. Date of Birth of Child (Month, day, year) March 30 1906

6. Sex Female

7. Twin or Triplet — If so — born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Thomas Bozarth
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Asheville (City or town) North Carolina (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Inez Stella Randall
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Asheville (City or town) North Carolina (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living [redacted]

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of California
County of Los Angeles } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 37 years, and that Dr. Carruthers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lillian E Noyes Signature

P. O. Address

Subscribed and sworn to before me this 1st day of July 1943

(SEAL)

G. A. BAKER, Notary Public in and for the County of Los Angeles, State of California.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires June 25, 1945

Received for filing on JUL 7 1943 by Mary F Engle Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such~~ date, ~~such report may be~~ received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

967·227 001·212 374274

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374274
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Star
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 26 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Star
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Star, Idaho

4. **FULL NAME OF CHILD** Genevieve Rogers

5. Date of Birth of Child (Month, day, year) March 27, 1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Isiah Hamilton Rogers
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Ellen ~~Rogers~~ Bass
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Bolivar, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person ~~for~~ all her life ~~years~~, and that Dr O.W. Hall (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Ellen Bass Rogers Signature
Parma, Idaho R.3, P.O. Address

Subscribed and sworn to before me this 9th day of July, 1943

(SEAL) Laurie Elam, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 9 - 1943 by Maud F Elder, Registrar.

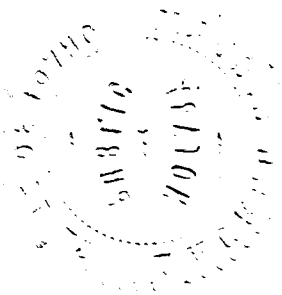
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



393-205028 867

374305

374305

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 374305
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City near Post Falls
(c) Street Address or R F D No. None
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 5 years 9 months 5 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City near Post Falls
(d) Street Address or R.F.D. No. ne
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Spokane Bridge, Wn
3. **RESIDENCE OF FATHER** (city, state) near Post Falls Idaho

4. **FULL NAME OF CHILD** Elva Lucersia Titus
5. Date of Birth (Month, day, year) august 5th 1906
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Sweet Titus
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Delaware Co. New York (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business General Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Leola Hoxsie
17. Color or Race White
18. Age at time of THIS birth 33 years.
19. Birthplace Albion Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. ~~Number of children of this mother:~~ (a) ~~At time of birth and including this child~~ 2 (b) Born alive and now living 2
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 9:30 A M. on the date and at the place stated above, and that personal particulars were furnished by Lena Hoxsie Titus (First name) (Last name), who is related to this child as mother (Mother, etc.)

Lena Hoxsie Titus, Mother

26. (a) JUL 21 1943 (Date received) (b) Mabel H Elder (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Santa Ana, Cal. Date 11/10/42

27. Given name added on ..... by ..... (Registrar's signature)

State of California, }
County of Orange } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lena Hoxsie Titus, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elva Lucersia Titus (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dwyer (Name of attendant at birth), who attended said birth don't know (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lena Hoxsie Titus Name
Route 3, Box 392, Santa Ana, Calif. P. O. Address

Subscribed and sworn to before me on this 10th day of November, 1942.

(SEAL) Birdie A. Swanwick Notary Public, residing at Santa Ana, Calif
NOTARY PUBLIC
In and for the County of Orange, State of California My Commission expires April 1, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 21 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261-223020-793

374307 State File No. 374307

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mountain Home
   (c) Street Address or R.F.D. No. P. O. Box
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mountain Home
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mt. Home, Idaho

4. **FULL NAME OF CHILD** Georgia Swann

5. Date of Birth of Child (Month, day, year) June 23, 1906

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Barce Bunus Swann
11. Color or Race Caucasian
12. Age at time of THIS birth 37 yrs.
13. Birthplace (Rural) North Carolina (City or town) (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business Dentist

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Georgia Eleanor Pilliner
17. Color or Race Caucasian
18. Age at time of THIS birth 35 yrs.
19. Birthplace Grass Valley, California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Prophylactic used. Name unknown

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of California
County of Orange } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for since birth years, and that Dr. Mather (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lois S. Morse Signature

Santa Ana, Calif. P. O. Address

Subscribed and sworn to before me this 15th day of June, 1943

(SEAL) R. M. Crawford, Notary Public, residing at Santa Ana, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1943 by Mary E. Eglar, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 2 1943

FEB 1 5 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

643-129 040 366

374326

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 374326
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Burke
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 11 months 29 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Burke
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Sixteen yrs.

3. **RESIDENCE OF FATHER** (city, state) Burke, Idaho.

4. **FULL NAME OF CHILD** Norman Clarence Fuller

5. Date of Birth of Child (Month, day, year) Jan. 29th. 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence R. Fuller
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Pendleton (City or town) Oregon. Umatilla (State or foreign country)
14. Exact Occupation Pharmacist.
15. Industry or Business Retail Drugs.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nadine (Cook)
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Rich Missouri (City or town) Bates (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Montana
County of Beaverhead. } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 6 years 10 mo. years of age, that I have known this person for from birth years, and that Dr (First name) Collins (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nadine Cook Fuller, Signature
Lima Montana, P. O. Address

Subscribed and sworn to before me this 3rd day of July, 1943.

(SEAL) ____, Notary Public, residing at Lima, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 - 1943 by Mary H Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has~~ occurred ~~subsequent to such date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-213029-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

374375

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 mo. yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mary Elizabeth Jones
5. Date of Birth of Child (Month, day, year) Oct. 13, 1906
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy —
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** "J" Shirley Jones
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Garret (City or town) Ind. (State or foreign country)
14. Exact Occupation College Professor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Tillie Browning
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Sherman (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Benton } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 37+ years, and that Dr. — Worthington (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Tillie B. Jones Signature
2833 Arnold Way Corvallis O. Address

Subscribed and sworn to before me this 8th day of July, 1943 Oregon

(SEAL) Dorothy L. Cumming Notary Public NOTARY PUBLIC FOR OREGON
Corvallis Ore
MY COMMISSION EXPIRES NOV. 24, 1944

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 12 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

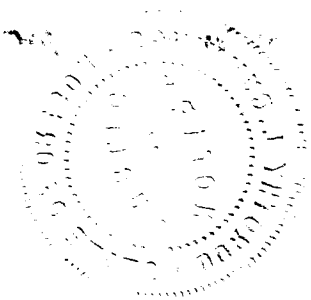
JUL 13 1943

NOV 18 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



455 720 006 165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374384
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Ammon, Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years 1 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bingham Co. Id.

4. **FULL NAME OF CHILD** John Kenton Denning

5. Date of Birth of Child (Month, day, year) Mar. 20, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Daniel Maryfield Denning
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Montpieler (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ann Jones
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Hyram (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business keeping house

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Calif.
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 37 years, and that Rosanna (First name) Denning (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

V. Clarence J Denning Signature
728 E. Fern Ave., Wilmar, Calif. Address

Subscribed and sworn to before me this 8 day of July, 1943

(SEAL) W C Forman, Notary Public, residing at Wilmar, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires [illegible]

Received for filing on JUL 12 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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374405

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootinai (b) City Post Falls
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 yr years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootinai
   (c) City Post Falls
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 5 yrs yrs.

3. **RESIDENCE OF FATHER** (city, state) Post Falls Ida

4. **FULL NAME OF CHILD** Lloyd Marinas Allred

5. Date of Birth of Child (Month, day, year) 1-9-1906

6. Sex male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Banning Allred
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Genoia (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iva Florence Stech
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace New York (City or town) Iowa (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Kittitas } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 37 years, and that Dr Butler (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Iva Florence Allred Signature

Rt. 2 Ellensburg, Wash. P. O. Address

Subscribed and sworn to before me this 6th. day of July, 1943

(SEAL) Frank Fitterer, Notary Public, residing at Ellensburg.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 9 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUL 14 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374431
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls Idaho

4. **FULL NAME OF CHILD** Neta Blanche Parker

5. Date of Birth of Child (Month, day, year) Nov 12-1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George Albert Parker
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Modale (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Amelia Harvey
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Modale (City or town) Ia (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Iowa
County of Harrison } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 29 years of age, that I have known this person for 56 years, and that Dr Claudius (First name) & Mrs Ann Mogreilge (Last name), who attended this birth Deceased & cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Bertha Parker Signature

..... P. O. Address

Subscribed and sworn to before me this 10 day of July, 1943

(SEAL) R S Passaman, Notary Public, residing at Modale Ia.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 14 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462-22 7014 953

374436

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Payette
   (c) Street Address or R.F.D. No.....
   (d) Name of Hospital of Maternity Home:
   .....
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In THIS county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Payette
   (d) Street Address or R.F.D. No.....
   (e) How long has **MOTHER** lived in Idaho?.....yrs.
   (f) Mother's mailing address (For registration notice):
   ..... (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Payette Idaho

4. **FULL NAME OF CHILD** Helen Elisabeth Moss

5. **DATE OF BIRTH** (Month, day, year) Apr 27, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Bartlett Moss

11. Color or Race White

12. Age at time of THIS birth 23 yrs.

13. Birthplace Payette Idaho
(City or Town) (State or foreign country)

14. Exact Occupation Merchant

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Zeller

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Mich.
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silloid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Grace Zeller (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUL 13 1943 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address Payette, Idaho 5/26/42 Date .....

JUL 14 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a ~~misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.~~

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAWARE

155-126-006 693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374469
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 4 months 26 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** John Theodore Jensen
5. Date of Birth of Child (Month, day, year) July 26, 1906
6. Sex male
7. Twin or Triplet no — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy normal
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jarvis D. Jensen
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Jane Williams
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Goshen Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 37 years, and that Frank Mitchell (First name) (Last name), who attended this birth is incompetent (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma J. Jensen Signature
Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of July, 1943

(SEAL) Leon J. Chapman, Notary Public, residing at Blackfoot

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

614 111-024 432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

374515

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Gooding (b) City Bliss
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: on ranch near Bliss
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 20 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City Bliss
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Bliss, Idaho

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** John William Waddington

5. Date of Birth (Month, day, year) January 11, 1906

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John William Waddington
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace (City or town) Ohio (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Belle McKinley
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace (City or town) Tennessee (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 20 1943 (Date received) Maud F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fount O. Frost, being first duly sworn, say that I am ~~related to and~~ acquainted with (Related to (or) acquainted with) John William Waddington (Name of person on certificate above) as step father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. G. Baugh (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Fount O. Frost Name
Bliss, Idaho P. O. Address

Subscribed and sworn to before me on this 21st day of February, 1942

(SEAL) [signature] Notary Public, residing at Gooding, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF Idaho)
) SS.
COUNTY OF Gooding)

AFFIDAVITS FOR CORRECTION OF A RECORD

Fount. Frost of Bliss, Idaho

Being first duly sworn, deposes and says that he is related, as step-father
(if related, specify degree,

of John William Waddington
if friend or otherwise, so state)

who was born on a ranch near Bliss in the city of _____, County of ~~Gooding~~
(was born, died)

on the 11th day of January, 1906, as stated in a certificate of _____
birth or

_____ filed by _____
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of _____, County of _____

Idaho, on the _____ day of _____ 19___.

That the following facts set forth in said certificate are not correctly

stated therein, to wit: _____

That affiant upon his own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows, _____

the mother of John William Waddington as well as his father are now both deceased

(SEAL)

Affiant Fount O. Frost

Address Bliss, Idaho

Subscribed and sworn to before me this 21st day of February, 19 42

M F Ryan
Notary Public

STATE OF Idaho)
) SS.
COUNTY OF Gooding)

T. E. Painter of Gooding, Idaho

being first duly sworn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

JUL 17 1943

Affiant T E Painter

Address Gooding, Idaho

Subscribed and sworn to before me this 21st day of February, 19 42

(Seal)

M F Ryan
Notary Public
Gooding, Idaho.

1961 C 100

255-22 1029 381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374516
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Deary
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Deary
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Deary, Idaho

4. **FULL NAME OF CHILD** EMMA CAROLINE KENNEDY

5. Date of Birth of Child (Month, day, year) DEC 21, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** JOHN ELBERT KENNEDY
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Hutchinson, Minn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SARAH ELLEN CHANEY
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace DASSEL MINN. U S A (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for all her life years, and that Mina Davis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Kennedy Signature
Deary, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of July, 19 43.

(SEAL) E. Brooke, Notary Public, residing at Troy, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1943 by Mavel F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-229-029-662

375650

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10-11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Avon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10-11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Avon, Idaho

4. **FULL NAME OF CHILD** Cecil Leora Smith

5. Date of Birth of Child (Month, day, year) Nov. 29, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jonathan James Smith
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Richford (City or town) Vermont (State or foreign country)
14. Exact Occupation Farmer - School teacher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta Leora Foster
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace N. Cohocton (City or town) New York (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 36 years, and that Dr. W. A. Adair (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Etta Leora Smith Signature
1603 N.E. Failing, Portland P. O. Address Oregon

Subscribed and sworn to before me this 12th day of July, 1943.

(SEAL)

Notary Public, residing at NOTARY PUBLIC STATE OF OREGON
MY COMMISSION EXPIRES SEPT. 5, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 24 1943 by Mary E Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-215-031-747

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375658
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Nezperce
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 1 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Nezperce
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Esther Delight Garrett

5. Date of Birth of Child (Month, day, year) April 15, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Ceylon Garrett
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Norwalk (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Catherine Pugh
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Norwalk (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Frank Ceylon Garrett (First name) (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bonner } ss.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 37 years, and that Dr. (First name) Borns (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Ceylon Garrett Signature

Clarks Fork, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of July, 1943.

(SEAL) Clarence Reed, Notary Public, residing at Clarks Fork, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 26 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

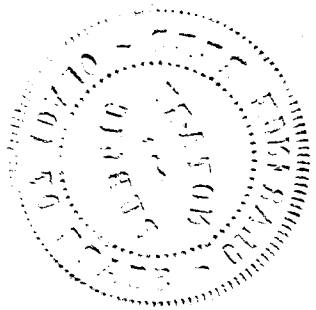
FEB 3 1971

JUL 2 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



166-101-036-866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375677
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Onieda (b) City Weston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home of Daniel Lewis Hoopes.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 24 years 6 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Onieda
   (c) City Weston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weston, Idaho

4. **FULL NAME OF CHILD** Harlan Joseph Goodsell

5. Date of Birth of Child (Month, day, year) 2-1-1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Joseph Franklin Goodsell
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Newton (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Emeline Hoopes
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Weston (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Olive (First name) Goodsell (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 37 years, and that Harlan Joseph (First name) Goodsell (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Olive E Goodsell Signature
821-N-63- Los Angeles Calif. P.O. Address

Subscribed and sworn to before me this 15 day of July, 1943.

My Commission Expires February 2, 1947 (SEAL) George Chamberlain Notary Public, residing at 670 York Los Angeles Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1943 by Mary F Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which ~~has occurred subsequent to such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

346-105-030-357

375736

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 375736
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City North Fork
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 14 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City North Fork
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5-1 yrs.

3. **RESIDENCE OF FATHER** (city, state) North Fork Ida

4. **FULL NAME OF CHILD** Warren Henry Trowbridge

5. Date of Birth of Child (Month, day, year) July 5 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Austin Blair Trowbridge
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Niles (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Leeb
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Conway Flats Montana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Lemhi }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 37 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Josephine Trowbridge Signature
Gibbonville Ida P. O. Address

Subscribed and sworn to before me this 16th day of August, 1943

(SEAL)

Lena Neight, Notary Public, residing at Gibbonville

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

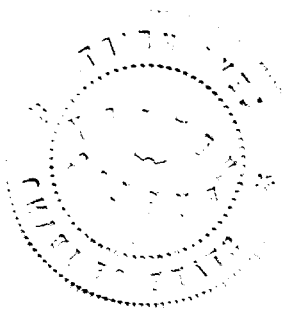
Received for filing on AUG 20 1943 by, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



569-213-009-419

375758

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)
Sandpoint, Idaho

4. FULL NAME OF CHILD Arlene Evelyn Ewing

5. Date of Birth of Child (Month, day, year) Sept. 13, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Clark Frank Ewing
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace West Virginia (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Marska
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Minnesota (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that Mrs Wright (First name) (Last name), who attended this birth (Is now deceased) or ~~(Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Rose Ewing Signature
204 E. Cameron P. O. Address

Subscribed and sworn to before this 24 day of July, 1943

(SEAL) Stella F Brown Notary Public, residing at Kellogg, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 28 1943 by Maud E Holden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

443-2 10 03-254

375789

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Nez perce
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Nez perce
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nez perce Idaho

4. **FULL NAME OF CHILD** Clara Catherine Mucken

5. Date of Birth of Child (Month, day, year) Feb 10, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Mucken
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary E. Seubert
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Lewis } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 37 years, and that Irma (First name) Bubel (Last name) Midwife, who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna M. Mucken Signature

P. O. Address

Subscribed and sworn to before me this 21st day of July, 19 43.

(SEAL) Fred Vogel, Notary Public, residing at Nezperce, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 2 1943 by Maud F Elder, Registrar.

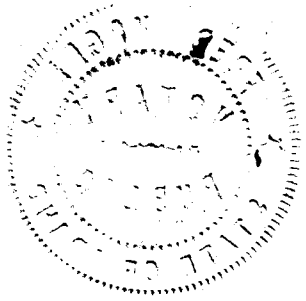
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 - 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



395-202-1003-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375809
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City -----
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: no.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years -- months -- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City none
   (d) Street Address or R.F.D. No. Pocatello
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Mary Treasure

5. Date of Birth of Child (Month, day, year) Oct. 2nd, 1906

6. Sex female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd 8

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Treasure
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Smithfield, Utah. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Bloxham
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Kaysville, Utah. (City or town) (State or foreign country)
20. Exact Occupation keeps house.
21. Industry or Business domestic.

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Idaho
County of Jefferson } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for since birth years, and that Mrs. Henry Wakely (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Treasure Signature
Rigby Idaho P. O. Address

Subscribed and sworn to before me this 29 day of July, 19 43

(SEAL)

Notary Public, residing at Rigby, Ida ho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Comm. exp. Nov. 9th, 1945

Received for filing on AUG 3 1943 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-104-075-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375814
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Peck
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1yr years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Peck
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 28 yrs yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Rex Earnest Jones

5. Date of Birth of Child (Month, day, year) Dec. 4, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Earnest Anson Jones
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Maysville Iowa (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Anna Miller
17. Color or Race white
18. Age at time of THIS birth 30 yrs. yrs.
19. Birthplace Topeka Kan. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and ~~including~~ this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Edith Jones (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature J M Pyle M.D. ~~Midwife~~ Address Lewiston, Idaho Date July 26, 1943.

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1943 by Mary F Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-203-010-669

375849

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. RESIDENCE OF FATHER (city, state) 24

4. FULL NAME OF CHILD Eva Irene Crawley

5. Date of Birth of Child (Month, day, year) Aug. 3 - 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Benjamin Clinton Crawley
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Fairplay (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elzina Forbush
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Manti (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho }
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 36 years, and that Sarah Rolberry (First name) (Last name), who attended this birth, Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Ben Forbush Signature
284 Fawn St. Idaho Falls Ida. P. O. Address

Subscribed and sworn to before me this 28 day of July, 1943

(SEAL) John W. Woolley Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 4 1943 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1943

APR 8 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

546-125-035-553

375894

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NEZPERCE (b) City CUL-DE-SAC
   (c) Street Address or R.F.D. No. GENERAL DELIVERY
   (d) Name of Hospital or Maternity Home: HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 2 months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County NEZPERCE
   (c) City CUL. DE. SAC
   (d) Street Address or R.F.D. No. GENERAL DELIVERY
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) CUL. DE. SAC. IDAHO

4. **FULL NAME OF CHILD** HARLAND. MILLARD. EDWARDS

5. Date of Birth of Child (Month, day, year) FEB 25-1906

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOSEPH. FRANKLIN. EDWARDS
11. Color or Race WHITE
12. Age at time of THIS birth 48 yrs.
13. Birthplace MANITAWA (City or town) WISCONSIN (State or foreign country)
14. Exact Occupation MERCHANT
15. Industry or Business GROCERY BUSINESS

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ADA. VIRGINIA. NELSON
17. Color or Race WHITE
18. Age at time of THIS birth 33 yrs.
19. Birthplace RALEIGH-NORTH. CAROLINA (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 37 years, and that DR. (First name) BURKE (Last name), who attended this birth NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Frances James Signature
Compton, California P. O. Address

Subscribed and sworn to before me this 4 day of August, 1943

(SEAL) RAY LOWE, Notary Public residing at Compton Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires June 1, 1944

Received for filing on AUG 6 1943 by ____ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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417-212-036-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375901
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Preston
   (c) Street Address or R.F.D. No. none at that time
   (d) Name of Hospital or Maternity Home: no
   (e) Mothers stay **BEFORE** delivery: In **THIS** county same years born months there days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Presto, Idaho
   (d) Street Address or R.F.D. No. none at that time
   (e) How long has **MOTHER** lived in Idaho? born there yrs.

3. **RESIDENCE OF FATHER** (city, state) the same

4. **FULL NAME OF CHILD** Mebel Maxine Maxey

5. Date of Birth of Child (Month, day, year) October 12, 1906

6. Sex female

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd - -

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John William Maxey
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Milan, Missouri (City or town) (State or foreign country)
14. Exact Occupation salesman
15. Industry or Business Studebaker Company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zina Jene Frew
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Preston, Idaho (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child second (b) Born alive and now living six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Mariposa } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for - - years, and that Ellen Morgan (First name) (Last name), who attended this birth is long since dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zina Jene Maxey Sutton Signature

Mariposa, California P. O. Address

Subscribed and sworn to before me this 4th day of August, 1943

(SEAL) A H Carleton, Notary Public, residing at Mariposa, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1943 by Mabel B Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959-103-040-236

United States
Department of Commerce
Bureau of the Census

AUG 7 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375918
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wardner
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wardner.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? One yrs.

3. **RESIDENCE OF FATHER** (city, state) Wardner, Idaho.

4. **FULL NAME OF CHILD** Marion Rex Reilly

5. Date of Birth of Child (Month, day, year) Jan 3 / 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William Rex Reilly
11. Color or Race White.
12. Age at time of THIS birth yrs.
13. Birthplace Washington City, D. C. (City or town) (State or foreign country)
14. Exact Occupation Mining Engineer.
15. Industry or Business Employee of a Mining Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie St. John.
17. Color or Race White.
18. Age at time of THIS birth 29 yrs.
19. Birthplace Chilhowie, Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at [illegible] M. on the date and at the place stated above, and that personal particulars were furnished by Hattie (First name) Wm P Reilly (Last name), who is related as (Mother, etc.).

25. Attendant's **OWN** signature Chas R Mowery, M.D. Midwife Address Wallace Ida. Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Idaho }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 37 years, and that Doctor Mowery (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie St John Campbell Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of July, 1943.

(SEAL) Hampton Taylor, Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1943 by Maud E Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

264-114-001-255

375964

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Raymond
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Raymond
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Raymond, Idaho

4. **FULL NAME OF CHILD** John Samuel Somsen

5. Date of Birth of Child (Month, day, year) March 14, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Boise Somsen
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Boise, Idaho (City or town) (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iva Estella Kent
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Dingle, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum nothing
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 1:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by John Boise Somsen (First name) (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Wyoming
County of Lincoln } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 37 years, and that Minnie (First name) Roberts (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Boise Somsen Signature
Cokeville Wyo P. O. Address

Subscribed and sworn to before me this 10th day of August, 1943

(SEAL) Earl O. Cogish, Notary Public, residing at Cokeville Wyo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My commission expires Feb. 1, 1944

Received for filing on AUG 12 1943 by Mabel F. Elders, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 2 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-212-033-291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

AUG 14 1943

State File No. 375977
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County MADISON (b) City SUGAR CITY
   (c) Street Address or R.F.D. No. NOT KNOWN
   (d) Name of Hospital or Maternity Home: BORN AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years 3 months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County MADISON
   (c) City SUGAR CITY
   (d) Street Address or R.F.D. No. NOT KNOWN
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) SUGAR CITY IDA.

4. **FULL NAME OF CHILD** KATE WOODHOUSE

5. Date of Birth of Child (Month, day, year) SEPT. 12, 1906

6. Sex FEMALE

7. Twin or Triplet NO — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** HARDEN WOODHOUSE
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace LENI UTAH (City or town) (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business SUGAR REFINING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ICYLENA BRAY
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace HOULKA, MISSISSIPPI (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOT KNOWN
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ~~IDAHO~~ California
County of ~~MADISON~~ Los Angeles. ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 36 years, and that DR. HYDE (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Icylena Bray Woodhouse Harris
Signature

3416½ Wistlow Drive
P.O. Address

Subscribed and sworn to before me this 10th day of August, 1943, 19 L.A. Calif.

(SEAL) H. Kinley Martin, Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires May 17, 1944

Received for filing on AUG 14 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 6 1943

AUG 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-115-007-212

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375983
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 11 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Soldier
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 11 Mos. yrs.

3. RESIDENCE OF FATHER (city, state) Soldier, Idaho

4. FULL NAME OF CHILD Edwin Clay Baird, Jr.

5. Date of Birth of Child (Month, day, year) 9-15-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edwin Clay Baird

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Monongahela City, Pa. (City or town) (State or foreign country)

14. Exact Occupation Editor, Camas Prairie Courier

15. Industry or Business Newspaper Publisher

MOTHER OF CHILD

16. FULL MAIDEN NAME Adella Maud Baker

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Colfax (City or town) Washington (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known

23. Number of children of this mother: (a) ~~At time of birth~~ and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by Adella Baird (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California
County of San Mateo } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 59 years of age, that I have known this person for 36 years, and that Dr. Ayre A. Higgs (First name) (Last name), who attended this birth is totally paralyzed (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adella Baird Signature

421 Grand Street, Redwood City, Calif. P. O. Address

Subscribed and sworn to before me this 28 day of July, 1943

My Commission Expires Jan. 6, 1944 (SEAL)

L A Behrens Notary Public, residing at Redwood City Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 16 1943 by ____, Registrar.

AUG 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and upon prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-208-035-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377173
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Culdesac.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Culdesac
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Culdesac, Idaho.

4. **FULL NAME OF CHILD** Ella May Moore.

5. Date of Birth of Child (Month, day, year) June 4, 1906

6. Sex Female. 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Charles Edward Moore
11. Color or Race white.
12. Age at time of THIS birth 32 yrs.
13. Birthplace Farmington (City or town) Wash. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Ella Stewart
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Kansas City (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of New York, County of Cortland } ss.

I, the undersigned, being first duly sworn, say that I am the I am mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 31 years, and that Mrs Sarah Price (First name) (Last name), who attended this birth Can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian Ella Moore Signature

Cortland N.Y. R2 P. O. Address

Subscribed and sworn to before me this 11th day of August, 1943

(SEAL) Katherine J. Bapp, Notary Public, residing at Virgil, Cortland N.Y.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1943 by Mabel E Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

912-120-036-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377175
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Onieda (b) City Preston
   (c) Street Address or R.F.D. No. 254 West 1st North
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Preston
   (d) Street Address or R.F.D. No. 254 West 1st N.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mink Creek, Ida

4. **FULL NAME OF CHILD** DEWEY RASMUSSEN

5. Date of Birth of Child (Month, day, year) Dec 20th, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James P. Rasmussen
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Mantua (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Jensen
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Mink Creek (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) ~~At time of birth and including this child~~ 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Franklin } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 36 years, and that Dr Allan R. Cutler Sr. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James P. Rasmussen Signature

254 West 1st N. Preston, Idaho. P. O. Address

Subscribed and sworn to before me this 2nd day of August, 1943

(SEAL) P M Condie, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 23 1943 by Mary F Elder, Registrar.

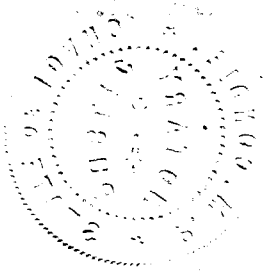
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



215-231-216-719

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377178
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Burley Idaho

4. FULL NAME OF CHILD Mae Luralle Savage

5. Date of Birth of Child (Month, day, year) Oct. 31-1906

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Levi Melvin Savage
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Flagstaff (City or town) Arizona (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME maggie Mae Garvin
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Albuquerque (City or town) New Mexico (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Maggie (First name) Savage (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Calif. } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 42 years of age, that I have known this person for 36 years, and that Dr (First name) Johnston (Last name), who attended this birth was deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maggie Mae Savage Signature
Torrance, Calif. P. O. Address

Subscribed and sworn to before me this 6 day of August, 1943.

(SEAL) H. E. Bowen Notary Public, residing at Torrance Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 23 1943 by Mary F. Edger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-129.018-381

377184

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clear Water (b) City Weippe
   (c) Street Address or R.F.D. No. Gen. Del
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clear Water
   (c) City Weippe
   (d) Street Address or R.F.D. No. Gen. Del.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weippe, Idaho

4. **FULL NAME OF CHILD** Charles Franklin Thomas

5. Date of Birth of Child (Month, day, year) Oct. 29, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Manford Thomas
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Richland Co. (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Ann Chambers
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Osage Co. (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living (yes) 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California } ss.
County of Butte }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for over 36 years, and that Mrs. Mary (First name) Spurgon (Last name), who attended this birth is now deceased (Is now deceased) ~~or (Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Julia Ann Thomas Signature
PO Bx 822, Chico, Calif. P. O. Address

Subscribed and sworn to before me this 17th day of August, 1943

(SEAL) Bessie L. Dean, Notary Public, residing at Chico

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 23 1943 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 3 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-216-029-695

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377206
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. 3rd & Miller St.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 11 months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d' Alene
   (d) Street Address or R.F.D. No. 3rd & Miller St.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d' Alene

4. **FULL NAME OF CHILD** Marie Johnson

5. Date of Birth of Child (Month, day, year) Nov. 16, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Silas Edson Johnson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Rutland, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Adelia Fredenberg
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Alexandria, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Oregon
County of Yamhill } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 37 years, and that Dr. John C. Dwyer (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katherine Adelia Johnson Signature

Dayton, Oregon P. O. Address

Subscribed and sworn to before me this 20th day of August, 1943

(SEAL)

Notary Public, residing at Dayton Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1943 by ..... Registrar.

Notary Commission expires March 15, 1944

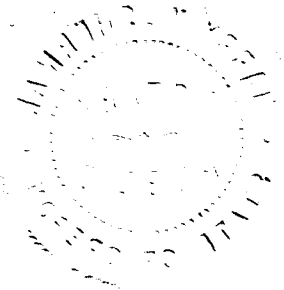
JUN 19 1969

AUG 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



76-207-016-365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377214
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Sublett
   (c) Street Address or R.F.D. No. RFD
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Sublett
   (d) Street Address or R.F.D. No. RFD
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. **RESIDENCE OF FATHER** (city, state) Sublett, Idaho

4. **FULL NAME OF CHILD** LILLIAN AILEEN POWERS

5. Date of Birth of Child (Month, day, year) JANUARY 7, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Russel Powers
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Sublett (City or town) Idaho (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leona Conant
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace KELTON (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Cassia } ss.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for since birth years, and that no attendant or doctor (First name) I was present within 30 minutes of the birth (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Annie C. Powers — Signature
159 S. Miller Ave. Burley, Idaho — P. O. Address

Subscribed and sworn to before me this 3rd day of August, 1943

(SEAL)

Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

785-231-001-995

377287 377287

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377287
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. # 2
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. # 2
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Ila Vivian Pyeatt

5. Date of Birth of Child (Month, day, year) Jan. 31 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John L. Pyeatt
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Hot Springs (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mercy E. Rivers
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Joseph (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Cr-des Solution
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive — 12.30 M (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mercy E. Pyeatt (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature John Smith M.D. Midwife Address Boise Ida. Date 9-15-43

AFFIDAVIT

State of ..... } ss.
County of ..... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1943 by Mabel Hyder, Registrar.

Send to Mercy E. Pyeatt, Box 170 Ventura California

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 17 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-325-025-113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377309
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville Idaho

4. **FULL NAME OF CHILD** PEARL JOYCE GIVENS

5. Date of Birth of Child (Month, day, year) Jan-25-1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jonas Givens
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Joplin (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachel Jackson
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Joplin (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Wash.
County of Asotin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 37 years, and that Mrs Hammel (First name) midwife (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude Louise Jones Signature
Clarkston Wash P. O. Address

Subscribed and sworn to before me this 21 day of Aug, 1943

(SEAL) A N Rogerstad, Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 27 1943 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569 - 126-038-692

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377345
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Payette (b) City Payette
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: Birth at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Payette
   (c) City Payette
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Idaho

4. **FULL NAME OF CHILD** Chester Harold Northrop

5. Date of Birth of Child (Month, day, year) July 26, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Henry Northrop
11. Color or Race White
12. Age at time of THIS birth 56 yrs.
13. Birthplace New York State (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Isadore Fish
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Buffalo, Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of silver
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary Isadore Fish (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature I P Woodward, M.D. Midwife Address Payette, Idaho Date 8/18/43

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Canyon } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 37 years, and that I. P. Woodard (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Isadore Fish Northrop Signature

P. O. Address

Subscribed and sworn to before me this 22 day of July, 1943

(SEAL) R. E. Sleeper, Notary Public, residing at Notus Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 27 1943 by Mary Fields, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 1 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which ~~has occurred subsequent~~ to such ~~date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

455-204-014-132

377380

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 377380
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Parma
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Parma
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 7 Months yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Evelynn Catherine May DeVault

5. Date of Birth of Child (Month, day, year) June 4 1906

6. Sex Female

7. Twin or Triplet —— If so—born 1st, 2nd, 3rd ——

8. No. months of Pregnancy 9-Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Israel DeVault
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Ohio (City or town) U.S.A. (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Chloe Edith Atkinson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Ohio (City or town) U.S.A. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington
County of Walla Walla } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 37 years, and that Emma (First name) Kohlson (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chloe Edith Atkinson Bayside
930 W. Birch Walla Walla, Wash. P. O. Address

Subscribed and sworn to before me this 27th day of August, 1943

(SEAL) Charles Snyder, Notary Public, residing at Walla Walla

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 1 1943 by Mabel Hedin, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

965-106-006-263

377394

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. Route 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. Route 2
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD HENRY CLAUS RONFELD

5. Date of Birth of Child (Month, day, year) Oct. 6, 1906

6. Sex male

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME HENRY RONFELD
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Katherine Solterbeck
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend of family (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 36 years, and that Dr. C. A. Hoover (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George E. Johnnie Signature
Pingree, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of November, 1942

(SEAL) Dale M. Perry Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 1 1943 by Mabel Rae Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

763-14-006-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377448
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Idaho Falls
   (c) Street Address or R.F.D. No. R.F.D. 2
   (d) Name of Hospital or Maternity Home: At residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years 10 months 29 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. R.F.D.2
   (e) How long has **MOTHER** lived in Idaho? 1890 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls R.2

4. **FULL NAME OF CHILD** Mark Russell Poll

5. Date of Birth of Child (Month, day, year) 4-14-1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Albert Poll
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Millissa Berrett
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Pleasant View, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... MD. Midwife Address ..... Date .....

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Ida M. Berrett Poll (Mother, ~~father~~) of the person whose name appears in Item 4, above, that I am now Sixtyfive years of age, that I have known this person for ..... years, and that Josephine (First name) Thompson (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida M Berrett Poll — Signature

836 E Center Pocatello Idaho — P. O. Address

Subscribed and sworn to before me this 2nd day of September, 1943

(SEAL)

F. E Tydeman, Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3414, Idaho Code Annotated.)

Received for filing on SEP 8 1943 by Mary Hyde, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-105-029-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377449
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City MOSCOW
   (c) Street Address or R.F.D. No. North of City
   (d) Name of Hospital or Maternity Home: Home delivery
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No. North of City
   (e) How long has **MOTHER** lived in Idaho? ~~25~~ 2½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Glenn Wilson Smith

5. Date of Birth of Child (Month, day, year) August 5, 1906

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Washington Smith
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Yates City, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Margaret Haney
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Milton, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known
23. Number of children of this mother: (a) At time of birth and including this child Eight (b) Born alive and now living Six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 36 3/4 years, and that Dr. C. L. (First name) Gritman (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Margaret Smith Signature
302 N. Main, Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of June, 1943

(SEAL) O W Schoolder, Notary Public, residing at Moscow

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1943 by Mabel F. Elsfer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1941 Session Laws, has not been recorded, or in case of failure to record a birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849-208-001-981

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377548
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier, Ida.

4. **FULL NAME OF CHILD** Lucy Frances Hurley
5. Date of Birth of Child (Month, day, year) 3-8-1906
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel Hurley
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace County Cork, Ireland (City or town) (State or foreign country)
14. Exact Occupation B+B Foreman
15. Industry or Business Union Pacific Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Elizabeth Ryan
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Columbus, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 37 years, and that Mrs Hilliard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine E. Hurley Signature
Montpelier Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of Aug, 1943

(SEAL) Chas E. Carrie Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 16 1943 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1943

JAN 21 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

195-213-029-819

377579

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow Idaho

4. **FULL NAME OF CHILD** Margaret Elizabeth Ainslie

5. Date of Birth of Child (Month, day, year) Dec 13 1906

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Philamon Ainslie
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Sibley (City or town) Iowa (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary M Hurshman
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Preston County (City or town) W. Virginia (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

deceased

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Nebraska
County of Sheridan } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 37 years, and that Dr (First name) Clark (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ainslie Signature

Hay Springs Nebraska P. O. Address

My Commission Expires Aug. 1st, 1947

Subscribed and sworn to before me this 8 day of September, 19 43

(SEAL) K Gustafson, Notary Public, residing at Hay Springs Neb

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1943 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 18 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-208-040-592

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 377601
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Mullan
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: ____
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City Mullan
   (d) Street Address or R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? 3 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Mullan, Idaho

4. **FULL NAME OF CHILD** Eileen Sofia Hill

5. Date of Birth of Child (Month, day, year) August 8, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jack Hill
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Ylistaro (City or town) Finland (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sofia Erkkila
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Lohtaya (City or town) Finland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:00 A M. on the date and at the place stated above, and that personal particulars were furnished by Sofia (First name) Hill (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Arizona, County of Maricopa } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 37 years, and that Midwife (Name unknown) (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission expires 3-1-1945

Sofia Hill Signature

Rt. 4, Box 504, Phoenix, Arizona P. O. Address

Subscribed and sworn to before me this 13th day of September, 1943.

(SEAL) Harriett S. Armstrong Notary Public, residing at 920 No. 2nd Phoenix, Arizona

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

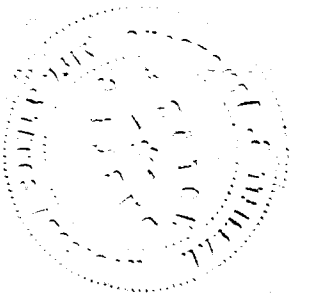
Received for filing on SEP 21 1943 by Mabel Hyder, Registrar.

SEP 2 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



235-21-029-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377616
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. R.F.D. 2
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No. R.F.D. 2
   (e) How long has **MOTHER** lived in Idaho? six yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Gladys Theora Steffen

5. Date of Birth of Child (Month, day, year) Oct. 21, 1906

6. Sex Female

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) no

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Charles Fremont Steffen
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Springfield, Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leona Maude Johnston
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Queen City, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child Five (b) Born alive and now living Five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Latah } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for her full nature life years, and that Mrs. Robie (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leona M. Steffen Signature
Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of September, 19 43.

(SEAL) Robert W. Peterson Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 20 1943 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-104 004-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378752
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Georgetown
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Georgetown
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same as Mother

4. **FULL NAME OF CHILD** Clarence Enoch Larsen

5. Date of Birth of Child (Month, day, year) Sept 4th 1906

6. Sex boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Louis Peter Larsen
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Pleasant Grove Utah (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business General farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Karen Marie Nielsen
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none or above

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Idaho
County of Bingham } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 37 years, and that Emma W. Clarke (First name), midwife (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Karen Marie Nielsen Signature

108 E Bridge St Blackfoot Ida. P. O. Address

Subscribed and sworn to before me this 19th day of Sept, 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at Blackfoot Idaho

Received for filing on SEP 22 1943 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child bo[illegible]rior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which ~~has~~ occurr[illegible] ~~subsequent to such date, such~~ report may ~~be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-224014-386

378792

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378792
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Parma
   (c) Street Address or R.F.D. No. R1
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Parma
   (d) Street Address or R.F.D. No. R1
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Parma. Idaho

4. **FULL NAME OF CHILD** Donna Amelia Richardson

5. Date of Birth of Child (Month, day, year) June 24. 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Francis Richardson
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Little Falls. (City or town) Missouri (State or foreign country)
14. Exact Occupation Jeweler
15. Industry or Business Watch maker

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Thonton
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Mankato (City or town) Minn (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Canyon } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 37 years, and that Dr. (First name) Gerdes (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Florence Richardson Signature

P. O. Address

Subscribed and sworn to before me this 24 day of Sept, 19 43

(SEAL) Norma L Rackland, Notary Public, residing at Parma.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 27 1943 by Mabel Nader, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census 769-223-035 253

CERTIFICATE OF BIRTH
STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child.)

State File No. 378805
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City near Kendrick
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 or 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City near Kendrick
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6or7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kendrick, Idaho

4. **FULL NAME OF CHILD** LINDA AGNES GORDON

5. Date of Birth of Child (Month, day, year) Dec. 23, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jesse Riley
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Pullman, Washington (City or town) (State or foreign country)
14. Exact Occupation Working in sawmill
15. Industry or Business sawmill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Bechtol
17. Color or Race white
18. Age at time of THIS birth 16 yrs.
19. Birthplace Culver, Indiana (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature attendant deceased M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington, County of King } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for since birth years, and that Eva Riley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah S. Bechtol Erikson Signature

Alderwood Manor, Washington P. O. Address

Subscribed and sworn to before me this 14 day of September, 1943.

(SEAL) Rowena Gormley, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept. 24, 1943 by Mabel F. Elder, Registrar

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378805
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City near Kendrick,
   (c) Street Address or R.F.D. No. -- Idaho
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 or 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City near Kendrick
   (d) Street Address or R.F.D. No. --
   (e) How long has **MOTHER** lived in Idaho? 6 or 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kendrick, Idaho

4. **FULL NAME OF CHILD** AGNES PEARL RILEY

5. Date of Birth of Child (Month, day, year) DEC. 23, 1906

6. Sex Female

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse Riley
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Pullman, Washington (City or town) (State or foreign country)
14. Exact Occupation Working in sawmill
15. Industry or Business Sawmill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Bechtol
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Culver, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature Attendant deceased M.D. Midwife Address Date

AFFIDAVIT

State of Washington
County of King } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty-three years of age, that I have known this person for since birth years, and that Eva Riley, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah S. Bechtol Erikson Signature

Alderwood Manor, Washington P. O. Address

Subscribed and sworn to before me this 14 day of September, 1943.

(SEAL) Rowena Gormley, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 24 1943 by Mary Hughes, Registrar.

SEP 27 1943

JAN 8 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

IN THE DISTRICT COURT OF THE SECOND JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR CLEARWATER COUNTY

In the Matter of the Application)
of AGNES PEARL GORDON,)
For Change of Name.)

ORDER CHANGING NAME OF INDIVIDUAL

The application of Agnes Pearl Gordon praying for an order of the Court changing her name to Linda Agnes Gordon, in place of her present name, came regularly on to be heard this 19th day of December, 1952, and proof having been made to the satisfaction of the Court that notice of hearing thereon was given in the manner and form required by law, and order of thisCourt, and no objections having been filed by any person, and that Court being satisfied that there is no reasonable objection to the petitioner assuming the name proposed,

IT IS THEREFORE, ORDERED, ADJUDGED AND DECREED that petitioner's name of Agnes Pearl Gordon be, and the same is, hereby changed to Linda Agnes Gordon.

Dated this 19th day of December, 1952.

Jack McQuade
Judge of the District Court.

STATE OF IDAHO, County of Clearwater } ss.

I, GAYLE HAYDEN, Clerk of the District Court and Ex-Officio Auditor and Recorder of Clearwater County, State of Idaho, do hereby certify that the foregoing is a full, true, and correct copy of an instrument as the same now remains on file and of record in my office.

WITNESS my hand and official seal hereto affixed this 19 day of December A. D., 1952

Gayle Hayden
CLERK OF THE DISTRICT COURT
EX-OFFICIO AUDITOR AND RECORDER
By: Cora McKay, Deputy

251-129 001-239

378816 378816

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address ~~or R.F.D. No.~~ 17th and Front Sts.
   (d) Name of Hospital or Maternity Home: Born at Home Address above
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 3 months 26 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address ~~or R.F.D. No.~~ 17th & Front Sts.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Paul Roosevelt Seaman

5. Date of Birth of Child (Month, day, year) Mar. 29, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Lewis Seaman
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Sullivan Co. (City or town) Mo. (State or foreign country)
14. Exact Occupation Grocer & Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Venona Ardell Strong
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Wintersville (City or town) Mo (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho, } ss.
County of Ada, }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 37 years, and that Mary Elizabeth Spaulding, M. D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Lewis Seaman (Signature)

Boise, Idaho, Rural Route 3 P. O. Address

Subscribed and sworn to before me this 27th day of September, 1943.

(SEAL) Antone Gordon, Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 - 1943 by Mabel Hyder, Registrar.

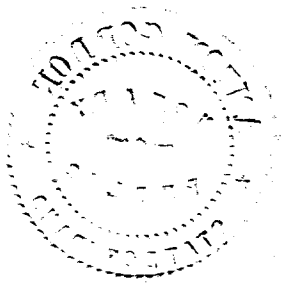
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1943 OCT 4

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



741 227020-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) 378846

State File No. 378846
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mountain Home
   (c) Street Address or R.F.D. No. Mountain Home
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mountain Home
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Gladys Amelia Lucey

5. Date of Birth of Child (Month, day, year) Sept 27, 1906

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George L Lucey
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Marinette (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Mail Carrier
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rena Della Brunner
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Menominee (City or town) Michigan (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for life years, and that Mrs. Brown (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Frances Bersch. Signature

P. O. Address

Subscribed and sworn to before me this 12 day of Oct., 19 43

(SEAL) Pauline Ambrose, Notary Public, residing at Boise Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct. 12-1943 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 12 1943

MAR 15 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

645 109 028 632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378917
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. First Street
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years 10 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. First Street
   (e) How long has **MOTHER** lived in Idaho? 17 Years yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene, Idaho

4. **FULL NAME OF CHILD** Herbert John Wunderlich

5. Date of Birth of Child (Month, day, year) May 9th, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwin Robert Wunderlich
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Chicago, (City or town) Illinois (State or foreign country)
14. Exact Occupation Banker - Clothier
15. Industry or Business Banking - retail of clothing

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Olson [redacted]
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Appleton, (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother (a) At time of birth and including this child None (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ✓ (Born alive, stillborn) at ✓ M. on the date and at the place stated above, and that personal particulars were furnished by ✓ (First name) (Last name), who is related as ✓ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Benewah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Sixty Three years of age, that I have known this person for Thirty Seven years, and that Dr P. J. Scallon (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edwin Robert Wunderlich Signature

St. Maries, Idaho P. O. Address

Subscribed and sworn to before me this 28 day of Sept, 1943

(SEAL)

St Maries Idaho, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 1943 by Mabel Fields, Registrar.

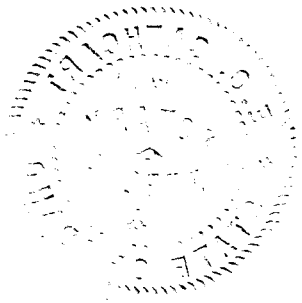
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



842-205010-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378922
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** Alice Scott Huston

5. Date of Birth of Child (Month, day, year) April 5, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Leslie Huston
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Almont, (City or town) Michigan (State or foreign country)
14. Exact Occupation Real Estate
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Janet Scott
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Selkirk (City or town) Scotland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 37 years, and that Dr. (First name) Wilson (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise Huston Searles Signature

1808 Angelo Drive, Beverly Hills, California P.O. Address

Subscribed and sworn to before me this 28th day of August, 1943

(SEAL) V. Sheldon, Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires Aug. 9, 1947

Received for filing on OCT 1 1943 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 5 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of ~~Vital~~ Statistics ~~for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-214003-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378929
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Thatcher
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Thatcher
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Thatcher, Idaho.

4. **FULL NAME OF CHILD** Elizabeth Afton White

5. Date of Birth of Child (Month, day, year) May 14, 1906

6. Sex female

7. Twin or Triplet ----

If so—born 1st, 2nd, 3rd ----

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Barnard John White
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Avon (City or town) Utah. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Nelson [redacted]
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Ogden (City or town) Utah. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.) deceased

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for entire life years, and that Jane Bollwinkle Hale (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Barnard John White Signature

Grace, Idaho. P. O. Address

Subscribed and sworn to before me this 29th day of September, 1943.

(SEAL) [signature], Notary Public, residing at Grace, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 1 1943 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-210-042-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378955
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls

4. FULL NAME OF CHILD Verda Elizabeth Richmond

5. Date of Birth of Child (Month, day, year) 7/10 1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Henry Richmond
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace South Durham, Quebec, Canada (City or town) (State or foreign country)
14. Exact Occupation Water Superintendant
15. Industry or Business Irrigation System

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Coles
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Maines Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for years, and that Dr Boyd (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George H. Richmond Signature
5517 Romaine St / Los Angeles, Calif P.O. Address

Subscribed and sworn to before me this 30th day of September, 1943 (38)

(SEAL) C J Kane Notary Public, residing at Los Angeles, Cal.
IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA
My Commission Expires May 3, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 8 1943 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-705-035-358

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378958
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Now Lewis Then Nezperce (b) City Nezperce
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County now Lewis then Nezperce
   (c) City Nezperce
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Wilbur Johnson

5. Date of Birth of Child (Month, day, year) Apr. 5- 1906

6. Sex male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy X 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Z A Johnson
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Lehman
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Agno3

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6.30 A M. on the date and at the place stated above, and that personal particulars were furnished by Wilbur Johnson (First name) (Last name), who is related as self (Mother, etc.)

25. Attendant's **OWN** signature R.E. Dunlap M.D. ~~Midwife~~ Address Craigmont Idaho Date Sept 4-43

AFFIDAVIT

State of ... County of ... } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that ... (First name) ... (Last name), who attended this birth ... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

... Signature

... P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ..., Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 9 1943 by ..., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 ~~Session~~ Laws, has ~~not been recorded, or in case of failure to report any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

439-19 035-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378974
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perces (b) City Summit
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Child Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perces
   (c) City Summit
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Summit, Idaho

4. **FULL NAME OF CHILD** Ralph Waldo Mc Intire

5. Date of Birth of Child (Month, day, year) April 19, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mc Clellen Mc Intire
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Montezuma (City or town) Iowa (State or foreign country)
14. Exact Occupation Miller
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Parsons
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Marysville (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of WASHINGTON
County of Yakima } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for his life years, and that Mrs. Beloit (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Minnie McIntire Signature
206 E. Pine, Yakima, Wash. P. O. Address

Subscribed and sworn to before me this 4th day of October, 1943.

(SEAL) Helen W. Murphy, Notary Public, residing at Yakima

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 6 1943 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

763-224029 275

379040

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. No
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No. No
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Laura Hazel Patton

5. Date of Birth of Child (Month, day, year) Sept. 24, 1906

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Percy Patton
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace State of Tenn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business 11

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marena Spence
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace State of Kan. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business 11

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 37 years, and that Dr. Clark (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marena B. Patton ← Signature
Park Land, Ore. P. O. Address

Subscribed and sworn to before me this 9 day of Sept., 1943

(SEAL) John L. Phillips Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 14 1943 by ....., Registrar.

OCT 15 1943

JAN 28 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-205022-944

United States, Department of Commerce, Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 379063

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Freemont (b) City Hayden
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None.
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 8 months ? days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Freemont.
   (c) City Hayden
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 2/3 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Frances Ella Adams.

5. Date of Birth of Child (Month, day, year) July 5 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Normal

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Emory Gilbert Adams.
11. Color or Race White.
12. Age at time of THIS birth 36 yrs.
13. Birthplace ? (City or town) West Virginia. (State or foreign country)
14. Exact Occupation School Teacher.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Martha Rudolph.
17. Color or Race White.
18. Age at time of THIS birth 23 yrs.
19. Birthplace Scotia Nebraska. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to ~~prevent~~ Ophthalmia ~~Neonatorum~~ Unknown.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of California. } ss.
County of Alameda. }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 37 years, and that Mrs. ? Swenson (First name) (Last name), who attended this birth Cannot Be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Martha Adams Signature

643-101-Ave, Oakland P. O. Address

Subscribed and sworn to before me this 10th day of September 19 43

(SEAL) Geo. D. Duncan Jr. Notary Public, residing at Oakland, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1943 by Hala [illegible], Registrar.

OCT 20 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

644117028-216

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 379069
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Bonners Ferry, Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Child born at home of parents.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Bonners Ferry
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bonners Ferry, Idaho.

4. **FULL NAME OF CHILD** Hjalmar Hogni Oddson

5. Date of Birth of Child (Month, day, year) Mar. 17, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Einar Brinjolfson Oddson
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Iceland (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Bjornson
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Iceland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Oregon, County of Multnomah. } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 37 years, and that Dr. E. E. Fry (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma B Oddson — Signature

9003 N.E. Wygandt, Portland, Ore. — P. O. Address

Subscribed and sworn to before me this 15th day of October, 19 43.

(SEAL) Ofenisetta Bruce, Notary Public, residing at Portland, Ore.

My Com Exp: July 16-1947

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1943 by Mabel Holder, Registrar.

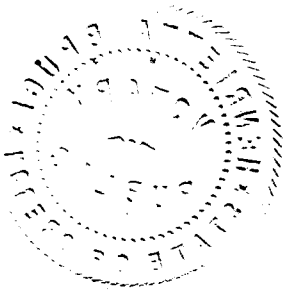
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



299 · 224 019 -415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 379096
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Arco
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Stayed at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Arco
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Arco Idaho

4. **FULL NAME OF CHILD** Ethel Josephine Brickles.

5. Date of Birth of Child (Month, day, year) Mar. 24 1906.

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Andersen Brickles.
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Marshaltown (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Jessie Marey.
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Waupaca (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Eight (b) Born alive and now living Nine

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Utah } ss.
County of Salt Lake }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 38 years, and that Mrs. (First name) Carey (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Cora Jr Brickles, Signature
176 So 2nd East P. O. Address Salt Lake City

Subscribed and sworn to before me this 25 day of Oct, 1943

(SEAL) ____, Notary Public, residing at Salt Lake

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 29 1943 by Mary Hilden, Registrar.

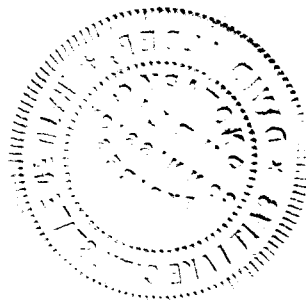
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 9 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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380384

380384

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 519 7 Ave N.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 12 days.
IN **THIS** county 1906 years July month 2 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 519 7 Ave N.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address 519 7 Ave N.

3. RESIDENCE of FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Claude Arthur Silver

5. Date of Birth (Month, day year) July 2, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Arthur Franklin Silver

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Monroe (City or town) Wisc. (State or foreign country)

14. Exact Occupation Real Estate

15. Industry or Business Real Estate

MOTHER OF CHILD

16. FULL MAIDEN NAME Iva May Sims

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Mc Comb (City or town) Ill. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) OCT 28 1943 (Date received) (b) Mary Fields (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Iva M. Silver, being first duly sworn, say that I am related to (Related to (or) acquainted with) Arthur Franklin Silver (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Miller (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Iva M Silver Signature
Rfd #2, Nampa, Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of September, 19 41

(SEAL) ____ Notary Public, residing at Nampa, Idaho

OCT 24 1963

OCT 28 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

892-109030-367

380442

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380442
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Ulysses
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Ulysses
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lemhi County, Idaho

4. **FULL NAME OF CHILD** Laurence Burton Hibbs

5. Date of Birth of Child (Month, day, year) December 9, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James R. Hibbs
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Savannah, Missouri (City or town) (State or foreign country)
14. Exact Occupation Freighting
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Cox
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Lemhi } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for Since birth years, and that Mrs. Morel (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James R Hibbs Signature

Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of October, 1943

(SEAL)

Frederick Hughes Snook, Notary Public, residing at Salmon, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 28 1943 by Mary Taylor, Registrar.

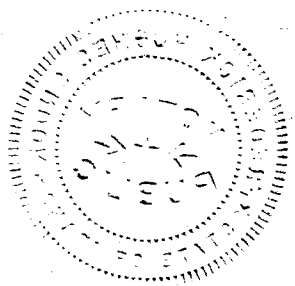
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 9 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local registrar for record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



693 220030 693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380447
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LEMHI (b) City BAKER
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 31 years 1 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LEMHI
   (c) City BAKER
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) BAKER IDAHO

4. **FULL NAME OF CHILD** IVA MARIE WILLIAMS

5. Date of Birth of Child (Month, day, year) 4-20-1906

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ISAAC M. WILLIAMS
11. Color or Race WHITE
12. Age at time of THIS birth 51 yrs.
13. Birthplace BROWN CO. (City or town) KANSAS (State or foreign country)
14. Exact Occupation CATTLEMAN
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JULIA ANN WITHINGTON
17. Color or Race WHITE
18. Age at time of THIS birth 31 yrs.
19. Birthplace BAKER (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California } ss.
County of Los Angeles

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 37 years, and that SOPHIA (First name) COOPER (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Ann Williams Signature
14302 So. Western Ave. Gardena Calif. P. O. Address

Subscribed and sworn to before me this 20th day of Oct, 1943

(SEAL) Luthon R. Thompson, Notary Public, residing at Gardena.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
(My Commission expires April 30, 1944)

Received for filing on OCT 27 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

717 217029 214

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380454
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ina Ilena [redacted] Gage
5. Date of Birth of Child (Month, day, year) 2/17/1906
6. Sex F
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Henry Gage
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Gardner, Grundy Co, Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Marie Sampson
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Lynn County Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10th (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Borned Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mabel (First name) Glenn (Last name), who is related as Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Adams } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 37 years, and that Marium (First name) Thurman (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Glenn Signature
Washtucna Wn. P. O. Address

Subscribed and sworn to before me this 24 day of October, 1943
(SEAL) W E Anyon, Notary Public, residing at Washtucna
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 2 1943 by [illegible], Registrar.

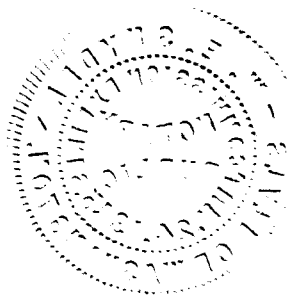
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 29 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



469 125007-619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380458
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Soldier
   (c) Street Address or R.F.D. No. (Now Camas Co.)
   (d) Name of Hospital or Maternity Home: At home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Soldier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Soldier, Idaho

4. **FULL NAME OF CHILD** Ira Swan Waring Morrell

5. Date of Birth of Child (Month, day, year) Aug. 25, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sig Morrell
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Springfield (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fannie Waring
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Oakland, (City or town) Calif (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for many years, and that Martha Adams (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fannie G Morrell Signature

Fairfield, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of May, 1943

(SEAL) Tom Lewis Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 2 1943 by ____, Registrar.

OCT 2 9 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 38, Idaho Code Annotated,~~ when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386 - 212025 - 365

380467

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Grangeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville, Idaho

4. **FULL NAME OF CHILD** Sylvia Mae Thorp

5. Date of Birth of Child (Month, day, year) August 12, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Melvyn Thorp
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Scio, Oregon, (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Pauline Long
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Portland, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 41 years, and that Grandmother, Mrs. E.P. Long, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C. F. Robertson Signature

Clinton, B.C. Canada P. O. Address

Subscribed and sworn to before me this 9th day of October, 1943

(SEAL) T. W. Engeman, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

EX-OFFICIO MAGISTRATE IN AND FOR THE COUNTY OF CARIBOO

Received for filing on OCT 29 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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OCT 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-228026-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380471
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Labella
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Nelda ANN Slater

5. Date of Birth of Child (Month, day, year) May 28, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Henry Slater
11. Color or Race White
12. Age at time of THIS birth 55 yrs.
13. Birthplace Massachusetts (City or town) (State or foreign country)
14. Exact Occupation Farm
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cynthia R Slater
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Corine Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the half-sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for all her life years, and that I am the only living person who (First name) (Last name), ~~who~~ attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet R Gladden Signature
Preston, Idaho. Route #2 P. O. Address

Subscribed and sworn to before me this 7th day of July, 19 43

(SEAL) T. A. Rasmussen Notary Public, residing at Murray, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires May 7, 1944

Received for filing on NOV 1 1943 by Mabel W. Olsen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-207028-391

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Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Hope
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Farm home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years 1 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Hope
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hope Idaho

4. **FULL NAME OF CHILD** Grace Katherine Green

5. Date of Birth of Child (Month, day, year) June 7 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Orville Green
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Winona, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Gertrude Crandall
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Baraboo, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 0 a M. on the date and at the place stated above, and that personal particulars were furnished by Mabel (First name) Green (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of IDAHO
County of BONNER } ss.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 37 years, and that DR. WILLIAM (First name) KNAPP (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further states that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Gertrude Green Signature

CLARKS FORK, IDAHO P. O. Address

Subscribed and sworn to before me this 27th day of OCTOBER, 1943.

(SEAL)

Clarence Reed, Notary Public, residing at CLARKS FORK

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 30 1943 by Mary Fields, Registrar.

JAN 21 1971

NOV 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by~~ the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

864-216006-346

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380491
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 4 years yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley, Idaho

4. **FULL NAME OF CHILD** Hanna Young

5. Date of Birth of Child (Month, day, year) April 16, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Raymond Young
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Kanarra (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Hannah Lufkin
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Washington (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Calif. } ss.
County of Fresno }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 37 years, and that Mrs. (First name) Gemmett (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Dora L. Young Signature

Rt. 11 Box 90 - Fresno, Calif. P. O. Address

Subscribed and sworn to before me this 23rd day of October, 1943.

(SEAL) Gladys M. Bucklin, Notary Public, residing at Fresno - Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 29 1943 by ____, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666 -204023-815

380531

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380531
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years one months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Viola Orlena Woods

5. Date of Birth of Child (Month, day, year) Aug 4th 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Roan Sheridan Woods
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Lovinnia Hanon
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 37 years, and that Dr Green (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

/s/ Mrs Minnie L Woods Signature

Horseshoe Bend Idaho P. O. Address

Subscribed and sworn to before me this 15 day of November, 1943

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 17-1943 by Mabel Felder, Registrar.

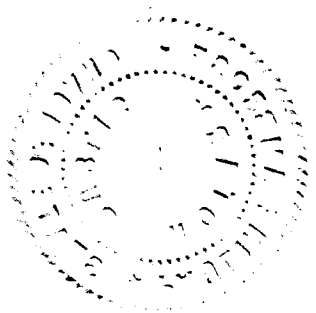
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 15

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



499-128-001-494

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380598
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City Boise
(c) Street Address or R.F.D. No. Miller ST.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ADA
(c) City Boise
(d) Street Address or R.F.D. No. Miller ST.
(e) How long has **MOTHER** lived in Idaho? 3 Mo. yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho.

4. FULL NAME OF CHILD ANDREW MUIR DRIVER

5. Date of Birth of Child (Month, day, year) JAN. 28 - 1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 MO.

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME William K. Driver
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace St. Marys ONT. (City or town) CANADA (State or foreign country)
14. Exact Occupation DRUGGIST
15. Industry or Business DRUG STORE

MOTHER OF CHILD

16. FULL MAIDEN NAME Christeen V. Middleton
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Granton ONT. (City or town) CANADA (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife Address Date

State of Montana } ss.
County of Silverbow }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for some Lifetime years, and that Burton Taylor (First name) (Last name), who attended this birth CAN NOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William K Driver Signature

P. O. Address

Subscribed and sworn to before me this 7th day of March, 1942

(SEAL) Charles Brogan Notary Public, residing at Butte, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission expires Jan. 24, 1943

Received for filing on AUG 18 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-107011-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380009
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boundary (b) City Bonners Ferry
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boundary
   (c) City Bonners Ferry
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bonners Ferry Ida.

4. **FULL NAME OF CHILD** Berlen Claude Cattle

5. Date of Birth of Child (Month, day, year) July 7, 1906

6. Sex male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Henry Cattle
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Correctonville, Iowa (City or town) (State or foreign country)
14. Exact Occupation Meat cutter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Mae Parker
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Bone Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as doctor deceased (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Nez Perce } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 37 years, and that M. E. (First name) Frye (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Maude Mae Cattle Signature
918-6 Mercer St. Seattle Wash. P. O. Address

Subscribed and sworn to before me this 28th day of Oct., 1943

(SEAL) Fred D. Woodin, Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 9 1943 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1943
6 NOV

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed ~~by the local registrar~~ for record in ~~the~~ Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-702-036 693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380613
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad - Ida
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 29 years 8 months 24 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad -
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad City - Ida

4. **FULL NAME OF CHILD** Lawrence Daniels

5. Date of Birth of Child (Month, day, year) Feb. 2. 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Daniels
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Malad City - Idaho. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Williams
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Malad City - Idaho. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of LOS ANGELES

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 37 years, and that Rachiel (First name) Williams (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Elizabeth Daniels Signature
113 S. Calif Ave, Hynes, Calif P. O. Address

Subscribed and sworn to before me this 4th day of November, 1943.

(SEAL) Chas. P. Koopman, Notary Public, residing at Hynes Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires March 28, 1944.

Received for filing on NOV 9 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6 NOV

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-208029-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380620
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LATAH (b) City KENDRICK
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LATAH
   (c) City KENDRICK
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO

4. **FULL NAME OF CHILD** RACHEL BELL RILEY

5. Date of Birth of Child (Month, day, year) July 8th, 1906

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** BARNEY RILEY
11. Color or Race WHITE
12. Age at time of THIS birth 61 yrs.
13. Birthplace CINNCINATTI (City or town), OHIO (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** AMELIA DARR
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace GERMANY (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of IDAHO
County of LATAH } ss.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for always years, and that DR. ROTHWELL (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amelia Riley Signature
KENDRICK, IDAHO P. O. Address

Subscribed and sworn to before me this 2nd day of NOV., 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at KENDRICK

Received for filing on NOV 9 1943 by Registrar.

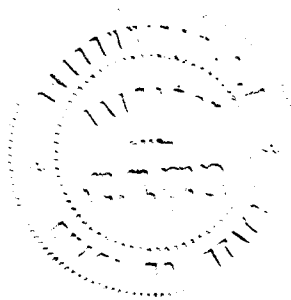
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1943 NOV 9

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



554 109036-759

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380625
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin Oneida (b) City Weston
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years 6 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fra Oneida
   (c) City Weston
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 3 ½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Weston, Idaho

4. **FULL NAME OF CHILD** Edward Rulon Neuenswander

5. Date of Birth of Child (Month, day, year) Dec. 9, 1906

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Neuenswander
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Berne (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Gerber
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Berne (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. ~~Name prophylactic used to prevent~~ Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Franklin Idaho } ss.
County of Franklin }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for Life years, and that Allen (First name) Cutler (Last name) Sr., who attended this birth Is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline Neuenswander Signature

263 E 4 N. Logan, Utah P. O. Address

Subscribed and sworn to before me this 4 day of Nov., 1943

(SEAL) ____, Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 9 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

918-115-040-112

380756

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Burke
   (c) Street Address or R.F.D. No. (Mining camp)
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Burke
   (d) Street Address or R.F.D. No. (Mining Camp)
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Burke, Idaho

4. **FULL NAME OF CHILD** Rudy Micheal Zayas

5. Date of Birth of Child (Month, day, year) Apr. 15, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Zayas
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Austria (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Lead mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amelia Jabrick
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Austria (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. ~~Number of children of this mother:~~ (a) At time of birth and including ~~this~~ child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Wyoming
County of Sheridan } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for since birth years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amelia Zayas Signature

Box 81, Sheridan, Wyoming P. O. Address

Subscribed and sworn to before me this 8th day of November, 19 43

(SEAL) Lena A. Stover Notary Public, residing at Sheridan, Wyo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission expires 9-8-47

Received for filing on NOV 19 1943 by ____ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 22 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

694-106-029-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380757
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Kendrick
   (c) Street Address or R.F.D. No. Post office
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Kendrick
   (d) Street Address or R.F.D. No. Post office
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kendrick Idaho.

4. **FULL NAME OF CHILD** Joseph Cornelius Fruchtl.

5. Date of Birth of Child (Month, day, year) Nov. 6th 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Anton Fruchtl.
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Sigel (City or town) Illinois (State or foreign country)
14. Exact Occupation Operating brick kiln
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lily Maude Thomas.
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Pomona (City or town) Missouri. (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Nez Perce. }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 37 years, and that DR. (First name) Hoyt (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph A Fruchtl Signature
Lewiston, Ida. P. O. Address

Subscribed and sworn to before me this 4 day of Nov., 19 43

(SEAL)

John L. Phillips, Notary Public, residing at Lewiston Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 16 1943 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 22 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-120-009-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380758
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BEAR LAKE (b) City Sharon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** WILLIAM FREDRICK GERTSCH

5. Date of Birth of Child (Month, day, year) July 20, 1906

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** JOHN GERTSCH
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Switzerland, (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** AMY E. SMITH
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Sharon, (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by Amy E. Gertsch (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of BEAR LAKE } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 37 years, and that Mary Hymas, (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amy E Gertsch Signature

Montpelier, Idaho. P. O. Address

Subscribed and sworn to before me this 2nd day of November, 1943

(SEAL) ..., Notary Public, residing at Paris, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 16 1943 by ..., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 22 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

457-220-240-285

380765

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. ~~14~~ 105
Reg. Dist. No. 140

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Wallace
(c) Street address or R. F. D. No. Canyon Avenue
(d) Name of Hospital or Maternity Home: Providence Hospital
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Wallace (Frisco)
(d) Street address or R. F. D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice): same
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Delia Elizabeth De Graff

5. **DATE OF BIRTH** (Month, day, year) Sept. 20- 1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William De Graff

11. Color or Race W

12. Age at time of THIS birth 31 yrs.

13. Birthplace Minnesota
(City or Town) (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business Frisco Mine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Shehan

17. Color or Race W

18. Age at time of THIS birth 29 yrs.

19. Birthplace Tipton Missouri
(City or Town) (State or foreign country)

20. Exact Occupation Hwf

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~[illegible]~~) at 4 A. P. M. on the date and at the place stated above, and that personal particulars were furnished by Julia De Graff (First name) (Last name), who is related to this child as ..... (Mother, ~~etc.~~)

Was a standard serological test for syphilis performed?
~~Yes~~ ..... No ..... Date sample taken .....

26. (a) Nov-13-43 (Date received) (b) John A Bever (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Charles E Sears M. D. ~~(D. O., Midwife, etc.)~~
and address Medical Art Bldg Portland, Oregon Date Nov. 4, 1943

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

DEC 28 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

866-139-014-447

381895

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381895
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Roswell
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Family home
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Roswell
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Roswell, Idaho

4. FULL NAME OF CHILD Seymour Grant Howard

5. Date of Birth of Child (Month, day, year) Dec. 29-1906

6. Sex Male **7.** Twin or Triplet ——— If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mo **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wellington Frank Howard
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Chesaw (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer + Livestock
15. Industry or Business producer

MOTHER OF CHILD

16. FULL MAIDEN NAME Nannie Ann Umphenour
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Kansas (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 35 1/2 years, and that Dr. Charles Allen (First name) (Last name), who attended this birth was now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nannie A. Howard Signature
1204 Blaine St. Caldwell Idaho P. O. Address

Subscribed and sworn to before me this 24th day of August, 1942.

(SEAL) Clyde N. Johnson Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 27 1943 by Mabel Rood, Registrar.

DEC 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

818-201-042-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381939
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No. 347 Fifth Ave East
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No. 347--5th Ave E.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls, Ida

4. **FULL NAME OF CHILD** Winifred Wilde Hayes [redacted]

5. Date of Birth of Child (Month, day, year) 12/1, 1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Edward Hayes
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Kirkwood, (City or town) Missouri (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business Engr. Twin Falls L and W. Co

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Hansen [redacted]
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Rockcreek, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 37 years, and that Dr. Henry W. Clonchek (First name) (Last name), who attended this birth, is diseased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna H. Hayes — Signature
Twin Falls, Idaho — P.O. Address

Subscribed and sworn to before me this 29th day of November, 1943.

(SEAL) John B. Robertson, Notary Public, residing at Twin Falls - Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 1943 by Mary [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-210-009-269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381944
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Idaho Sandpoint
(c) Street Address or R.F.D. No. 706 4th St. N.
(d) Name of Hospital or Maternity Home: In the home or res.
(e) Mother's stay BEFORE delivery: IN THIS county — years 10 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 706 N. 4th St.
(e) How long has MOTHER lived in Idaho? 10 mo. ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Sandpoint, Idaho. Bonner County

4. FULL NAME OF CHILD Myrna Goldie Partner

5. Date of Birth of Child (Month, day, year) Dec. 10, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lee Louesee Partner
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Jamaica (City or town), Iowa (State or foreign country)
14. Exact Occupation Real Estate Agent
15. Industry or Business Real Estate, Rentals, Ins. etc.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Borop
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Bureau (City or town), Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1-00 p M. on the date and at the place stated above, and that personal particulars were furnished by Mary E. Partner (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature M.D. Dr. McKenna (deceased) ~~Midwife~~ Address Sandpoint, Idaho Date Dec 10, 1906

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that Dr. McKenna (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Elizabeth Partner Signature
Rochester Minn. P. O. Address

Subscribed and sworn to before this 12 day of November, 1943

(SEAL) D B Hunt
D. B. HUNT
Notary Public, Olmsted County, Minn.
My Commission Expires April 6, 1950.
Rochester, Minn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 30 1971

DEC 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

665-220-006-755

381968

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Idaho Falls.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Owen home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mildred Deloyce Owen

5. Date of Birth of Child (Month, day, year) April 20-1906

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Daniel B. Owen
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Black Smith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy H. Geer
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Lawrence (City or town) Michigan (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Washington
County of Kitsap } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 37 years, and that Mrs. (First name) Peppers (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy H. Geer Signature

324 Casad Ave. Westpark, Bremerton, Wn. P. O. Address

Subscribed and sworn to before me this 12th day of November, 19 43

(SEAL)

Notary Public, residing at Bremerton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 1943 by Mary H. Geer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-215-009-466

381987

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Sand Point
   (c) Street Address or R.F.D. No. 408-? Superior St.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 yr years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Sand Point
   (d) Street Address or R.F.D. No. 408-? Superior St
   (e) How long has **MOTHER** lived in Idaho? one yrs.

3. **RESIDENCE OF FATHER** (city, state) Sand Point Ida

4. **FULL NAME OF CHILD** Gladys Lucile De Laittre

5. Date of Birth of Child (Month, day, year) Aug-15-'06

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Robert De Laittre
11. Color or Race W.
12. Age at time of THIS birth 39 yrs.
13. Birthplace Aroostick Co. (City or town) Maine (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iva May Moody
17. Color or Race W.
18. Age at time of THIS birth 30 yrs.
19. Birthplace Maple Plain (City or town) Minn (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child seven (b) Born alive and now living seven

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Clackamas } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty six years of age, that I have known this person for Thirty six years, and that Mrs Nelson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Iva May De Laittre Signature

R.1. Box 74 Oregon City P. O. Address

Subscribed and sworn to before me this 2 day of Dec, 1943 Ore.

(SEAL) [signature], Notary Public, residing at Oregon City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com Ex 1/26/44

Received for filing on DEC 6 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1943

DELAYED REGISTRATION LAW

(1937 ~~Session Laws,~~ Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

292-220-044-992

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 382005
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Vivian May Kiser

5. Date of Birth of Child (Month, day, year) Feb. 20th 1906

6. Sex Female

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Kiser
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Colorado Springs, Colo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jewel Irby
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Houston, Texas (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't Know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature DEAD M.D. Midwife Address Date

AFFIDAVIT

State of Oregon
County of Malheur } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 37 years, and that George M. Mackintosh, M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jewel Kiser Signature

Vale Oregon P. O. Address

Subscribed and sworn to before me this 7th day of December, 1943

(SEAL) David L. Graham, Notary Public, residing at Vale, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm. expires June 17th 1947

Received for filing on DEC 8 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 18 1967

DEC 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-125-022-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 382027
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Cash
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Mother's home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years 1 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Cash
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cash Idaho

4. **FULL NAME OF CHILD** Joseph Leonard Griffiths

5. Date of Birth of Child (Month, day, year) June 25 1926

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Joseph Edgar Griffiths
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Union (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sybil Gale
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Price (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 37 years, and that (First name) Mrs Cater (Last name) Simpson, who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sybil Johnson. Signature
Emmett Idaho P. O. Address

Subscribed and sworn to before me this 4th day of December, 1943

(SEAL)

P. S. Pride, Notary Public, residing at Emmett Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 7 1943 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 10 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may~~ be received and ~~filed by~~ the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

16-8-101-027-153

382033

United States
Department of Commerce DEC 11 1943
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County FRANKLIN (b) City PRESTON
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston

4. **FULL NAME OF CHILD** BEN BARTLETT JOHNSON

5. Date of Birth of Child (Month, day, year) March 1, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Julius Johnson

11. Color or Race U.S. White.

12. Age at time of THIS birth 30 yrs.

13. Birthplace Burns, Minnesota (City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marian Jensen

17. Color or Race U.S. White.

18. Age at time of THIS birth 35 yrs.

19. Birthplace Denmark (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 37 years, and that Dr. Allen R Cutler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julius Johnson Signature

Preston Idaho P. O. Address

Subscribed and sworn to before me this 10 day of Dec, 1943.

(SEAL)

Notary Public, residing at Preston Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 13 1943 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1962

JAN 17 1963

JAN 2 1976

DEC 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

168-101-021-155

Dec 11, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 382033
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston

4. **FULL NAME OF CHILD** Ben Bartlett Johnson

5. Date of Birth of Child (Month, day, year) March 1, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Julius Johnson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Burns (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marian Jensen
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Franklin } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 37 years, and that Dr. Allen R. Cutler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julius Johnson Signature

Preston, Idaho P. O. Address

Subscribed and sworn to before me this 10 day of Dec, 1943.

(SEAL) M. Warren, Notary Public, residing at Preston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec. 13, 1943 by Mabel F. Elder, Registrar

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 16 1970

DELAYED

213-111-025-756

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383098
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Woodland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Grandfathers Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Juliaetta
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Paul William Baldwin

5. Date of Birth of Child (Month, day, year) March 11, 1905

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Baldwin
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Fingal Canada (City or town) (State or foreign country)
14. Exact Occupation Gospel Worker
15. Industry or Business General Laborer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Orpha Odella George
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Eldora Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington } ss.
County of Asotin }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 37 years, and that Mrs Hannah George (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Baldwin Signature

Clarkston, Washington P. O. Address

Subscribed and sworn to before me this 17th day of December, 1943

(SEAL) A. M. Tapscott, Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 28 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-710 007-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383103
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BLAINE (b) City ARCO
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: AT RESIDENT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BLAINE
   (c) City ARCO
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) ARCO, IDAHO

4. **FULL NAME OF CHILD** HARRY P. HUNTER

5. Date of Birth of Child (Month, day, year) Nov. 10, 1906

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** HENRY POPE HUNTER
11. Color or Race WHITE
12. Age at time of THIS birth 34 yrs.
13. Birthplace GRND JUNCTION, COLO (City or town) (State or foreign country)
14. Exact Occupation ENGINEER, MINING
15. Industry or Business MINNING ENGINEER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie D. Johnson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace ARCO, BLAINE CO. IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOUSEWIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORIC ACID
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of IDAHO
County of BUTTE } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 37 years, and that MARY RAYMOND (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine George Signature
Arco Ida. P. O. Address

Subscribed and sworn to before me this 20th day of December, 19 43

(SEAL) [illegible], Notary Public, residing at Arco Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 14 1962

DEC 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383154
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Orofino
   (c) Street Address or R.F.D. No. -------
   (d) Name of Hospital or Maternity Home: ----------
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months 7- days -

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clearwater
   (c) City Orofino
   (d) Street Address or R.F.D. No. -----
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Orofino, Ida.

4. **FULL NAME OF CHILD** Edith May Demarest

5. Date of Birth of Child (Month, day, year) May 3, 1906

6. Sex Female

7. Twin or Triplet ----

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Sherman Demarest
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Newaygo (City or town) Michigan (State or foreign country)
14. Exact Occupation Cook
15. Industry or Business Restaurant cook

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Edmonson
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Newaygo (City or town) Michagan (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum no knowledge of this.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington
County of King } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 37 years, and that Dr. ------- (First name) Farley (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mary Elizabeth Demarest Signature

10011-18th Ave., S.W. Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 28th day of December, 1943

(SEAL) Washington, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 4 1944 by Mabel Helgen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813 228023-464

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383155
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho

4. **FULL NAME OF CHILD** Lottie May Hall

5. Date of Birth of Child (Month, day, year) Jan. 28, 1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Charles Hall
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Salem, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amanda Isbella Moulton
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Gentry, Missouri (City or town) (State or foreign country)
20. Exact Occupation homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Gem } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for all her life years, and that Dr. Greene (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amanda Hall Signature

Route 1, Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of December, 1943

(SEAL) Margaret Smaka Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 4 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

915 709006 296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383180
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Idaho Falls
   (c) Street Address or R.F.D. No. I Grant P.O.
   (d) Name of Hospital or Maternity Home: Residence Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Grant Post Office
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs. Smithfield

3. **RESIDENCE OF FATHER** (city, state) Grant Idaho

4. **FULL NAME OF CHILD** Otis Duncan Randall

5. Date of Birth of Child (Month, day, year) Apr 9 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Franklin Arthur Randall
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Harrisville Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosabelle Bronson
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Huntsville Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of ~~Idaho~~ California
County of ~~Bonneville~~ Los angeles.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 36 years, and that Harriet DaBell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Rosabelle Randall Signature

1205 Canal Ave Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of December, 1942

(SEAL) William B Zomar, Notary Public, residing at Los angeles, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires March 8, 1946

Received for filing on JAN 4 1944 by Mabel Holden, Registrar.

DEC 27 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and fees prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

392 131 003 697

United States
Department of Commerce
Bureau of the Census

FEB 5 1944

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383225
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Mc Cammon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Mc Cammon Idaho
   (d) ~~Street Address or~~ R.F.D. No. one
   (e) How long has **MOTHER** lived in Idaho? until death yrs.

3. **RESIDENCE OF FATHER** (~~city, state~~) deceased

4. **FULL NAME OF CHILD** Sheldon Lish

5. Date of Birth of Child (Month, day, year) March 31 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? no

FATHER OF CHILD

10. **FULL NAME** Claude Lish
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace unknown (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. ~~Industry or Business~~

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Louise Argill
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Paradise (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 5 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Second cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for since Birth years, and that Mary (First name) Goodenough (Last name) who attended this birth is Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marion M Lish Signature
157 Park Pocatello Ida P. O. Address

Subscribed and sworn to before me this 31st day of January 1944

(SEAL) [signature], Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1944 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 18 1957

SEP 24 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-222-029 243

383238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 383238
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. 727 Kenneth Ave.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Helen Hammo Hunter

5. Date of Birth of Child (Month, day, year) August 22, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Christopher C. Hunter
11. Color or Race White - American
12. Age at time of THIS birth 37 yrs.
13. Birthplace Alexander, N. C. (City or town) (State or foreign country)
14. Exact Occupation Carpenter and Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Thursie Jane Buckner
17. Color or Race White-American
18. Age at time of THIS birth 28 yrs.
19. Birthplace Buncombe County, N. C. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of LATAH } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 37 years, and that J. N. (First name) Clarke, M. D. (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George R. Knowles Signature
318 No. Washington St., Moscow, Ida. Address

Subscribed and sworn to before me this 22nd day of January, 1944

(SEAL) R. O. Meisel, Notary Public, residing at Moscow, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm. expires 9-23-1944

Received for filing on Jan 31-1944 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

218-181 016-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383271
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Twin Falls
   (c) Street Address or R.F.D. No. ?
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county none years Five months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Twin Falls
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 5 months

3. **RESIDENCE OF FATHER** (city, state) Twin Falls, Idaho

4. **FULL NAME OF CHILD** MARCUS JOHN BAYLEY

5. Date of Birth of Child (Month, day, year) 7-31-1906

6. Sex Male

7. Twin or Triplet –

If so—born 1st, 2nd, 3rd –

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Marcus Lester Bayley
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Peach (City or town) Wash. (State or foreign country)
14. Exact Occupation Driver
15. Industry or Business Transfer company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Irene Moran
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Montreal, (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of WASHINGTON, County of Spokane. } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 37 years, and that "John Doe" Clouchek, M.D. (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Irene Bayley Signature
1123 W. Nora Ave., Spokane, Wn. P. O. Address

Subscribed and sworn to before me this 30th day of December, 19 43.

(SEAL) Notary Public, residing at Spokane.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 11 1944 by Mabel Hall, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 11 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383299
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Lava Hot Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 37 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Lava Hot Springs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lava Hot Springs Ida.

4. **FULL NAME OF CHILD** Elma Ethelyn Godfrey

5. Date of Birth of Child (Month, day, year) October 29, 1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Richard Godfrey
11. Color or Race White
12. Age at time of THIS birth 40yrs. yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming, livestock Hotel Owner
15. Industry or Business Farmer Hotel operator

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amelia Josephine Avery
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Lava Hot Springs, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 37 years, and that Doctor Ellis Kackley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elva Adelia Baxter Signature
Lava Hot Springs, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of January, 1944

(SEAL) W. J. Kasio Bg, Notary Public, residing at Lava Hot Springs Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho) for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 283316
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Erma Rachel Kimpton

5. Date of Birth of Child (Month, day, year) 2/9/1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Preston Edwin Kimpton
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace U. S. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Rachel Canzler
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Oregon
County of Malheur } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 35 years, and that Alice Kimption, the mother (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Laura Carpenter Signature

Box 84, Ontario, Oregon P. O. Address

Subscribed and sworn to before me this 3rd day of January, 19 44.

(SEAL) Mae S. Sagert, Notary Public, residing at Ontario, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1944 by Mary Holden, Registrar.

JAN 15 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such~~ report ~~may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

NOV 15 1943

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City New Plymouth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: Home
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County LATAH
(c) City KENDRICK
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 36 yrs.
(f) Mother's mailing address KENDRICK

3. RESIDENCE of FATHER (city, state): IDAHO

4. FULL NAME OF CHILD Walter Claude Jones

5. Date of Birth (Month, day, year) May 18th 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Walter Jones
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Aurora (City or town) Neb (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Julia Horton
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Woodburn (City or town) Iowa (State or foreign country)
20. Exact Occupation Farmers Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle J. Jones (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JAN 25 1944 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature W T Drysdale M.D. (D.O., Midwife, etc.)
and address Veterans Adm. Hdq. Fitzsimmons Date 12-28-43

State of IDAHO
County of LATAH } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, MYRTLE J. JONES, being first duly sworn, say that I am ..... (Related to (or) acquainted with) WALTER CLAUDE JONES (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. DRYSDALE (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Myrtle J Jones Signature
KENDRICK, IDAHO P.O. Address

Subscribed and sworn to before me on this 12th day of NOV. 1943

(SEAL) [signature] Notary Public, residing at KENDRICK

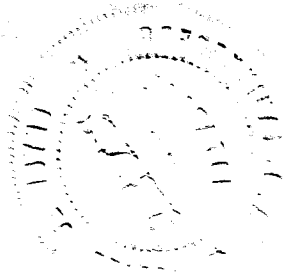
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 26 1944



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 384465
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 8 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Mullan Idaho

3. RESIDENCE of FATHER (city, state): Mullan Idaho

4. FULL NAME OF CHILD Matt George Sinnemaki

5. Date of Birth (Month, day, year) May 24, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Matt Sinnemaki
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Kuortane (City or town) Wassa (State or foreign country) Lanni Finland
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lempi Amanda Jutila
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Kortesjarvi (City or town) Wassa (State or foreign country) Finland
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum boric
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lempi A. Sinnemaki (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 28 1944 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Lempi A. Sinnemaki, being first duly sworn, say that I am related to (Related to (or) acquainted with) Matt George Sinnemaki (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Alexander (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Lempi A. Sinnemaki Signature

Kellogg Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of Jan., 19 44

(SEAL) Mary M. Stout Notary Public, residing at Kellogg Idaho.

Commission expires July 30, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384470
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county all the time. years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Floyd Edward Moreland

5. Date of Birth of Child (Month, day, year) Feb. 23, 1906

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Edward Moreland
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lenna L. Bason
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Galva (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington, County of King } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for all his life years, and that Dr. (First name) Hamilton (Last name), who attended this birth Doctor now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esthter M. Gilmour Signature

P. O. Address

Subscribed and sworn to before me this 24th day of January, 1944

(SEAL)

E. M. Vogel, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1944 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

485-117006-389

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384499
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Firth
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at the family home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years 8 months 17 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Firth (then a part of Basalt)
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Warren Ellis Dye

5. Date of Birth of Child (Month, day, year) July 17, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Henry Dye
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Riverdale, Weber Co., Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Dora Child
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Riverdale, Weber Co., Utah (City or town) (State or foreign country)
20. Exact Occupation House Keeper
21. Industry or Business Home Making

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho, County of Bingham } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now seventy three years of age, that I have known this person for thirty seven years, and that Elizabeth Jemmett (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie D. E. Dye — Signature

Basalt, Idaho — P. O. Address

Subscribed and sworn to before me this 20 day of January, 1944.

(SEAL)

J. R. Meddick, Notary Public, residing at Basalt, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

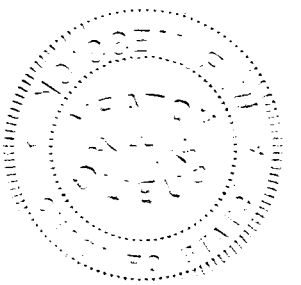
Received for filing on JAN 27 1944 by Mabel Holden, Registrar.

JAN 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



692 210 028 2A

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384522
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Harrison
   (c) Street Address or R.F.D. No. Box 154
   (d) Name of Hospital or Maternity Home: at own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county yes years 13 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho. (b) County Kootenai
   (c) City Harrison
   (d) Street Address or R.F.D. No. Box 154
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Harrison, Idaho

4. **FULL NAME OF CHILD** Effie Frances Fisher

5. Date of Birth of Child (Month, day, year) Aug. 10, 1906.

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 —

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** John Ewdard Fisher.
11. Color or Race White
12. Age at time of THIS birth 41 — yrs.
13. Birthplace Memphis Tenn. (City or town) (State or foreign country)
14. Exact Occupation Farmer and —
15. Industry or Business Watchmaker + Fewler

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Barbee
17. Color or Race White
18. Age at time of THIS birth 34 — yrs.
19. Birthplace Jefferson Co. Illinoise (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Barned alive (Born alive, stillborn) at 6 a.M. on the date and at the place stated above, and that personal particulars were furnished by Ida M Fisher (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Helen Hoyle M.D. Midwife Address Harrison Idaho Date Jan 21-44

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533-219026 613

384547

384547

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nefferson (b) City Lewisville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Louisa Ellsworth

5. Date of Birth of Child (Month, day, year) Aug. 19, 1906

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edmund Ellsworth Jr.
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace The Muddy (City or town) Arizona (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edwina Walker
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Oak City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 a M. on the date and at the place stated above, and that personal particulars were furnished by Edwina (First name) Ellsworth (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Dr. Tucker, deceased M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Jefferson } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 37 years, and that Dr. Tucker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edwina Walker Ellsworth Signature

13 Mound St. Idaho Falls, Ida. Address

Subscribed and sworn to before me this 8th day of February, 1944

(SEAL)

, Notary Public, residing at 50 Clayton Ave San Jose, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1944 by , Registrar.

Use only BLACK Ink or BLACK Record
FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Completing this certificate. Mail COMPLETED certificate in envelope bearing

FEB 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF CALIFORNIA, } ss.
County of Santa Clara

On this eighth day of February in the year one thousand nine hundred and forty four before me, Henrietta B. Cauhape a Notary Public in and for the County of Santa Clara, State of California, personally appeared

Edwina Walker Ellsworth

known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that She executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal, at my office in the County of Santa Clara, the day and year in this certificate first above written.

Henrietta B. Cauhapé

(General) Notary Public in and for the County of Santa Clara, State of California

CURTIS LINDSAY, STATIONER - SAN JOSE

MY COMMISSION EXPIRES JAN. 20, 1948

STATE OF CALIFORNIA
County of San Diego

994-205037-445 384571 384571

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Owyhee (b) City Riddle
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home No days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City Riddle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.
(f) Mother's mailing address

3. **RESIDENCE OF FATHER** (city, state) Riddle, Idaho

4. **FULL NAME OF CHILD** Elsie Amelia Riddle

5. Date of Birth (Month, day, year) Nov. 5, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Grant Riddle
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Marysville (City or town) California (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cecilia Dunkin
17. Color or Race White
18. Age at time of THIS birth 27 years
19. Birthplace Virginia City (City or town) Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 11 P.M. on the date and at the place stated above, and that personal particulars were furnished by Cecilia (First name) Riddle (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Riddle, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Elsie Riddle (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Callahan (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Mary Riddle Name
4250 Farrell St. Boise Ida P. O. Address

Subscribed and sworn to before me on this 6th day of March 1944

(SEAL) Donald L. Lockard Notary Public, residing at Parma Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

593 109024-254

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

384574 State File No. 384574

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County (b) City Hagerman
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: Stayed at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Hagerman
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hagerman Idaho

4. **FULL NAME OF CHILD** Willard Nickerson

5. Date of Birth of Child (Month, day, year) Nov 9th, 1906

6. Sex Male. 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charlie Nickerson
11. Color or Race Anglo Saxon 12. Age at time of THIS birth 21 yrs.
13. Birthplace St. Joseph, Mo. (City or town) (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Jane Bedder
17. Color or Race Anglo Saxon 18. Age at time of THIS birth 21 yrs.
19. Birthplace Logan, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Morrow } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 35 years, and that Mrs. Nelson Dudley (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Charlie Nickerson Signature

Boardman Oregon P. O. Address

Subscribed and sworn to before me this 19th day of February, 1942

(SEAL) Robert Harwood, Notary Public, residing at Boardman Oregon Morrow County

(Note: Perjury is punishable as a [illegible] Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR STATE OF OREGON
MY COMMISSION EXPIRES NOV. 6, 1944

Received for filing on MAR 8 - 1944, Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

662-110018-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384608
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Clearwater (b) City Clearwater
(c) Street Address or R.F.D. No. Country
(d) Name of Hospital or Maternity Home: Country home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Harold Leander, Foster

5. Date of Birth of Child (Month, day, year) Sept 10th 1906

6. Sex Boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Alden Foster
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Minersville (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Daisy Belle Gregory
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Hicksville (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by Daisy & Wm. Foster (First name) (Last name), who is related as Mother & Father (Mother, etc.)

25. Attendant's **OWN** signature Emma C Gregory M.D. ~~Midwife~~ Address Clearwater Idaho Date Sept 10th 1906

State of West } ss.
County of King

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 37 years, and that Emma C Gregory (First name) (Last name), who attended this birth Signed above (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy Belle Foster Signature
705 C Ave Auburn Wn P.O. Address

Subscribed and sworn to before me this 25 day of Jan, 1944

(SEAL) Charles W Brown, Notary Public, residing at Auburn Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459-220037-359

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384627
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Bruno Valley
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Bruno Valley
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bruno Valley, Idaho

4. **FULL NAME OF CHILD** Dollie Jane Deill

5. Date of Birth of Child (Month, day, year) Oct. 20, 1906

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Deill
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Edinburgh (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Ellen Leighton
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Eldorado (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Montana
County of Treasure } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 37 years, and that (Cannot recall) (First name) Mrs. Lawson (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Deill Signature

Hysham, Montana. P. O. Address

Subscribed and sworn to before me this 19th day of January, 1944

(SEAL) E. E. Benton, Notary Public, residing at Hysham, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1944 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1944

AUG 29 1961

MAR 16 1967

AUG 15 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-214040-218

384633

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

FEB 5 19[illegible] CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Burke
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Born in U.S.A. years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Burke
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 11 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Burke, Idaho

4. **FULL NAME OF CHILD** Mabel Merle Brett

5. Date of Birth of Child (Month, day, year) April 14, 1906

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lincoln Abraham Brett
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Hortonville, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Belle Kayser
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Liberty, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California } ss.
County of Alameda }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 37 years & 10 mos years, and that Dr. Collins (first name unknown) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Kayser Brett Signature
1815 Harvard Drive, Alameda, Calif. P. O. Address

Subscribed and sworn to before me this 2 day of February, 19 44.

(SEAL) Ethel A Parker, Notary Public, residing at Oakland Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY TERM EXPIRES JULY 29, 1946

Received for filing on FEB 8 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

279-127 035-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384635
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County XXXXNezperce City Gifford
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Kamiah
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kamiah Idaho

4. **FULL NAME OF CHILD** Lawrence Allison Spivy

5. Date of Birth of Child (Month, day, year) 2/27/1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** [redacted] Elzy Spivy

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace XXXXXXXXXXX Pike Co. Mo. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Marlatte

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Dayton Washington (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Idaho } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 37 years, and that Lilly Messenger (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Elsie Spivy Signature

Kamiah Idaho P. O. Address

Subscribed and sworn to before me this 4th day of February, 1944

(SEAL) E J Cleveland, Notary Public, residing at Kooskia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1944 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

145-227-025-788

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate) FEB 5 1944

CERTIFICATE OF BIRTH
STATE OF IDAHO

384651
State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Cottonwood
Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: (Home)
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
In **THIS** county 37 years 18 months 28 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.
(f) Mother's mailing address (For registration notice): Mother dead.
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Dead.

4. **FULL NAME OF CHILD** Sophia Jungert.

5. Date of Birth (Month, day, year) Mar 27, 1906.

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Jungert.
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Hamberg Germany (City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sophia Pfy.
17. Color or Race White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Hamberg, Germany (City or Town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business Same.

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7
(c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2 a M. on the date and at the place stated above, and that personal particulars were furnished by Minnie Hollandsworth (First name) (Last name) who is related to this child as Sister (Mother, etc.)

26. (a) FEB 9 1944 (Date received) (b) Mabel Holder (Registrar's signature)

27. Given name added on by (Registrar's Signature)

25. Attendant's **OWN signature** Minnie Hollandsworth M.D. (D.O., Midwife, etc.)
and address Sister Cottonwood Idaho Date 2/2/44

JUL 7 1970

FEB 10 1944

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

DELAYED

367-120 040-755

United States
Department of Commerce
Bureau of the Census

FEB 11 1944

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 384690
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Gem
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 24/ years 5 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Gem
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yr yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Charles Theodore Cox

5. Date of Birth of Child (Month, day, year) Feb. 20, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9½

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Sumner Cox
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Clinton, Mo. (City or town) USA (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Azalia Penney
17. Color or Race white
18. Age at time of THIS birth 24/ yrs.
19. Birthplace Bingham (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 38 years, and that Do not remember (First name) (Last name), who attended this birth ~~deceased~~ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude A Cox Signature
1630 S E Morrison, Portland, Ore. P. O. Address

Subscribed and sworn to before me this 8th day of February, 1944

(SEAL) Jessie O. Steele, Notary Public, residing at Portland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) 3/4/46.

Received for filing on FEB 14 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4) .

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154 104028-263

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384739
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. Front Street
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months 27 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. Front Street
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Ida

4. **FULL NAME OF CHILD** George William Anderson

5. Date of Birth of Child (Month, day, year) July 4, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Peter Erik Anderson
11. Color or Race white
12. Age at time of THIS birth 49 yrs.
13. Birthplace Fredrikshald, Norway (City or town) (State or foreign country)
14. Exact Occupation lumber piler
15. Industry or Business lumbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beret Solem
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Orkedalen, Trondheim, Norway (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington } ss.
County of Spokane }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 37 years, and that midwife, Mrs. Stufte (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Beret Anderson Signature
626 E. 23rd Ave., Spokane, Wn. P. O. Address

Subscribed and sworn to before me this 21st day of January, 1944

(SEAL) ____, Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1944 by ____, Registrar.

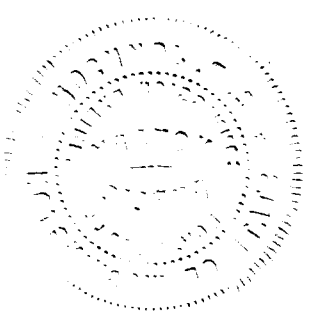
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



252-11-014-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 385842
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Emmett.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home.
   (e) Mothers stay **BEFORE** delivery: Home.
   In **THIS** county Permanent years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon.
   (c) City Emmett.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? All her life yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho.

4. **FULL NAME OF CHILD** James Michael Kesgard.

5. Date of Birth of Child (Month, day, year) Oct 11 - 1906.

6. Sex Male

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** James Andrew Kesgard.
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Emmett (City or town) Idaho. (State or foreign country)
14. Exact Occupation Farmer and stockraiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Gardner.
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Centerville (City or town) Idaho. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Santa Clara } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 38 years, and that Dr Robert Greene (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Kesgard Signature
125 Pope St. Palo Alto Calif. P. O. Address

Subscribed and sworn to before me this 15 day of February, 1944
(SEAL) in and for the County of Santa Clara, State of California, Notary Public, residing at Palo Alto Cal
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

W. C. [illegible]
NOTARY PUBLIC
My Commission Expires May 26, 1947

Received for filing on FEB 21 1944 by Mary Felder, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 12 1960

FEB 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

286-107-030-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 385853
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 29 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Salmon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Salmon, Idaho

4. **FULL NAME OF CHILD** WILLIAM RICHARDSON SHOUP

5. Date of Birth of Child (Month, day, year) Nov. 7, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Shoup
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Salmon, Idaho (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business General Merchandise

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Richardson
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Deer Lodge, Montana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Lemhi } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 36 years, and that Dr. W. C. Witwell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Richardson Shoup Signature
Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of February, 19 44.

(SEAL) [signature], Notary Public, residing at Salmon, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1944

FEB 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WILLIAM RICHARDSON SHOUP, son of William Henry Shoup and
Jessie Richardson Shoup
was born November 6, 1906 at Salmon, Lemhi County, Idaho

The attending physician was Dr. W. C. Whitwell of Salmon, Idaho.

The above William Richardson Shoup was born on Election Day, Nov. 6, 1906, on which date Dr. W. C. Whitwell was elected state senator to represent Lemhi County at the Ninth Session of the Idaho State Legislature, 1907. This circumstance substantiates the date of the birth of William Richardson Shoup.

When application was made for a birth certificate for William Richardson Shoup, the vital records of the family, including the large family Bible, were packed away in storage. Through a confusion of dates, the incorrect year was stated in the original application for birth certificate.

The photostatic copy of the Certificate of Birth, file No. 385853, issued February 25, 1944 is herewith returned to the Vital Statistics Bureau of the Department of Public Health, State of Idaho, having been returned by William Richardson Shoup, 810 Second Avenue South, Great Falls, Montana, May 22, 1944.

Lana Shoup
1216 N. 8th St.
Boise, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	1908	1906

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed Jessie Richardson Shoup
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....

My commission expires .....
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at .....

My commission expires .....
(Seal)

(Street Address, City, State)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. .....

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED (Name, "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	1908	1904

Subscribed and sworn to before me this ..... day of ..... 19 ..... Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, tutorial director, informant if correcting a death record; or other credible person)

Notary Public, residing at ..... (Street Address, City, State)

My commission expires .....
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss. [This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ..... 19 ..... Signed ..... (Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at ..... (Street Address, City, State)

My commission expires .....
(Seal)

38-002-010-213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 385869
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County (b) City Idaho
   (c) Street Address or R.F.D. No. 1- Lincoln
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Lincoln
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Lincoln Idaho

4. **FULL NAME OF CHILD** Ellen Chaffin

5. Date of Birth of Child (Month, day, year) Jan. 2 -1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1

8. No. months of Pregnancy 7

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Linard Chaffin
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Cedar City (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Encora Amelia Batty
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Toquerville (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as Encora Amelia Batty (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Utah
County of Iron } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 38 years, and that Mrs. (First name) Bowberry (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Encora Amelia Murie Signature

P. O. Address

Subscribed and sworn to before me this 19th day of Feb., 19 44.

(SEAL) Hillman Bailey Notary Public, residing at Cedar City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Com. exp. Mar 10, 1945

Received for filing on FEB 25 1944 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

293-228-232-219

385916

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Elizabeth Silva

5. Date of Birth of Child (Month, day, year) July 28 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Anthony Silva
11. Color or Race Portugese
12. Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) Azores Islannds (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Deceased

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith L Barker
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) Sycrause New York (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Deceased

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ~~52~~ 54 years of age, that I have known this person for ~~36~~ 38 years, and that Dr. W. H. (First name) Baugh (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Seraphine E. Silva Signature
Shoshone Idaho P. O. Address

Subscribed and sworn to before me this 21st ~~11th~~ day of Feb ~~May~~, 19 ~~42~~ 44
(SEAL) Thasuaig Notary Public, residing at Shoshone, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 1944 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

358-130-028-038

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 385921
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City Coeur D'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Coeur D'Alene, ~~Hospital~~ at my home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 months yrs.

3. RESIDENCE OF FATHER (city, state) Coeur D'Alene

4. FULL NAME OF CHILD Gerald Aloysious Louis Ley
5. Date of Birth of Child (Month, day, year) Oct. 30-1906
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Alphonsus William Ley
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace St. Louis (City or town) Missouri (State or foreign country)
14. Exact Occupation Clerk (N.P.R.R.Co)
15. Industry or Business Railroad Work

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Schier
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Warren, (City or town) Ohio (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not Know
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~born alive~~ (Born alive, stillborn) at 11:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Kitsap } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 35 10/12 years, and that Dr. Scallon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alphonsus W Ley Signature
Box 83 Rt 1, Port Orchard, Wash. P.O. Address

Subscribed and sworn to before me this 18 day of Sept, 1942
(SEAL) Hazel Nasker Notary Public, residing at Bremerton
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

385936

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Winchester
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Winchester
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Winchester, Idaho

4. **FULL NAME OF CHILD** Miss Bertha Martha Pfahl

5. Date of Birth of Child (Month, day, year) July 21, 1906

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Bernardt Pfahl
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Nezperse (City or town) County, Idaho (State or foreign country)
14. Exact Occupation Farmer and Day Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Peploo
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Nezperse County (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Pennsylvania } ss.
County of Mercer }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for Life years, and that Mrs (First name) Nelson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Pfahl Signature
Fredonia Pa. R.F.D. #1 P. O. Address

Subscribed and sworn to before me this 23 d day of February, 19 44

(SEAL) My Commission Expires The First Monday of 1950

Luckman Jamison, Notary Public, residing at Fredonia Pa

(Note: Perjury [illegible] in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 - 1944 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1944

OCT 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

385-225-1042-231

385955

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Mullan, Idaho

4. FULL NAME OF CHILD Edith Marie Lindberg

5. Date of Birth of Child (Month, day, year) March 25, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nels Mangnus Lindberg
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace (City or town) Sweden (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Louisa Klang
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace (City or town) Sweden (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Pierce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 37 years, and that Dr. Keyes (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna L. Lindberg Signature
6114 So. Park, Tacoma, Wash. P. O. Address

Subscribed and sworn to before me this 2nd day of March, 19 44.

(SEAL) W. F. Preston Notary Public, residing at Tacoma, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1944 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 7 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-103-02X-465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 385981
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Ramsey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 6 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Ramsey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3- yrs.

3. **RESIDENCE OF FATHER** (city, state) Ramsey Idaho

4. **FULL NAME OF CHILD** Jesse Reese Burmington

5. Date of Birth of Child (Month, day, year) June 3-1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Forest Burdett Burmington
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Manchester (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Blanche Dennis
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Ladora (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Iowa
County of Fayette } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 37 years, and that (not know) (First name) ware (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie B Burmington Signature
Arlington Ia. P. O. Address

Subscribed and sworn to before me this 28th day of Feb, 1944.

(SEAL) L. E. Bachtell, Notary Public, residing at arlington Ia

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1944 by , Registrar.

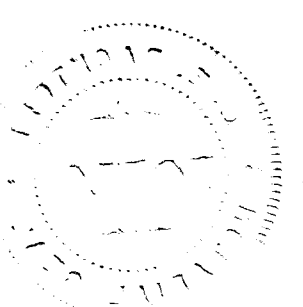
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



165-107063-47

386005

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Pocatello
(c) Street Address or R F D No. 340 N. Hayes St
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ——— days.
In **THIS** county 4 years 2 months 7 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. No. Hayes St.
(e) How long has **MOTHER** lived in Idaho? ... yrs.
(f) Mother's mailing address Portland Ore
3. **RESIDENCE OF FATHER** (city, state) 11 1/2 6019 N. Bay

4. **FULL NAME OF CHILD** Harold Hughes Jones
5. Date of Birth (Month, day, year) July 7 1906
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Albert Jones
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace New Cambria (City or town) Mo. (State or foreign country)
14. Exact Occupation
15. Industry or Business Dry Goods Merchant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Hughes
17. Color or Race White
18. Age at time of THIS birth 35 years
19. Birthplace Bevier (City or town) Mo. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child ——— (b) Born alive and now living 4 (c) Born alive and now dead ——— (d) Stillborn ———

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 6 1944 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN signature** Not living M.D. or ..... (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Oregon }
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Minnie Hughes Jones., being first duly sworn, say that I am related to (Related to (or) acquainted with) Harold Hughes Jones (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ——— (Name of attendant at birth), who attended said birth ——— (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Minnie H. Jones Name

6019 N Bay Ore. P. O. Address

Subscribed and sworn to before me on this 14 day of Feb. 1944

(SEAL) [signature] Notary Public, residing at ..... NOTARY PUBLIC FOR STATE OF OREGON
MY COMMISSION EXPIRES JAN. 5, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 7 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386073

386073

State File No. 386073
Local Reg. No.
Reg. Dist. No.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1617 no 14th ST
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1617 no 14th ST.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Ida

4. **FULL NAME OF CHILD** Adrian Affey Himmell

5. Date of Birth of Child (Month, day, year) Jan 30 1906

6. Sex M

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy Full Term

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albinus Nance Himmell
11. Color or Race W
12. Age at time of THIS birth 27 yrs.
13. Birthplace Osceola (City or town) Nebraska (State or foreign country)
14. Exact Occupation Surveyor of public Lands
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Lois Bruno
17. Color or Race W
18. Age at time of THIS birth 22 yrs.
19. Birthplace ____ (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Crades Solution
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5.45 A. M. on the date and at the place stated above, and that personal particulars were furnished by Effen (First name) Lampert (Last name), who is related as Cousin - (Mother, etc.)

25. Attendant's **OWN** signature John Burch M.D. / Midwife Address Boise Ida Date 3-6-44

State of ____
County of ____ } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1944 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386075
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Valley (b) City Donnelly
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home on ranch
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Valley
   (c) City Donnelly
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Donnelly, Idaho

4. **FULL NAME OF CHILD** Bertha Louise Scheline

5. Date of Birth of Child (Month, day, year) July 7, 1906

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George E. Scheline
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Galesburg (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Peters
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace St Louis (City or town) Mo. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) ~~At time of birth and including this child~~ 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho, County of Valley } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for all her life years, and that Mrs (First name) Nugman (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Louise Scheline Signature

Donnelly, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of March, 1944

(SEAL) Blair E. Armstrong, Notary Public, residing at Donnelly Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

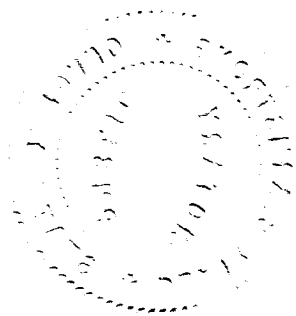
Received for filing on MAR 21 1944 by Mabel Fielder, Registrar.

MAR 21 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



313-204-042-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386141
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county One years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Fall
(c) City Buhl
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Texas

4. **FULL NAME OF CHILD** Laura Eve Calhoun

5. Date of Birth of Child (Month, day, year) Aug 4th 1906

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leon Elmer Calhoun
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace El Paso (City or town) Texas (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Myrtle Wilkinson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Challis (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 61 years, and that Mrs. Clara Virginia Boyd (First name) (Last name) who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura M. Calhoun Signature
506 So Naches P.O. Address
Yakima Wash

Subscribed and sworn to before me this 10th day of March, 1944

(SEAL) Katherine E. Van Leyke, Notary Public, residing at Yakima Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1944 by Mary Felder, Registrar.

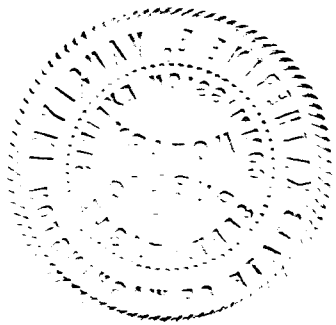
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



133-228-016-557

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386172
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Elba.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Owns Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia.
   (c) City Elba
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Evan Maud Allphin.

5. Date of Birth of Child (Month, day, year) July 28th 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Samuel Taylor Allphin

11. Color or Race White

12. Age at time of THIS birth yrs.

13. Birthplace Pine Valley (City or town) Utah. (State or foreign country)

14. Exact Occupation Labor.

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Hepworth.

17. Color or Race White

18. Age at time of THIS birth yrs.

19. Birthplace Springdale Washco. Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was July 28th - 1906 (Born alive, stillborn) at 4 - P. M. on the date and at the place stated above, and that personal particulars were furnished by Lucy (First name) Cooper (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Emmett Ida Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now [redacted] 60 years of age, that I have known this person for 37 yrs 8 mos years, and that [redacted] (First name) Brunton (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Owns Lucy Cooper Signature

P. O. Address

Subscribed and sworn to before me this 11th day of March, 1944

(SEAL) [redacted] Notary Public, residing at Declo, Idaho

NOTARY PUBLIC IN AND FOR THE STATE OF IDAHO. MY COMMISSION EXPIRES MAY 17, 1947. RESIDING AT DECLO, IDAHO.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1944 by [redacted], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by ~~the local registrar for record in the Bureau~~ of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

031-123-022-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386184
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Teton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Residence of Mother
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years 8 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Teton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Teton, Idaho

4. **FULL NAME OF CHILD** Glen G. Staker

5. Date of Birth of Child (Month, day, year) 25 Dec. 1926

6. Sex Male

7. Twin or Triplet X

If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Abner Staker
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Peint Johnston
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own House

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Eldest Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for Since birth years, and that Dr. Lorin F. Rich (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Dewey Staker Signature

Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me this 6th day of March, 1944

(SEAL)

L. Merrill, Notary Public, residing at Idaho Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1944 by Mary Nelder, Registrar.

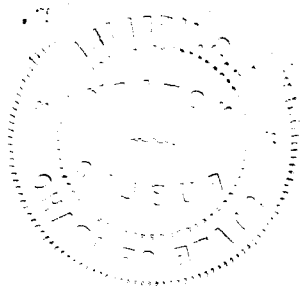
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



433-215040-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387271
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Burke
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None-at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 5 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Burke
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2-5/12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Burke, Idaho

4. **FULL NAME OF CHILD** Katherine Marie Mc Lean

5. Date of Birth of Child (Month, day, year) Feb. 15, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Joseph Mc Lean
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Harbor Grace, (City or town) Newfoundland (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Jane Collins
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Herring Neck, (City or town) Newfoundland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho, County of Shoshone } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 37 years, and that Mrs. ----- (First name) Snyder (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Jane Collins Signature

Burke, Idaho. P. O. Address

Subscribed and sworn to before me this 13th day of March, 1944.

(SEAL) Anna J Patrick, Notary Public, residing at Wallace, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387307
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 917 Pueblo
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2/ years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 917 Pueblo
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Ida

4. **FULL NAME OF CHILD** Darrell Martin Weston

5. Date of Birth of Child (Month, day, year) 12/27/06

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Smith Weston
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Saginaw (City or town) Michigan (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Builder

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie Martin
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Grand Round (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Crede Sol.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 P M. on the date and at the place stated above, and that personal particulars were furnished by Nettie (First name) Weston (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature John Boutz M.D. Midwife Address Boise Ida Date 3-2044

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 37 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1944 by Mabel Hilger, Registrar.

SEP 30 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796 102-022867

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387318
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Salem
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Salem
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. **RESIDENCE OF FATHER** (city, state) Salem Ida.

4. **FULL NAME OF CHILD** Ronay Grover

5. Date of Birth of Child (Month, day, year) June 2 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Martin Grover

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Farmington, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabella Hogg

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Scotland (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Fremont } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for years, and that Dr Hyde (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isabella Hogg Grover Signature

P. O. Address

Subscribed and sworn to before me this 23 day of March, 19 44

(SEAL) Fred A Strong, Notary Public, residing at Driggs, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-108035 415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387357
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Ahsahka
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years / months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Cavendish, Ida.
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cavendish, Ida.

4. **FULL NAME OF CHILD** Fred Warner Daniels

5. Date of Birth of Child (Month, day, year) July 8, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oliver Warner Daniels
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Randolph County, West Virginia (City or town) (State or foreign country)
14. Exact Occupation Road construction
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Davis
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Green County, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 37 years, and that Dr. — (First name) Fairley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Davis Daniels Signature

N. 4827 Lacey, Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 15 day of March, 19 44.

(SEAL)

Doris Johnson, Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho (see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1944 by Mary Felder, Registrar.

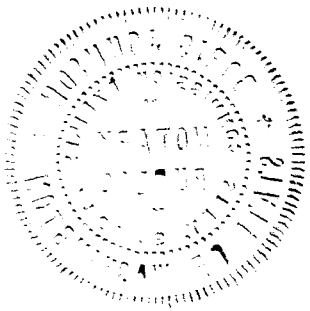
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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387368

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1404 North 6th.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: since 1900 In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1404 N. 6th.
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Homer Maurice Moon

5. Date of Birth of Child (Month, day, year) June 24 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Posey Moon
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace near Chattanooga (City or town) Tennessee (State or foreign country)
14. Exact Occupation Live Stock inspector
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Louise Blair
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace near Chattanooga (City or town) Tennessee (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Crede Sol.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) P M. on the date and at the place stated above, and that personal particulars were furnished by James Posey (First name) Moon (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature John Bouck M.D. Midwife Address Boise Ida Date 4-20-43

State of ____ } ss.
County of ____ }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1944 by Mal. Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387410
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Irwin
   (c) Street Address or R.F.D. No. Irwin, Idaho
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Irwin, Idaho
   (d) Street Address or R.F.D. No. Irwin, Idaho
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Arthur McKay

5. Date of Birth of Child (Month, day, year) December 26, 1906

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Edgar McKay
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Elmo (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Fleming
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Wellington (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 37 years, and that Laura (First name) Weeks (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Nellie McKay Signature

Irwin, Idaho P. O. Address

Subscribed and sworn to before me this 3 day of April, 1944

(SEAL) [illegible] Notary Public, residing at IDAHO FALLS, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1944 by Mary Helen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-119-016-299

387449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Albion
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home of parents
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 31 years ✓ months ✓ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Albion Idaho (b) County Cassia
   (c) City Albion
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Albion Idaho

4. **FULL NAME OF CHILD** Bert Elden Mahoney

5. Date of Birth of Child (Month, day, year) FEB 19 - 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Mahoney
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Coleville (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Louie Brim
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Coleville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Five (b) Born alive and now living Five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Cassia } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 38 years, and that Dr R.T. (First name) Story (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Mahony Signature

P. O. Address

Subscribed and sworn to before me this 22 day of March, 19 44

(SEAL) Willis M. Sears, Postmaster, Notary Public, residing at Albion Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 - 1944 by Mabel Miller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy in advance payment of fifty cents, money order or coin.

APR 7 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed ~~by the local registrar for~~ record ~~in the Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

269-202016-435

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

APR 4 1944

State File No. 387450
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oakley, Idaho

4. **FULL NAME OF CHILD** Jennie Blanche [redacted] Boren

5. Date of Birth of Child (Month, day, year) Feb. 2, 1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Ray Boren
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rhoda McEwan
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Provo (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 38 years, and that Dr Hosler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rhoda McEwan Boren Signature

P. O. Address

Subscribed and sworn to before me this 30 day of March, 1944

(SEAL)

[redacted], Notary Public, residing at Los Angeles California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-714, Idaho Code Annotated.)

Received for filing on APR 6 1944 by [redacted], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEE FOR NOTARY PUBLIC $1.00 Commission Expires Aug. 5, 1947

APR 9 1944

APR 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

785-229-029-714

387463

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Laton (b) City near Julietta
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: (at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Laton
   (c) City near Julietta
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Marian Lois Phelps

5. Date of Birth of Child (Month, day, year) May 29 1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Mark Phelps
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Francena Paul
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace New Hampshire (City or town) (State or foreign country)
20. Exact Occupation house-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum nothing used
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6:00 M. on the date and at the place stated above, and that personal particulars were furnished by Francena (First name) Phelps (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Route 1 Box 908 Porterville Calif Date 2/14/44

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Tulare } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 38 years, and that Hattie (First name) Weaver (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Francena Phelps Signature

R 1 Box 908, Porterville, Calif P. O. Address

Subscribed and sworn to before me this 29th day of March, 1944.

(SEAL) Mark B. Jamison, Notary Public, residing at Porterville, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 4 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414 117 022 168

387468 387468

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Teton city
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Teton city
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Teton, Idaho

4. **FULL NAME OF CHILD** Harry Wallace Maupin

5. Date of Birth of Child (Month, day, year) March 17 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Dabney Maupin
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Missouri ~~(City or town)~~ (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Johnson
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Ohio ~~(City or town)~~ (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 38 years, and that Doctor Hummell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma J Maupin Signature
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 31 day of March, 1944

(SEAL) O R Meservy, Probate Judge, ~~Notary Public,~~ residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 - 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1950

APR 7 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813 121 029-294

387509

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Juliaetta
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Juliaetta
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs. yrs.

3. **RESIDENCE OF FATHER** (city, state) Juliaetta, Ida.

4. **FULL NAME OF CHILD** Clifford Roe Hall

5. Date of Birth of Child (Month, day, year) Sept. 21, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Thomas Hall
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Tazewell Co. (City or town) Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Kimberling
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Bland Co. (City or town) Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Arizona
County of Maricopa } ss.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 37 years, and that Mrs. Martin Williams (First name) (Last name), who attended this birth deceased (Is now deceased) or ~~(Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ivan K. Mackler Signature

P. O. Address

Subscribed and sworn to before me this 27 day of March, 19 44

(SEAL)

Gladys Parry, Notary Public, residing at Phoenix Arizona Maricopa County

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 - 1944 by Mary Tyler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, ~~or by Affidavits of the father or mother of the child~~, or if ~~neither~~ father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-104 028 366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387522
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Harrison
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none (home)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 4 months 9 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Harrison
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Harrison, Idaho

4. **FULL NAME OF CHILD** Tedy McCann

5. Date of Birth of Child (Month, day, year) Jan. 4, 1906

6. Sex Male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Allie McCann
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Mtn. View (City or town) Missouri (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Jane Cowin
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Van Buren (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Missouri, County of Shannon } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for since birth years, and that Dr. Busby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy Jane McCann Signature

Birch Tree, Missouri P. O. Address

Subscribed and sworn to before me this 5 day of April, 1944.

(SEAL) Orin Brickey, Notary Public, residing at Montier, Mo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 12 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-125 025 792

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387538
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City White Bird
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City White Bird
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) White Bird Idaho

4. **FULL NAME OF CHILD** Edwin Arthur Vandeburgh

5. Date of Birth of Child (Month, day, year) Nov. 25 - 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jeremiah Vandeburgh
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Dayton (City or town) Wash. (State or foreign country)
14. Exact Occupation Farmer and carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Anne Richey
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Clearwater (City or town) Nebr. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum [redacted]
23. Number of children of this mother: (a) At time of birth and including this ch[redacted] and now living 1

ATTENDANT'S CERT[redacted]

24. I HEREBY CERTIFY That I attended the birth of this child, who was [redacted] and at the place stated above, and that personal particulars were furnished [redacted] (First name) Vandeburgh (Last name), who is related as Sister in law (Mother, etc.)

25. Attendant's **OWN** signature Viola Vandeburgh M.D. Midwife Address White Bird Idaho Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 12 1944 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth [illegible] to such date, such report may be received and [illegible] record in the Bureau of Vital Statistics for the purposes and uses prescribed by Chapter 2, Title 38, Idaho Code Annotated, when [illegible] by a certificate of the attending physician or midwife, or [illegible] or mother of the child, or if neither father or mother of the [illegible] able, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814 216 047-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387596
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Notus
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Notus
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Notus, Idaho

4. **FULL NAME OF CHILD** Viola Letitia Hampson

5. Date of Birth of Child (Month, day, year) April 16, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charley Biddle Hampson
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Green County, (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Ellen Hazen
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Seymour, Ill. (City or town) Champaign County (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 38 years, and that Dr. John Myer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Ellen Hampson Signature

Route 3 Caldwell Idaho P. O. Address

Subscribed and sworn to before me this 14th day of April, 1944

(SEAL) Ina Sills, Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELETED

659-228044-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387616
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Cambridge
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: our home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Cambridge
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Cambridge Idaho.

4. **FULL NAME OF CHILD** Leverna May Weimer

5. Date of Birth of Child (Month, day, year) Feb. 28, 1906.

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joel Willis Weimer
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace York (City or town) Nebraska (State or foreign country)
14. Exact Occupation loggers.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha May Smith
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Defiance (City or town) Iowa (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Washington } ss.
County of Palouse }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty six years of age, that I have known this person for all her life years, and that Nancy ann (First name) Weimer (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha May Weimer Signature
Pomeroy Wash. P. O. Address

Subscribed and sworn to before me this 27th day of March, 1944

(SEAL)

Notary Public, residing at Pomeroy

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-234-025-943

388763

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388763
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City White Bird
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Farm Home of Charles Bentz
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 4 months [redacted] days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City White Bird
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Kathryn Emma Bentz

5. Date of Birth of Child (Month, day, year) Sept 29 1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 10 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George G. Bentz
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Grangeville (City or town) Idaho (State or foreign country)
14. Exact Occupation
15. Industry or Business Farming and Stock raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Pearl Rice
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Magnolia (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Idaho }

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 35 years, and that Dr W. A. Foskett (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George G Bentz Signature
White Bird, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of June, 1942
(SEAL) Monte C Gilbert Notary Public, residing at White Bird Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1944 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1967

APR 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-113-007-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388825
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Moore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Moore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moore Idaho

4. **FULL NAME OF CHILD** Walter Soren Reese

5. Date of Birth of Child (Month, day, year) Oct 13 - 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Wiley Reese
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Richmond (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Adelaide Alice Matthews
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Bingham (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 P.M. on the date and at the place stated above, and that personal particulars were furnished by Adelaide Alice Reese (First name) (Last name), who is related as ~~Adela~~ Mother (Mother, etc.)

25. ~~Attendant's~~ Mother's **OWN** signature Adelaide Alice Reese ~~M.D.~~ ~~Midwife~~ Address Long Beach Cal 2532-218th Place Date 4-20-44

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 37 years, and that Servia (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adelaide A Reese Signature
2532-218th Place Long Beach Cal P. O. Address

Subscribed and sworn to before me this 20th day of April, 1944

(SEAL) Edwelan Hayter, Notary Public, residing at 350 E. 4th St.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3[illegible], Idaho Code Annotated.)

Received for filing on APR 25 1944 by Mabel Helder, Registrar.

My Commission Expires Dec. 9, 1944

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

692-105-031-215

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388855
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Mohler Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: On Farm Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 10 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Mohler
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22mo, 10da yrs.

3. **RESIDENCE OF FATHER** (city, state) Mohler Ida,

4. **FULL NAME OF CHILD** Earl Mills Fisher

5. Date of Birth of Child (Month, day, year) Sunday Aug 5th, 1906

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Earl McLean Fisher
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Plano (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer Stockman
15. Industry or Business Real Estate

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Artie Kanagy [redacted]
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Atwood (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Seventy One years of age, that I have known this person for 37 years years, and that Matilda (First name) Chapman (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Artie Kanagy Fisher Signature

Craigmont Idaho P. O. Address

Subscribed and sworn to before me this 22 day of April, 19 44

(SEAL) [signature], Notary Public, residing at Craigmont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 - 1944 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 4 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-202-025-749

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

388857

1. PLACE OF BIRTH
County of Idaho
City of Canfield
No. ____ St. ____
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Elma Anne Twogood

3. Sex F

If plural births: 4. Twin, triplet, or other 1 ; 5. Number, in order of birth 4

6. Premature No. Full term Yes.

7. Legitimate? ____

8. Date of birth 3, 2, 1906, 193____ (Month, Day, Year)

FATHER

9. Full name Harry Perry Twogood

10. Residence (usual place of abode) Canfield, Idaho.
(If non-resident, give place and State) ____

11. Color or race White | 12. Age at last birthday 33 (years)

13. Birthplace (city or place) Desmoin
(State or Country) Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work 9/24/1934, 19____

17. Total time (years) spent in this work 40 yrs.

MOTHER

18. Full maiden name Grace Gertrude Purves

19. Residence (usual place of abode) Canfield, Ida
(If non-resident, give place and State) ____

20. Color or race White | 21. Age at last birthday 29 (years)

22. Birthplace (city or place) Talent, Oregon.
(State or Country) ____

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work 3, 2, 1906, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
4
(a) Born alive and now living 4 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) ____, M. D.
or ____, Midwife
Address ____

Filed MAY 2 - 1934, 193____

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. If more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DECEASED

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO, }
County of NEZ PERCE. } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Grace Gertrude Twogood being first duly sworn says that ~~he~~ she is the mother of Elma Anne Twogood
(Relationship of child)*

born March 2, 1906 at Canfield, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Elma Anne Twogood hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. W. A. Foskitt M. D. was the Midwife medical attendant at the birth of said Elma Anne Twogood and that the said medical attendant is noww deceased.
(Now deceased (or) cannot be located)

Name of Affiant Grace Gertrude Twogood
P. O. Address 1305 12th Ave., Lewiston, Idaho.

Subscribed and sworn to before me this 26th day of April, 19 44

R E Stookey
Notary Public.

Residing at Lewiston, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of [illegible], County of [illegible] } ss.

[illegible] being first duly sworn says that [illegible] is the [illegible] of [illegible]
(Relationship of child)

born [illegible], 1906 at [illegible], Idaho.
(Date of birth)

Where certificate of birth is hereto attached, and that [illegible] desires to have the same [illegible] recorded under Chapter [illegible] Session Laws of Idaho; and affiant further states that the facts contained in the [illegible] date of birth of the said [illegible] hereto attached are true and correct as stated therein, and that the birth has not been previously recorded.

Affiant further states that [illegible] M. D. was the [illegible] medical attendant at the birth of said [illegible] and that the said medical attendant is [illegible]
(Your deceased for, cannot be located)

Name of Affiant [illegible]

P. O. Address [illegible]

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible]

[illegible]
Notary Public.

Residing at [illegible], Idaho.

If the father and mother are dead, and the next nearest kin shows the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, or further, [illegible]

993-110-072-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388872
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Parker
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Our Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Parker
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Six yrs.

3. **RESIDENCE OF FATHER** (city, state) Parker Idaho

4. **FULL NAME OF CHILD** David Eldon Rice

5. Date of Birth of Child (Month, day, year) Oct. 10-1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Augustus Rice
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Georgetown (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Priscilla Parkinson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Grantsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) ~~Born alive and now living~~ Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Utah
County of Box Elder } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for Lifetime years, and that St. Anthony (First name) Idaho doctor (Last name), who attended this birth Cant be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Priscilla Parkinson Rice Signature

610 North Main Brigham Utah P. O. Address

Subscribed and sworn to before me this 26th day of April, 1944.

(SEAL)

L. L. Jorgenson, Notary Public, residing at Brigham Utah

(Note: Perjury is punishable as a felony in Idaho: see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1944 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date, such report~~ may ~~be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-208-003-897

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388873
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 48. yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Anthony Idah

4. **FULL NAME OF CHILD** Zelda Sarah Burnside

5. Date of Birth of Child (Month, day, year) 15, 8, 1905

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** James W. Burnside
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Salt Lake City (City or town) Utah. (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Alice High.
17. Color or Race white.
18. Age at time of THIS birth 17 yrs.
19. Birthplace Jefferson (City or town) Iowa. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Alice High Burnside. (First name) (Last name), who is related as Mother. (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho. } ss.
County of Fremont. }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 36 years, and that Mary Alice Burnside (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary Alice Burnside Signature

St. Anthony Idaho P. O. Address

Subscribed and sworn to before me this 31st day of March., 1944.

(SEAL) Notary Public, residing at St. Anthony, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1944 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

9/15-116-204-544

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388893
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Paris
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: (at home)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Life years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Paris
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Life yrs.

3. **RESIDENCE OF FATHER** (city, state) Paris, Idaho

4. **FULL NAME OF CHILD** Wain Humphrey Davis

5. Date of Birth of Child (Month, day, year) Aug. 16, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Henry Davis
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Cedar City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Humphrey
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Paris (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Madison }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for all his life, and that X Dr. J.W. Hayward (First name) (Last name), who attended this birth Logan, Utah (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mary E. Davis Signature
Paris, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of May, 19 44

(SEAL) [illegible], residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1944 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391 122014-653

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390079
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No. 509 S. Washington
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 2 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No. 509 S. Washington
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett Idaho

4. **FULL NAME OF CHILD** John Turner Crabtree

5. Date of Birth of Child (Month, day, year) Oct. 22, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Robert Crabtree
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Des Moines (City or town), Iowa (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Adel Wells
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace DeKalb (City or town), Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California } ss.
County of Lassen }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 37 years, and that Emma (First name) Shapley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Adell Crabtree Signature
807 Ash Court, Herlong, California. Address

Subscribed and sworn to before me this 20 day of May, 1944

(SEAL)

Alma Adler, Notary Public, residing at Herlong California.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1944 by Mary Adler, Registrar.

MAY 20

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863 220 035-436

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390104
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Culdesac
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county eight years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Culdesac
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? eight yrs.

3. **RESIDENCE OF FATHER** (city, state) Culdesac, Idaho

4. **FULL NAME OF CHILD** Mary Alvina Holgate

5. Date of Birth of Child (Month, day, year) March, 20th, 1906.

6. Sex Female

7. Twin or Triplet one If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Norman Jacob Holgate
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Alsea (City or town) Oregon (State or foreign country)
14. Exact Occupation Jeweler
15. Industry or Business Jeweler

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen McWillis
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Eureka, (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Oregon
County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 38 years, and that Dr. Burke (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ellen Holgate Signature

3754 S. E. Harrison St. Portland, Oregon Address

Subscribed and sworn to before me this 15th day of May, 1944.

(SEAL) Lester Sheeley, Notary Public, residing at Portland, Orego

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My comm. expires Jan. 3rd, 1948.

Received for filing on MAY 23 1944 by Mabel Hall, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 31 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753 223012-319

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390141
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Butte (b) City Clyde
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Clyde
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 [redacted] yrs.

3. RESIDENCE OF FATHER (city, state) Clyde, Idaho

4. FULL NAME OF CHILD Myrtle Isabelle Peck

5. Date of Birth of Child (Month, day, year) Oct. 23 1906

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William L. Peck
11. Color or Race White **12.** Age at time of THIS birth 45 yrs.
13. Birthplace Utah U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Carolina S. Lassen
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Roslo (City or town) Denmark (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. ~~Name prophylactic~~ used to prevent Ophthalmia Neonatorum [redacted] None used

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature [redacted] Midwife Dead Address Clyde Idaho Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Butte }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 38 years, and that Emily Rasmussen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Caroline S. Peck by Lyon Signature
Arco, Ida. P. O. Address

Subscribed and sworn to before me this 18 day of May, 1944
(SEAL) [redacted] Notary Public, residing at Arco, Idaho
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 31 1944 by [redacted] Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-109 001-268

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390181
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or ~~RFD~~ No. 1314 Jefferson St.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 23 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or ~~RFD~~ No. 1314 Jefferson St.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho.

4. **FULL NAME OF CHILD** Fred Edward Kennedy

5. Date of Birth of Child (Month, day, year) July 9, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Russell Kennedy
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace St. Elmo, Ontario, Canada (City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Meat Dealer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Kohlhepp
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Oregon City, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ----

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 9:00 A M. on the date and at the place stated above, and that personal particulars were furnished by Martha Kennedy McNary (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of ____ County of ____ } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 38 years, and that Dr. Springer (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha K. McNary Signature

357 W. Doran St Glendale Calif. P. O. Address

My Commission Expires May 17, 1947

Subscribed and sworn to before me this 24th day of May, 19 44

(SEAL) Ethel C. Sampler, Notary Public, residing at 341 W. Doran St, Glendale Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1944 by Mabel Helger, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho) for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 10 1971

JUN 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-213035-297

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390190
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lenore
   (c) Street Address or R.F.D. No. R. D.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lenore
   (d) Street Address or R.F.D. No. R. D.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Sena Pearl Powell

5. Date of Birth of Child (Month, day, year) Oct. 13, 1906.

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Cortez Powell
11. Color or Race W
12. Age at time of THIS birth 50 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sena Kight
17. Color or Race W
18. Age at time of THIS birth 41 yrs.
19. Birthplace Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by Sena Powell (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. M. Pyle M.D. ~~Midwife~~ Address Lewiston, Idaho Date 5-25-1944

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19.

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 6 1944 by Mabel Holden, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214 701 029 214

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390191
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) 22

4. **FULL NAME OF CHILD** Frederick William Baumgartner

5. Date of Birth of Child (Month, day, year) Dec. 1, 1906

6. Sex M.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Matt Baumgartner
11. Color or Race W
12. Age at time of THIS birth 28 yrs.
13. Birthplace New Ulm (City or town) Minn. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amelia Katherine Baumgartner
17. Color or Race W
18. Age at time of THIS birth 33 yrs.
19. Birthplace Clinton (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Ida
County of Latah } ss.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 37 years, and that Dr Ehlen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matt Baumgartner Signature

Genesee, Ida P. O. Address

Subscribed and sworn to before me this 26th day of May, 1944

(SEAL)

Notary Public, residing at Genesee Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 6 1944 by Mabel Ehlen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813206 039-219

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390265
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Rockland
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: Thompson farm
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City Thompson farm on Rock Creek
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Nola May Hall

5. Date of Birth of Child (Month, day, year) Dec. 6. 1906

6. Sex female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Edward Hall
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Hebron (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Alice Barr
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Five Forks (City or town) N. C. (State or foreign country)
20. Exact Occupation mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Utah
County of Iron } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 37 years, and that Mrs. (First name) Lisle (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Barr Hall — Signature
427 Chestnut Ave. Long Beach Calif. P. O. Address

Subscribed and sworn to before me this 3rd day of June, 1944.

(SEAL)

Enola G. Rollins, Notary Public, residing at Cedar City, Ut

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

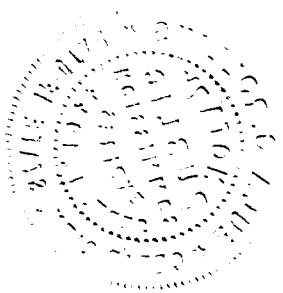
Received for filing on JUN 9 1944 by Mary Helger, Registrar.

JUN 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



793-220-022-763

390268

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Chester
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Chester
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Chester, Idaho

4. **FULL NAME OF CHILD** Minnie L. Gilbert

5. Date of Birth of Child (Month, day, year) Feb 20, 1906

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas H. Gilbert
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Nashville (City or town) Tennessee (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia D. Potter
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Albion (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 P M. on the date and at the place stated above, and that personal particulars were furnished by Julia P Gilbert (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Junietta Brown ~~M.D.~~ Midwife Address St. Anthony Idaho Date 5/31-1944

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1944 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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868-223007-791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390279
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hailey Idaho

4. **FULL NAME OF CHILD** Bessie Caroline Hoy

5. Date of Birth of Child (Month, day, year) Jan. 23-1906

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Hoy
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Oswego (City or town) Kansas (State or foreign country)
14. Exact Occupation Laborer - Mining & Farm
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Prater
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Denver (City or town) Colorado (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not Know.
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1 A M. on the date and at the place stated above, and that personal particulars were furnished by Dora (First name) Prater (Last name), who is related as mother - Had no doctor. (Mother, etc.)

25. Attendant's **OWN** signature Dora Hoy M.D. Midwife Address 407-So Railroad, Dillon Mont Date June 2-1944

State of Montana
County of Beaverhead } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for thirty Eight years, and that No doctor (First name) Millie (Last name) Prater, who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Hoy Signature
407-So Railroad St. Dillon Mont. Address

Subscribed and sworn to before me this 2nd day of June, 1944

(SEAL) J. E. Kelly, Notary Public, residing at Dillon Mont
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Expires Dec 6-1944

Received for filing on JUN 9 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 21 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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632-119 028-154

390316

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390316
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. 834 - 5th Street
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 7 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. 834 - 5th Street
   (e) How long has **MOTHER** lived in Idaho? 7 Months yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene, Ida.

4. **FULL NAME OF CHILD** Arthur Gustav Olson

5. Date of Birth of Child (Month, day, year) May 19, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Gustav Olson
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Högnäs (City or town) Sweden (State or foreign country)
14. Exact Occupation Lumber Grader
15. Industry or Business Sawmill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mathilda Anderson
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Högnäs (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Kootenai }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 38 years, and that Mrs. (First name) North (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gustav Olson Signature

818 - 5th Street Coeur d'Alene Idaho P.O. Address

Subscribed and sworn to before me this 27 day of May, 1944

(SEAL)

John W Booth, Notary Public, residing at Coeur d'Alene Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 13 1944 by Mabel Holden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 2014

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, ~~or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

559-106-034-859

390345

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390345
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minidoka (b) City Heyburn
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minidoka
   (c) City Heyburn
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Anthony Edward Verburg

5. Date of Birth of Child (Month, day, year) Oct. 6, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwin Verburg
11. Color or Race W.
12. Age at time of THIS birth 46 yrs.
13. Birthplace Holland (City or town) (State or foreign country)
14. Exact Occupation Construction Eng'r.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie ~~Kind~~ Hein
17. Color or Race W
18. Age at time of THIS birth 46 yrs.
19. Birthplace Rochester N.Y. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for life years, and that J C Patterson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Hein Verburg Signature

P. O. Address

Subscribed and sworn to before me this 16th day of June, 1944

(SEAL) N W Baker, Notary Public, residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 19 1944 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-201-001-264

390351 390351

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390351
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. N. 12th
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. N. 12 th
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Ida

4. **FULL NAME OF CHILD** Clara Marie Stoehr

5. Date of Birth of Child (Month, day, year) June 1, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Stoehr
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Bethalto (City or town) Illinois (State or foreign country)
14. Exact Occupation Brewery Manager
15. Industry or Business Brewing Beer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Bodendieck
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Bethalto (City or town) Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Canyon } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 38 years, and that Howard M Halverson (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or ~~(Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Stoehr Signature

Wilder Ida P. O. Address

Subscribed and sworn to before me this 10th day of June, 1944.

(SEAL) Thomas Dougherty, Notary Public, residing at Wilder, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1944 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 25 1967

MAY 22 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556 218014 249

390360 390360

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth) near
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City near Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Idah

4. **FULL NAME OF CHILD** Ina May Newman

5. Date of Birth of Child (Month, day, year) June 18, 1906

6. Sex fem.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Mark R. Newman

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Jefferson County, Tenn. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cordelia Smith

17. Color or Race White

18. Age at time of THIS birth 45 yrs.

19. Birthplace Jefferson County, Tenn. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 38 years, and that Dr. (First name) Miller (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucile Newman Wood Signature

Caldwell, Ida. P. O. Address

Subscribed and sworn to before me this 28 day of June, 1949

(SEAL) Eulene Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 28 1949 by Mabel Hyde, Registrar.

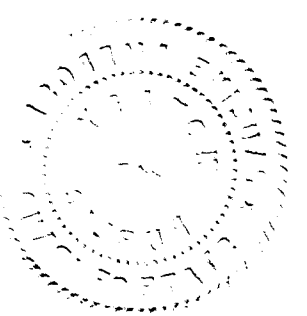
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-117-023-851

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390384
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Emmett
   (c) Street Address or R.F.D. No. #1
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Emmett
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** William Edmond Burns

5. Date of Birth of Child (Month, day, year) Nov. 17-1906

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Burns
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Savannah, Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Arie M Read
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Batesville Texas (City or town) (State or foreign country)
20. Exact Occupation Nurse
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 37 years, and that Augusta (First name) Hanson (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arie M Burns Signature

Emmett Ida P. O. Address

Subscribed and sworn to before me this 14th day of June, 1944.

(SEAL)

J. R. Reed, Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1944 by Mabel Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 15 1972
NOV 9 1973

JUN 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-225-014-714

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391448
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City
   (c) Street Address or R.F.D. No. RFD #2
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 26 years months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City
   (d) Street Address or R.F.D. No. #2
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Edna Mary Morris

5. Date of Birth of Child (Month, day, year) Aug. 25, 1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William C. Morris
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Cowlitz County, Wash. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Paul
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Ada County, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 38 years, and that Dr. Allen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Bertha Paul Morris Signature
Parma Idaho P. O. Address

Subscribed and sworn to before me this 15 day of June, 1944

(SEAL) Donald L. Lapland Notary Public, residing at Parma Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

166-206-078-695

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File 391451
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County KOOTENAI (b) City HARRISON
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County KOOTENAI
   (c) City HARRISON
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 YR 5 MOs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** ELVA ADELL MOORE

5. Date of Birth of Child (Month, day, year) SEPT 6-1906

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** ALBERT LAUD MOORE
11. Color or Race WHITE
12. Age at time of THIS birth 40 yrs.
13. Birthplace ST JOE MO. (City or town) (State or foreign country)
14. Exact Occupation LUMBERMAN
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CORA ELLA WING
17. Color or Race WHITE
18. Age at time of THIS birth 35 yrs.
19. Birthplace Linn Co Iowa (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN alive (Born alive or stillborn) at 6.30 P M. on the date stated above, and that personal particulars were furnished by Cora Ella Wing Moore (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address not living Date June 19- 1944

AFFIDAVIT

State of WASHINGTON
County of PIERCE } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 37 years, and that MRS DAHL (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Ella Wing Moore Signature

P. O. Address

Subscribed and sworn to before me this 19 day of June, 1944.

(SEAL) Notary Public, residing at Puyallup Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1944 by Mabel Holder, Registrar.

JUN 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 131, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-225-DUV-551

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391456
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Midvale, Idaho

4. FULL NAME OF CHILD Orah Irene Keithly

5. Date of Birth of Child (Month, day, year) 1/25/06

6. Sex f

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel A. Keithly
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Jane Evans
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 38 years, and that G. S. KEITHLY (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel A. Keithly Signature
Midvale Idaho P. O. Address

Subscribed and sworn to before me this 19 day of June, 1944

(SEAL) John H. Brandt Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-015-042-255

39N44 391544

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County TWIN FALL (b) City Twin
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Life yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Florence Mary Bennett

5. Date of Birth of Child (Month, day, year) Aug 15 1906

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Monroe R Bennett
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Bevart (City or town) Utah (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Meat Market

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary E Bennett
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Oakley (City or town) Idaho (State or foreign country)
20. Exact Occupation Houde wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 36 years, and that (First name) (Last name), who attended this birth Dr J C Patterson (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E Bennett Signature

P. O. Address

Subscribed and sworn to before me this 21st day of July, 1944

(SEAL) M. P. Hart, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 21 1944 by Mabel Helgen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 21 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1 955-207009-791

391554

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 391554
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Now Bonner (Formerly Kootenai) (b) City Hope
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Now Bonner (Formerly Kootenai)
   (c) City Hope
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** CAROL ELIZBETH REEM

5. Date of Birth of Child (Month, day, year) 7-7-06

6. Sex Female

7. Twin or Triplet Singlet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** FRED F. REEM
11. Color or Race WHITE nty
12. Age at time of THIS birth 34 yrs.
13. Birthplace Wright Co[u] MINNESOTA (City or town) (State or foreign country)
14. Exact Occupation DRAYMAN
15. Industry or Business TRANSFER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ADDIE MAY GRANT
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace PRINSTON MINNESOTA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of County } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 next birthday years of age, that I have known this person for 37 years years, and that Dr Wm Knapp (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred F Reem Signature

North Star Hotel, Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of March, 19 44.

(SEAL) [signature], Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUL 28 1944 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent~~ to ~~such date, such report may be~~ received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-206-003-113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391573
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Bannock (b) City: Idaho
   (c) Street Address or R.F.D. No.:
   (d) Name of Hospital or Maternity Home: In the home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 33 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Bannock
   (c) City: Downey
   (d) Street Address or R.F.D. No.:
   (e) How long has **MOTHER** lived in Idaho? lifetime yrs.

3. **RESIDENCE OF FATHER** (city, state) Downey, Idaho

4. **FULL NAME OF CHILD**: Vella Alice Pratt

5. Date of Birth of Child (Month, day, year): 12-6-1906

6. Sex: female

7. Twin or Triplet: no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME**: George M. Pratt
11. Color or Race: White
12. Age at time of THIS birth: 41 yrs.
13. Birthplace: Bannock, Montana (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: "

MOTHER OF CHILD

16. **FULL MAIDEN NAME**: Elvira Ellen Jackson
17. Color or Race: White
18. Age at time of THIS birth: 33 yrs.
19. Birthplace: Downey, Idaho (City or town) (State or foreign country)
20. Exact Occupation: Housefife
21. Industry or Business: "

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child: (b) Born alive and now living:

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for lifetime years, and that Ellen Barger (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George M. Pratt Signature
Downey, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of June, 1944, 19

(SEAL) H. L. Dickmore, Notary Public, residing at Downey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-110-031-281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391580
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Kamiah
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Deceased
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kooskia Idaho

4. **FULL NAME OF CHILD** Lester Dallis Robinett
5. Date of Birth of Child (Month, day, year) Sept. 10, 1906
6. Sex M
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oliver P. Robinett
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Browmsville (City or town) Oregon (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Shaw
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Moscow (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ~~Father~~ Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 38 years, and that Dr. (First name) White (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oliver R. Robinett Signature
Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 26 day of June, 1944

(SEAL) E F Cleveland, Notary Public, residing at Kooskia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289-128 028-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391610
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Spokane Bridge
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Spokane Bridge
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Hughey John Byrum

5. Date of Birth of Child (Month, day, year) 3-28-1906

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Byrum
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Russville, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sallie Caldwell
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Tennessee (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 9.A M. on the date and at the place stated above, and that personal particulars were furnished by John Byrum (First name) (Last name), who is related as Father. (Mother, etc.)

25. Attendant's **OWN** signature John Byrum M.D. Midwife Address Scottsville, Ark. Date June, 30-44

State of Arkansas. } ss.
County of Pope. }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 38 years, and that Dr. (First name) Millsaps. (Last name), who attended this birth Is now Dead. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Byrum Signature
Scottsville Arkansas P. O. Address

Subscribed and sworn to before me this 30th. day of June, 1944.

EXP 12-30-44 (SEAL) H L Sewell, Notary Public, residing at Russellville Ark

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 8 1944

243-103-022-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391621
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Ashton Idaho
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home at his own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Ashton
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ashton Idaho

4. **FULL NAME OF CHILD** Marion Dan Butler

5. Date of Birth of Child (Month, day, year) 9-3-1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Neri Hillard Butler
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Butterville (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ora Effie Garrett
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Oxford (City or town) Nebraska (State or foreign country)
20. Exact Occupation house-wife
21. Industry or Business house-wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at home M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as Ora Butler (Mother, etc.)

25. Attendant's **OWN** signature Mrs Cunningham M.D. Midwife Address Marysville Date Sept 3 1906

State of IDAHO
County of GEM } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Ora E Butler-MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 6[illegible] years of age, that I have known this person for 38 years, and that Mrs Cunningham (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ora E. Butler Signature
Emmett Idaho P. O. Address

Subscribed and sworn to before me this 24 day of June, 1944

(SEAL) H P Burnwood, Notary Public, residing at Emmett

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 8 1944

343-108-035-854

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391688
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Fraser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Fraser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Fraser, Idaho

4. **FULL NAME OF CHILD** Harold Dale Lutes

5. Date of Birth of Child (Month, day, year) July 8 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Sheridan Lutes
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Brasheer, Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Lucretia Hedenberg
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Salina, Kans. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 38 years, and that David Sheridan Lutes (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mary L. Lutes Signature

Orofino, Idaho R.#3 P. O. Address

Subscribed and sworn to before me this 10th day of July, 1944

(SEAL) Chase M. Cashow, Notary Public, residing at Orofino.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1944 by Mabel Hilden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 18 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-210-025-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391695
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Mt Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Mt Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mt. Idaho Idaho

4. **FULL NAME OF CHILD** Covie May Stadtman

5. Date of Birth of Child (Month, day, year) October 10, 1906

6. Sex female

7. Twin or Triplet xx If so—born 1st, 2nd, 3rd xx

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Charles Stadtman
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Hanover Germany (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Francis Anderson
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Benton Co Arkansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for ~~34~~ 37 years, and that Mary E. Hindman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May Frances Stadtman Signature

Kooskia Idaho P. O. Address

Subscribed and sworn to before me this first day of May, 1943

(SEAL) [signature] Notary Public, residing at Kooskia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 17 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 21 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-131 011-259

392828

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boundary (b) City Bonners Ferry
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boundary
   (c) City Bonners Ferry
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Bonners Ferry Ida

4. **FULL NAME OF CHILD** Percy Willis Dunning

5. Date of Birth of Child (Month, day, year) July, 31, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Frank Dunning
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace New York (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Paulina Berndahl
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 38 years, and that Dr. E. E. Fry (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mildred Dunning McPherson Signature

Bonners Ferry Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of July, 1944

(SEAL) [signature] Probate Judge, ~~Notary Public~~, residing at Bonners Ferry Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 25 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-229 009 962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 32840
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Newport
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Newport
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Charlotte Adele Grover

5. Date of Birth of Child (Month, day, year) 9/29/06

6. Sex Female

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) no

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward George Grover
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Two Rivers, (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Lumber Grader
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Edith Robb
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Winona, (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Klamath } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 38 years, and that J.T. Phillips (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie E. Grover Signature
924 No 9th St Klamath Falls, Ore P. O. Address

Subscribed and sworn to before me this 19th day of July, 19 44

(SEAL) M. L. Johnson Notary Public for Oregon
My Commission Expires Feb 19 1946 at Klamath Falls Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 25 1944 by Mary Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445 222018 693

392854

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Stites
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clearwater
   (c) City Stites
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Stites Idaho

4. **FULL NAME OF CHILD** Myrtle Anna Dunn

5. Date of Birth of Child (Month, day, year) May 22, 1906

6. Sex Female

7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 12th

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Hamilton Dunn
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Marion County, (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Ann Wilkinson
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Decatur Co. (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho, County of Benewah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 38 years, and that Myrtle Sager (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws:

Notary Public for the state of Idaho
Residing at St. Maries, Idaho
Commission Expires February 24, 1945

Julia ann Dunn Signature

Priest River Idaho P. O. Address

Subscribed and sworn to before me this 24 day of July, 19 44.

(SEAL) Ray A Berven, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 28 1944 by Mary Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

254-102-001-465

392922

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 392922
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 12th + Ridenbaugh
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 12th + Ridenbaugh
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD William Oliver Bedal

5. Date of Birth of Child (Month, day, year) Dec. 2, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Peter Bedal
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Sunshine (City or town) Colorado (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Viola Danley
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Hulls (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Boise } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 35 years, and that Dr. (First name) Bureton (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie V. Howard Signature
Pioneerville Idaho P. O. Address

Subscribed and sworn to before me this 21 day of February, 1942
(SEAL) C. C. Fairchild Notary Public, residing at Centerville Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 1 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 1944

OCT 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 11 195

392949

452-118 036-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Oneida (b) City Malad
(c) Street address or R. F. D. No. RFD
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home _____ Days
In THIS County 27 years months days

2. USUAL RESIDENCE of MOTHER (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street address or R. F. D. No. RFD I
(e) How long has MOTHER lived in Idaho? 27 yrs.
(f) Mother's mailing address (for registration notice): Malad Idaho RFD I
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Parley Deschamps

5. DATE OF BIRTH (Month, day, year) August 8-1906

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME David S. Deschamps

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Malad (City or Town) Idaho (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Blanche Davis

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Malad (City or Town) Idaho (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Was a standard serological test for syphilis performed? Yes _____ No _____ Approximate date _____

23. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

24. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at about 1 P M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name), who is related to this child as _____ (Mother, etc.)

27. (a) AUG 1 1944 (Date received) (b) Mabel Kelder (Registrar's signature)

28. Given name added on _____ by _____ (Registrar's signature)

26. Attendant's OWN signature D C Ray, M. D. (D.O., Midwife, etc.)
and address Pocatello Idaho Date 7-27-1944

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, **within 10 days after the date of birth;** and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(e) Signature of Physician:

_____

DELAYED

369 225010 - 455

(DELAYED BIRTH CERTIFICATE)

(Be sure the information is as of date of birth of THIS child.)

United States Department of Commerce
Bureau of the Census AUG 2 1944

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 392968
Local Reg. No. 87
Reg. Dist. No. 3-330

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BONNEVILLE (b) City IDAHO FALLS
   (c) Street Address or R.F.D. No. R.F.D. 4
   (d) Name of Hospital or Maternity Home: NONE
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years ---- months ---- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BONNEVILLE
   (c) City IDAHO FALLS
   (d) Street Address or R.F.D. No. R.F.D 4
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same as mother

4. **FULL NAME OF CHILD** LENA MAE CORBIT

5. Date of Birth of Child (Month, day, year) APRIL 25, 1906

6. Sex FEMALE

7. Twin or Triplet ----- If so—born 1st, 2nd, 3rd ------

8. No. months of Pregnancy 9

9. Legitimate? YES.

FATHER OF CHILD

10. **FULL NAME** IRA ALFRED CORBIT
11. Color or Race WHITE
12. Age at time of THIS birth 39 yrs.
13. Birthplace ---------- (City or town) IOWA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SUSIE ARMINNIE MEEDS
17. Color or Race WHITE
18. Age at time of THIS birth 29 yrs.
19. Birthplace BELLEVILLE (City or town) KANSAS (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOMEMAKING

22. Name prophylactic used to prevent Ophthalmia Neonatorum ----------

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Bonneville }

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for all her life years, and that Dr. Pendleton (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Virinda Breeding - Signature

Idaho Falls, Ida. 330 6th St P. O. Address

Subscribed and sworn to before me this 20th day of July, 1944.

(SEAL) W. L. Trevorrow CLERK OF THE DISTRICT COURT, Notary Public, residing at Idaho Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 7/31/1944 by J C Woodward, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 15 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

853-730301-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 392988
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: at home
   In **THIS** county years 18 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Caldwell
   (d) Street Address or R.F.D. No. no ll. a[illegible]
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell Idaho

4. **FULL NAME OF CHILD** William Fred Held

5. Date of Birth of Child (Month, day, year) Aug. 30-1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Fred George Held
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Ida Grove (City or town) Iowa (State or foreign country)
14. Exact Occupation Rocky Mountain Tel Co.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Steele Cora Martin
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Preston Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business (now deceased)

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Sacramento ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Sixty-four years of age, that I have known this person for Sixty-eight years, and that Can't recall (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred George Held Signature
5320-2 Ave P. O. Address

Subscribed and sworn to before me this 1st day of August, 1944

(SEAL) My commission expires Apr. 3rd, 1948

Notary Public in and for the County of Sacramento, State of California
Notary Public residing at Sacramento, Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 7 1944 by Mabel Held, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boundray (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boundray
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bonners Ferry Ida.

4. **FULL NAME OF CHILD** George Andrew Jones

5. Date of Birth of Child (Month, day, year) 9-22-1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas J Jones
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Sidney (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ambrosia E Eaton
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Alton (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Sixty five years of age, that I have known this person for 37 years, and that Mrs Amanda Sweet (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ambrosia E Jones Signature
Orofino Idaho P. O. Address

Subscribed and sworn to before me this 31 day of July, 1944

(SEAL) J B Ross Clerk District Court ~~Notary Public~~, residing at OROFINO, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 4 1944 by: Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Coltman
   (c) Street Address or R.F.D. No. RR #2
   (d) Name of Hospital or Maternity Home: At Home No Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Coltman
   (d) Street Address or R.F.D. No. RR #2 Idaho Falls
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coltman Idaho

4. **FULL NAME OF CHILD** Harvey John Oswald

5. Date of Birth of Child (Month, day, year) March 2, 1906

6. Sex Male

7. Twin or Triplet / If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Oswald
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Wurtenberg (City or town) Germany (State or foreign country)
14. Exact Occupation Stone Mason
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Barbara Brenner
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Wurtenberg (City or town) Germany (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia **Neonatorum** Not any
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. William Oswald Signature

R r Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of July, 1944

(SEAL) ____, Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

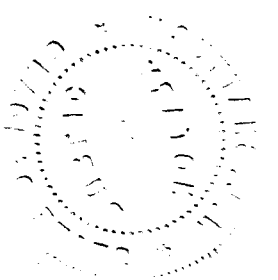
Received for filing on AUG 3 1944 by Mary Hodges, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home X days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Vernon Leslie Ricketts

5. Date of Birth (Month, day year) Sept. 5 1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oliver Preston Ricketts
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Colton (City or town) Wash. (State or foreign country)
14. Exact Occupation Laundry employee
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Adaline Clark
17. Color or Race white
18. Age at time of THIS birth 23 yrs
19. Birthplace Pullman (City or town) Wash. (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) AUG 12 1944 (Date received) (b) Mary Holden (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Ahitman. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Oliver Preston Ricketts, being first duly sworn, say that I am related to (Related to (or) acquainted with) Vernon Leslie Ricketts (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Joseph Asbray (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Oliver Preston Ricketts Signature

P. O. Address

Subscribed and sworn to before me on this 6th day of August, 1943

(SEAL) Beatrice Summaker Notary Public, residing at Pullman, Wn.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

795 216 022-412

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 393058
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County (b) City Sandpoint
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County —
(c) City Sandpoint
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 6 Mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Sandpoint Idaho

4. **FULL NAME OF CHILD** Hazel Gillespie

5. Date of Birth of Child (Month, day, year) 10-16-1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Campbell Gillespie
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Edinburgh (City or town) Scotland (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business X

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leona May Massy
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Macomb (City or town) illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Pierce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 38 years, and that (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leona May Gillespie Signature

614 South Anderson, Tacoma 6, Wn. P. O. Address

Subscribed and sworn to before me this 12th day of August, 1944

(SEAL) Notary Public, residing at Tacoma Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 15 1944 by , Registrar.

NOV 17 1961

AUG 18 1944

Mrs Hazel Sager
3110 So. Proctor
Tacoma 5 Wn.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

S69-230-028-154

394292

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene, Idaho

4. **FULL NAME OF CHILD** Virginia Katherine North

5. Date of Birth of Child (Month, day, year) July 30, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Eric Hjalmar North
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Muskegon (City or town) Michigan (State or foreign country)
14. Exact Occupation Lumber Grader
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Mathilda Anderson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Moorhead (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 0

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of King } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 38 years, and that Dr. (First name) Woods (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eric Hjalmar North Signature
817 Poplar - Sand Point - Idaho P. O. Address

Subscribed and sworn to before me this 19th day of August, 1944

(SEAL) Glenn J. Twigg, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 23 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 8 5 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4-S-18-028-319

394310

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Bonner's Ferry, Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Bonner's Ferry
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 Months yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Violet Katherine Daniels ([redacted])

5. Date of Birth of Child (Month, day, year) 3-18-1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Augustaf Daniels
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Kalmer Lane, (City or town) Sweden (State or foreign country)
14. Exact Occupation Stower - Southern Pacific Ry.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Sophia Carlson
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Kalmer Lane, (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 38 years, and that ~~Violet Katherine Daniels (Now Holbeck)~~ (First name) the doctor (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ida Daniels Signature

7626 S.E. Alder St., Portland, Oregon P. O. Address

Subscribed and sworn to before me this 1st day of August, 19 40

(SEAL) [illegible], Notary Public, residing at Portland Oregon

MY COMMISSION EXPIRES JULY 7, 19[illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1944 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-218-1044-251

394330

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394330
Local Reg. No. 1033
Reg. Dist. No. 300

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Cuncil
   (c) Street Address or R.F.D. No. 0
   (d) Name of Hospital or Maternity Home: 0
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 0 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Ida (b) County Washington
   (c) City Cuncil.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** ALICE MARY BARBOUR

5. Date of Birth of Child (Month, day, year) May 18 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Charles A Barbour
11. Color or Race W
12. Age at time of THIS birth 47 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Rural Carrier
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy M Brotherton Shearer
17. Color or Race W. Ame.
18. Age at time of THIS birth 37 yrs.
19. Birthplace Harrison County (City or town) Iowa (State or foreign country)
20. Exact Occupation Home mgt.
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Ida
County of Gem } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 38 years, and that NW attendant (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Nancy M. White Signature
Weiser Ida. P. O. Address

Subscribed and sworn to before me this 11 th day of August, 1944.

(SEAL)

Notary Public, residing at Council Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 8/11/44 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

✓ 299-205-075-796

394355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Craigmont (Ilo)
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Craigmont (Ilo)
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nez Perce, Idaho

4. **FULL NAME OF CHILD** Verna Olive Kirby

5. Date of Birth of Child (Month, day, year) 5th March, 1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Eugene Kirby
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Minnesota (State Of) (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Dove Gross
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Iowa (State of) (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Dominion of Canada
County of Province of Alberta } ss.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 36 years, and that Dr. J. Lentz (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary V. Bates Signature

Three Hills, Alberta, Canada P. O. Address

Subscribed and sworn to before me this 21st day of August, 19 44

(SEAL) [illegible], Notary Public, residing at Three Hills, Alberta, Canada

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914 Idaho Code Annotated.)

Received for filing on AUG 30 1944 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-28-038-363

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho; for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394399
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Payette (b) City Payette
   (c) Street Address or R.F.D. No. Payette, Idaho
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 yrs years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Payette
   (c) City Payette
   (d) Street Address or R.F.D. No. Payette, Idaho
   (e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Idaho

4. **FULL NAME OF CHILD** Laura May Boor

5. Date of Birth of Child (Month, day, year) 4/28/1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Allen Boor
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Camden County, Mo. (City or town) (State or foreign country)
14. Exact Occupation Telephone Lineman
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Lockner
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Columbas, Nebr. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon
County of Polk } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 38 years, and that O. H. Avey (First name) (Last name), who attended this birth Is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline Boor Signature
Roseburg Ore P. O. Address

Subscribed and sworn to before me this 28th day of August, 1944.

(SEAL) W. R. Mercer Notary Public, residing at W. Salem, Ore
My Commission Expires March 28, 1947.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 6 1944 by Mary Feller, Registrar.

SEP 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-107 ... 219

394418.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. RFD.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Idaho

4. FULL NAME OF CHILD Herman Franklin Kinney

5. Date of Birth of Child (Month, day, year) Sept. 7, 1908

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Reg.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jacob Cleamond Kinney
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Franklin (City or town), Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rhoda Bailey
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Grantsville (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) Mrs. Bateway was Midwife, now deceased

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash
County of Stevens } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 37 years, and that Mrs. Bateway (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jacob C Kinney Signature
Burley Idaho. P. O. Address

Subscribed and sworn to before me this 30th day of August, 1944

(SEAL) [signature] Notary Public, residing at Springdale Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 5 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 7 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

196-104-043-611

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394455
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Valley (b) City McCall
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Valley
   (c) City McCall
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) McCall, Idaho

4. **FULL NAME OF CHILD** William Frederick Grola

5. Date of Birth of Child (Month, day, year) 1. 24. '06

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Grola
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Vaasa (City or town) Finland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fiina Aliina Ojala
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Oulu (City or town) Finland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Valley } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 38 years, and that Mary Ojala (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fiina Aliina Ilha Signature

McCall Idaho P. O. Address

Subscribed and sworn to before me this 31 day of August, 1944

(SEAL) R. G. Goodman, Notary Public, residing at McCall Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 11 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by ~~the local registrar for record in~~ the ~~Bureau~~ of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-017-0 32-742

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394460
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Rupert
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 4 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Rupert
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Rupert, Idaho

4. **FULL NAME OF CHILD** Dorothy Edna Williams

5. Date of Birth of Child (Month, day, year) August 17 1906

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Williams
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Owosso (City or town) Michigan (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Rose Guschewsky
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Buffalo (City or town) New York (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Minidoka } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-eight years of age, that I have known this person for thirty-eight years, and that Dr. Wm. T. Rowley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Rose Williams Signature

Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of September, 1944

(SEAL) Lloyd J. Smith, Notary Public, residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 11 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 12

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

749-209-043-413

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395595
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County VALLEY (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years ✓ months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County VALLEY
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** CLARA MYRTLE VIOLA PRINTZ

5. Date of Birth of Child (Month, day, year) MAY 9 - 1906

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** FRED LINDO PRINTZ
11. Color or Race WHITE
12. Age at time of THIS birth 21 yrs.
13. Birthplace CHEROKEE (City or town) KANSAS (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** RACHEL CAMMA LESSIE MATSON
17. Color or Race WHITE
18. Age at time of THIS birth 18 yrs.
19. Birthplace LITTLESBURG (City or town) WEST VIRGINIA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Valley } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for since birth years, and that Mrs Blanche (First name) Davis (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lessie Printz Signature

Donnelly, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of September, 1944

(SEAL) Blair G. Armstrong, Notary Public, residing at Donnelly, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 15 1944 by Mabel Holder, Registrar.

SEP 8 5 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or ~~in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 28 1952

285-226-022-813

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395664
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No. Gen Del
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No. Gen DEl
(e) How long has **MOTHER** lived in Idaho? 8 Mos yrs.

3. RESIDENCE OF FATHER (city, state) Boise Ida

4. FULL NAME OF CHILD Melba Frances Shenton

5. Date of Birth of Child (Month, day, year) Jan. 26, 1906

6. Sex Female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Ivan Shenton
11. Color or Race white **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Springville, Utah (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie S. Hales
17. Color or Race white **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Spanish Fork, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewfe

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 36 years, and that Dr. George Hyde (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie S. Hales Waring Signature
340 West Carson, Pocatello, Ida P. O. Address

Subscribed and sworn to before me this 21 day of September, 19 42.
(SEAL) [illegible] Notary Public, residing at Pocatello, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1944 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws, has not been recorded,~~ or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395672
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** Violet ann Sarah Benson

5. Date of Birth of Child (Month, day, year) March 6-1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Benson
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Lehi (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fanny Hatewell
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Nottingham (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of California } ss.
County of Mendocino }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 2 years, and that Mrs Harris (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel Benson Signature
Fort Bragg, Calif. P. O. Address

Subscribed and sworn to before me this 26 day of June, 1944.

(SEAL) Norma Johnson, Notary Public, residing at Fort Bragg, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 27 1944 by Mabel Holder, Registrar.

OCT 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-301-029-812

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 395705
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee, Idaho

4. **FULL NAME OF CHILD** Leona Beatrice Braemmeling

5. Date of Birth of Child (Month, day, year) July 1 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John T. Braemmeling
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Fort Atkinson (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pauline Hasfurther
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by John T. Braemmeling (First name) (Last name) who is related as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Latah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for since Birth years, and that Jo (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John T. Braemmeling Signature
Genesee Idaho P. O. Address

Subscribed and sworn to before me this 24 day of September, 1944

(SEAL)

Notary Public, residing at Moscow Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 6 - 1944 by Mabel Weber, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-109-022-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395721
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Wilford
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Wilford
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wilford, Idaho.

4. **FULL NAME OF CHILD** Leland Charles Murri

5. Date of Birth of Child (Month, day, year) May 9, 1906.

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Emil Murri
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Scherli (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Johnson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Murray (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 38 years, and that Henrietta Hansen (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen J. Murri Signature
St. Anthony, Idaho, RFD#1 P. O. Address

Subscribed and sworn to before me this 2nd day of October, 1944.

(SEAL) O. Meservy Probate Judge, ~~XXXXXXXXXXXXXXX~~

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mabel Elder, Registrar.

OCT 9 - 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

111-128-016-263

395730

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No. R.F.D. No. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No. R.F.D no 2
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oakley Ida

4. **FULL NAME OF CHILD** ORVIL Byron ADAMS

5. Date of Birth of Child (Month, day, year) Nov 28th 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Albert Adams
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Tooele (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Sothleston
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Heywood (City or town) Lancashire England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Cassia } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 37 years, and that Annie (First name) Clark (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Sarah Adams Signature

P. O. Address

Subscribed and sworn to before me this 23 day of August, 1944

(SEAL) C. C. Larson, Notary Public, residing at Oakley Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 7 - 1944 by Mabel H. Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

843-221-014-312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395740
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Payette
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Payette
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Idaho.

4. **FULL NAME OF CHILD** Inza May Hutchinson

5. Date of Birth of Child (Month, day, year) Nov. 21, 1906

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lawrence A. Hutchinson
11. Color or Race White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Roseville (City or town) Calif. (State or foreign country)
14. Exact Occupation Barber.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna May Case
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Payette, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silloid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Edna May Case (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Payette Ida Date 9/26/44

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 28 day of September, 19 44.

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1944 by Mary Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314 211 035-035

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 396870
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Ahsahka
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Ahsahka,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Ahsahka Ida

4. FULL NAME OF CHILD Daisy Roberta Lamont

5. Date of Birth of Child (Month, day, year) Oct 11 1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Lamont
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Angeline Blevins
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Warrensburg, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce (Now Clearwater) } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 38 years, and that Dr J M Fairly (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert Blevins, Signature

Ahsahka, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of October, 19 44

(SEAL)

Clerk of District Court
~~Notary Public~~, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 23 1944 by Mabel Hilde, Registrar.

OCT 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

512-218035-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396872
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperce (b) City Gifford
   (c) Street Address or R.F.D. No. (rural)
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City near Gifford
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gifford, Idaho

4. **FULL NAME OF CHILD** Hattie Gladys Easter

5. Date of Birth of Child (Month, day, year) Apr. 18, 1906

6. Sex female

7. Twin or Triplet - - If so—born 1st, 2nd, 3rd - -

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Levi Curtis Easter
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Bigelo, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Bell Brown
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Prairieburg, Iowa. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington, County of Yakima, } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 38 years, and that Alice Easter (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Bell Easter Signature

Box 684, Wapato, Washingto. P. O. Address

Subscribed and sworn to before me this 17th day of October, 1944.

(SEAL) Neal W. Olney, Notary Public, residing at Wapato, Wash.

(Note) Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 23 1944 by ____, Registrar

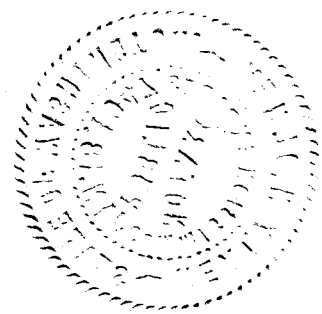
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



417-211001-168

396921

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396921
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1310 Alturas St
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months 23 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1310 Alturas St.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Ida.

4. **FULL NAME OF CHILD** Edith Marie Magnuson

5. Date of Birth of Child (Month, day, year) June 11, 1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** John Adolph Magnuson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Amal (City or town) Sweden (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Hardware

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Johnson
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Amal (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary Magnuson (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature John Burk M.D. Midwife Address Boise Ida Date Nov. 15. 44

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 16 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 211-001 942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 396954
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ADA (b) City BOISE BARRACKS
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County ADA
   (c) City BOISE BARRACKS, BOISE, IDAHO
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) BOISE BARRACKS, BOISE, IDAHO

4. **FULL NAME OF CHILD** MINNIE CATHERINE WICKMAN

5. Date of Birth of Child (Month, day, year) MARCH 11, 1906

6. Sex FEMALE

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** EDWARD FRANKLIN WICKMAN
11. Color or Race WHITE
12. Age at time of THIS birth 38 yrs.
13. Birthplace CHICAGO, ILLINOIS (City or town) (State or foreign country)
14. Exact Occupation SOLDIER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELLA LOUISE RUSSELL
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace NASHVILLE, (City or town) N.C. (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ~~home~~ (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Sacramento } ss.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 38 years, and that Dr. O. TAKEY (TUKEY) (First name) (Last name), who attended this birth is now DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Louise Russell Wickman Signature

Chico, Calif. P. O. Address

Subscribed and sworn to before me this 23rd day of October 1944

(SEAL)

Margery Tully, Notary Public in and for the County of Sacramento, State of California.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My commission expires Nov. 25, 1945.

Received for filing on OCT 31 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 31 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1915 201 020 847

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396955
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mountain Home
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 0 years 4 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mountain Home
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 4 mos~~yrs~~

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Anna Laura French

5. Date of Birth of Child (Month, day, year) December 1, 1906

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Washington French
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Sacramento. (City or town) California (State or foreign country)
14. Exact Occupation Livestockman
15. Industry or Business Livestock grower

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Ann Hughes
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Hartville, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Wyoming } ss.
County of Fremont }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 64 years of age, that I have known this person for 64 years, and that Dr. E. W. Mather (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Ann French Signature

Box 664, Lander, Wyoming P. O. Address

Subscribed and sworn to before me this 28th day of October, 1944

(SEAL) Notary Public, residing at Lander, Wyoming.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires January 23, 1947

Received for filing on OCT 31 1944 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 31 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632 114 079 112

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396967
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Deary
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 6 months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Deary
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state) Deary Idaho

4. **FULL NAME OF CHILD** Carl Oscar Olson

5. Date of Birth of Child (Month, day, year) June 14-1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Olson
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beret Aakre
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 3.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Latah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 38 years, and that Not Known — Mrs. Widstrand (First name) (Last name) who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Beret Olson Signature

P. O. Address

Subscribed and sworn to before me this 25th day of October, 1944

(SEAL) ____, Notary Public, residing at Deary, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 31 1944 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 31 1914

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

225 - 201 035 - 363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 396972
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Peck
   (c) Street Address or R.F.D. No. (Unknown)
   (d) Name of Hospital or Maternity Home: (Home)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Peck
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Peck, Idaho.

4. **FULL NAME OF CHILD** Edna Mildred Skelton

5. Date of Birth of Child (Month, day, year) Aug. 1, 1906

6. Sex female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Skelton
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Jacksonville (City or town) Alabama (State or foreign country)
14. Exact Occupation Farmer & Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Cotter
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Sherman City (City or town) Mich (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 dead

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of Spokane }

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 34 years, and that Wm James Lyle (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature E. P. Cotter

P. O. Address

Subscribed and sworn to before me this 19th day of October, 19 44

(SEAL) L. D. Means, Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1944 by Mabel Hyde, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 31 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-205025-312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 397011
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City White Bird
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 23 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City White Bird
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 61 yrs.

3. **RESIDENCE OF FATHER** (city, state) White Bird Idaho

4. **FULL NAME OF CHILD** Jennie Olive Delmage

5. Date of Birth of Child (Month, day, year) 1-15-1906

6. Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sheldon Delmage
11. Color or Race W
12. Age at time of THIS birth 27 yrs.
13. Birthplace St Paul (City or town) Minnesota (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Maud Castle
17. Color or Race W
18. Age at time of THIS birth 25 yrs.
19. Birthplace Dayton (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1. (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Idaho } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 38 years, and that Dr. Wilson A. Foskett (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud Delmage Signature

White Bird, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of October, 1944

(SEAL) D. J. Limer, Notary Public, residing at Grangeville

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1944 by Mabel Hilder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 8 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

643-118025-553

897030

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in own home
(e) Mother's stay BEFORE delivery: IN THIS county years 1 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) 15 years - Grangeville

4. FULL NAME OF CHILD Earl Fuller

5. Date of Birth of Child (Month, day, year) Dec 16 - 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mth

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Harrison A. Fuller

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Cherokee Nation (City or town) Arkansas (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mattie Nelson

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Minnesota (City or town) in a Mining Camp (State or foreign country)

20. Exact Occupation Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at home M. on the date and at the place stated above, and that personal particulars were furnished by Dr Stockton (First name) (Last name), who is related to this child as Dr's Harrison & Fuller (Mother, etc.)

25. Attendant's **OWN** signature Harrison A Fuller M.D. Dr Stockton Midwife Address Grangeville Date Dec 18th 1906

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 13 1944 by Mabel Weber, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

649-107006-619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398136
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Moreland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Moreland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moreland, Ida.

4. **FULL NAME OF CHILD** Freeman Augustus Furniss

5. Date of Birth of Child (Month, day, year) July 7 1906

6. Sex Boy

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Thomas Augustus Furniss
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Gertrude Farnsworth
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Joseph City Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 39 years, and that Mrs. Armsford (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Gertrude Furniss Signature

Lava Hot Springs P. O. Address

Subscribed and sworn to before me this 10th day of November 1944.

(SEAL) [illegible], Notary Public, residing at Lava Hot Springs Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 15 1944 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-128201-751

395195

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 395195
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth).
   (a) County ADA (b) City MERIDIAN
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years – months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ADA
   (c) City MERIDIAN
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian, Idaho

4. **FULL NAME OF CHILD** GLENN PEABODY HADLEY

5. Date of Birth of Child (Month, day, year) April 28, 1906

6. Sex MALE

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) No

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Alonzo Sidney HADLEY
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace (City or town) Indiana (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Merchandise Retail

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CAROLINE AZUBA PEABODY
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace (City or town) QUEBEC, (State or foreign country) CANADA
20. Exact Occupation HouseWife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of WASHINGTON } ss.
County of WHATCOM }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 75 years, and that MIDWIFE (First name) (Last name), who attended this birth CANNOT be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline A. Hadley Signature
2500 ELDridge Ave. Bellingham, WASH. Address

Subscribed and sworn to before me this 28th day of November, 1944.
(SEAL) [signature], Notary Public, residing at Bellingham, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 - 1944 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, ~~or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-121 010-963

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398219
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City former Bingham Mail received at
   (c) Street Address or R.F.D. No. Ammon, Idaho
   (d) Name of Hospital or Maternity Home:
   born at home
   (e) Mothers stay **BEFORE** delivery:
   In **THIS** county 0 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby, Idaho
   (d) Street Address or R.F.D. No. Rt. 2
   (e) How long has **MOTHER** lived in Idaho? 57 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby, Ida.

4. **FULL NAME OF CHILD** Thomas Edwin Whittle

5. Date of Birth of Child (Month, day, year) August, 21st, 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Almond Whittle
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Richmond, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Caroline Rolfe
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Fairfiled, Utah (City or town) (State or foreign country)
20. Exact Occupation Farmer wife
21. Industry or Business Do.

22. Name prophylactic used to prevent Ophthalmia Neonatorum regular
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lydia Caroline Whittle (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Mary Rhoberry now dead — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Jefferson }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 1 year years, and that Mary Rhoberry (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia Caroline Rolfe (Whittle) Whittle Signature

Rigby, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of November, 1944.

(SEAL)

Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires April 5th 1947

Received for filing on DEC 4 - 1944 by Mabel Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 19 1968

FEB 16 1970

DEC 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

954-225022 294

398-98

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398298
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1½ months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Wyoming (b) County Uinta
   (c) City Jackson
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Jackson Wyo

4. **FULL NAME OF CHILD** Dorothy Redmond

5. Date of Birth of Child (Month, day, year) Dec. 25, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Preston Redmond
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Newport, Rhode Island (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Simpson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Deadwood So. Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of WYOMING
County of Teton } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 38 years, and that Dr. (First name) Lewis (Last name), who attended this birth can't be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Simpson Redmond — Signature

Jackson, Wyoming. — P. O. Address

My Commission Expires Oct. 25, 1946

Subscribed and sworn to before me this 28th day of December, 1944.

(SEAL) E. M. Mosby, Notary Public, residing at Jackson, Wyo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JAN 4 1945 by Mabel Fyfe, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

643 221 044 766

United States Department of Commerce
Bureau of the Census

DEC 8 1944 (Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 398336
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Weiser General Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years – months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** Esther Pearl Fuller

5. Date of Birth of Child (Month, day, year) Aug. 21, 1906

6. Sex f

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** JOHN JAMES FULLER
11. Color or Race WH
12. Age at time of THIS birth 46 yrs.
13. Birthplace HAWRIDGE (City or town) ALABAMA (State or foreign country)
14. Exact Occupation realestate agent
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA SIVILLIA POWELL
17. Color or Race WH
18. Age at time of THIS birth 36 yrs.
19. Birthplace SWEET HOME (City or town) OREGON (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4-00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Robert Fuller (First name) (Last name), who is related as elder brother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Washington }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 38 years, and that Dr. Joseph Numbers (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert A. Fuller Signature

153 W. Liberty
Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of December, 1944

(SEAL) Nona Nelson, Notary Public, residing at Weiser, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1944 by Mabel Wilder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 16 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398337
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Lincoln
   (c) Street Address or R.F.D. No. Idaho Falls, R.F.D. 1
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 7 months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) ~~City~~ Town Lincoln
   (d) Street Address or R.F.D. No. Idaho Falls, R.F.D. 1
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lincoln, Ida.

4. **FULL NAME OF CHILD** Franz Alvin Beck

5. Date of Birth of Child (Month, day, year) DEC. 26. 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Franz albin Beck
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Unterriebel Saxony, Germany. (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Utah Idaho Sugar Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Emilie Schwab
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Burkhardtsgrun, Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ **Address** ____ **Date** ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Utah } ss.
County of Cache }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 38 years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida E. Schwab Beck Signature
333 Crockett Ave. Logan, Utah P. O. Address

Subscribed and sworn to before me this 22 day of November, 1944
(SEAL) Annie Petersen, Notary Public, residing at Logan Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1944 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 16 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth~~ which has occurred ~~subsequent to such date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 399435
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: In country - no hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 8 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser — R.F.D. No 1
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser Idaho

4. **FULL NAME OF CHILD** Laura Bloomer

5. Date of Birth of Child (Month, day, year) Dec 13 - 1906

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Anderson Bloomer
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Fairview (City or town) Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Lawson
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Fairview (City or town) Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

There was no doctor
Midwife is now dead

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of Idaho
County of Washington } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 38 coming 12/13/44 years, and that — (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Bloomer Signature
Weiser Idaho P. O. Address

Subscribed and sworn to before me this 9th day of December, 1944

(SEAL) E R Coulter, Notary Public, residing at Weiser Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 18 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DEC 8 0 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

E51-120-020-E51

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399624
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mt Home
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mt. Home
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Frances Tillman Yeats

5. Date of Birth of Child (Month, day, year) Sept 3 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Claude Tillman Yeats
11. Color or Race W
12. Age at time of THIS birth 37 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Stockman & Butcher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Atlanta May Heath
17. Color or Race W
18. Age at time of THIS birth 26 yrs.
19. Birthplace Montana Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 64 years of age, that I have known this person for life years, and that Mrs. Whitney (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Atlanta Yeats Signature
Mt. Home, Idaho P. O. Address

Subscribed and sworn to before me this 15 day of Jan., 1945.

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan. 15 1945 by Mabel L. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Silver City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Silver City
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 66 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Bernice Catharine Murphy

5. Date of Birth of Child (Month, day, year) Sept. 5, 1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Joseph Murphy
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace County Limerick (City or town) Ireland (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business — —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Margaret Burke
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace St. Louis (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business — —

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 38 years, and that Dr. (First name) Hamilton (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna A. Murphy Signature

1704 N. 14th St., Boise, Ida. P. O. Address

Subscribed and sworn to before me this 7th day of February, 1945.

(SEAL) Mabel M. Sturgis, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1945 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1945

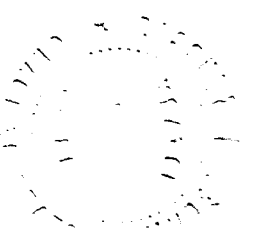
FEB 1 1945

DEC 31

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



263-120-030-467

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400777
Local Reg. No.
Reg. Dist. No.

JAN 13 1945

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Lemhi
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho Tok (b) County Lemhi Tok NP
   (c) City Lemhi
   (d) Street Address or R.F.D. No. Same Tok-NP
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) decesed

4. **FULL NAME OF CHILD** Frederick Bolts Jr.

5. Date of Birth of Child (Month, day, year) Sept. 20th 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9-mO

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frederick BoltsSr.
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Oldenburg (City or town) Germeny (State or foreign country)
14. Exact Occupation Farming & Mining
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Magdalena Mogg
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Steten (City or town) Germeny (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Alameda } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Magdalena Mogg Bolts Signature

..... P. O. Address

Subscribed and sworn to before me this 16th day of September, 1944.

(SEAL) Thomas A Kruck, Notary Public, residing at San Leandro Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 16 1945 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 1 9 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-223-006-845

400856

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400856
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BINGHAM (b) City BLACKFOOT
   (c) ~~Street Address~~ or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BINGHAM
   (c) City BLACKFOOT
   (d) ~~Street Address~~ or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) BLACKFOOT IDA

4. **FULL NAME OF CHILD** HELEN BARRUS

5. Date of Birth of Child (Month, day, year) Nov. 23, 1906

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** RUEL MICHAEL BARRUS
11. Color or Race WHITE
12. Age at time of THIS birth 56 yrs.
13. Birthplace GRANTSVILLE UTAH (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** IDA HUNTER
17. Color or Race WHITE
18. Age at time of THIS birth 40 yrs.
19. Birthplace GRANTSVILLE UTAH. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argent
23. Number of children of this mother: (a) At time of birth and including this child 10. (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Ida H. Barrus (First name) (Last name)
who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Mary E. B. Black M.D. Midwife **Address** **Date**

AFFIDAVIT

State of Idaho }
County of Bingham } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1945 by Mabel Hyler, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-030-005-622

400977

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City Emida
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Benewah
   (c) City Emida
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emida, Idaho.

4. **FULL NAME OF CHILD** HAZEL ALICE BROWN

5. Date of Birth of Child (Month, day, year) Oct. 30, 1906.

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Charles Anthony Brown
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Nodaway County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zilla Ethelda Osborn
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Gentry County, Missouri. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7. (b) Born alive and now living 6.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington } ss.
County of Thurston }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the older brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 39 years, and that Mrs. John Helsing (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jesse Earl Brown Signature

1512 East 13th Ave., Olympia, Wash. P. O. Address

Subscribed and sworn to before me this 17th day of January, 1945.

(SEAL) Claude T. Weather, Notary Public, residing at Olympia

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1945 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864-116-022-643

401025

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Burn Grove
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Burn Grove
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 6-3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** James Curtis Young

5. Date of Birth of Child (Month, day, year) Feb 16. 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Young
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Baldwin (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Adrienne Wilson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace St George (City or town) Utah. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 64 years of age, that I have known this person for 36 11 21 days years, and that Adrienne Wilson (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adrienne W. Young Signature

St. Anthony Idaho P. O. Address

Subscribed and sworn to before me this 13 day of February, 1945

(SEAL) D. Archibald, Notary Public, residing at St Anthony

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on [illegible] by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 7 1967

FEB 21 1945

DELAYED REGISTRATION LAW

~~(1937 Session Laws, Chapter 139, Section 4)~~

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, **such report may** be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

549-115-043-243

401038 401038

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Valley (b) City Roseberry
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay BEFORE delivery: In THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Valley
   (c) City Roseberry
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 40 yrs

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Fredrick Vernon Nuzman

5. Date of Birth of Child (Month, day, year) April 15, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Augustus Nuzman
11. Color or Race White
12. Age at time of THIS birth 69 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Isabelle Sutherland
17. Color or Race White
18. Age at time of THIS birth 49 yrs.
19. Birthplace Springfield, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ella Emma McDonald (First name) (Last name) who is related as Sister (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 38 years, and that I was the only person (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Emma McDonald Signature

Rt. 11, Bx 821, Tacoma, Wn. P. O. Address

Subscribed and sworn to before me this 23rd day of February, 1945.

(SEAL) Guy Grebe, Notary Public, residing at Kuna, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1945 by Mabel Fyfe, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364-227.001-219

40 1045

401045

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 401045
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1517 Jefferson
   (d) Name of Hospital or Maternity Home: BORN AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 9 months 27 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1517 Jefferson
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Ida

4. **FULL NAME OF CHILD** HELEN BARBER COUNCIL

5. Date of Birth of Child (Month, day, year) Oct. 27, 1906

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WILLIAM HENRY COUNCIL
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace CARTHAGE Mo. (City or town) (State or foreign country)
14. Exact Occupation SALESMAN
15. Industry or Business MEN'S CLOTHING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LEE BARBER
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace JERICO SPRINGS MISSOURI (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature Fred A. Tillery Jr. M.D. Midwife Address Boise Idaho Date 3/2/45

AFFIDAVIT

State of ____
County of ____ ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1945 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 4 1966

DEC 1 5 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Amended July 3, 1952

699-101004651

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402154
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Bennington
   (c) Street Address or R.F.D. No. Bennington, Ida.
   (d) Name of Hospital or Maternity Home: Home at Bennington, Idaho
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Bennington, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) B., Idaho

4. **FULL NAME OF CHILD** ARUNAH CEASAR WRIGHT

5. Date of Birth of Child (Month, day, year) March 1, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Amos R. Wright
11. Color or Race white
12. Age at time of THIS birth 66 yrs.
13. Birthplace Exter, Illinois (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Loella Weaver
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Milleville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bear Lake } ss.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 39 years, and that Dr. D'Or Pointer (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Conover Wright Signature
Bennington, Idaho P. O. Address

Subscribed and sworn to before me this 26 day of February, 1945.

(SEAL) Len Aland, Notary Public, residing at Montpelier, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mar. 5, 1945 by Mabel F. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bear Lake } ss.

Certificate No. 40215A

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Arunah Caesar Wright (Name on Original Certificate) who was born (Was Born or Died) 1906 on March 1, 1906 (Date of Event)
in Bennington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by A certificate of blessing was also sent into this office, as (Bible Record, Insurance Policy, Etc.) prepared on proof of the date of birth. (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	March 6, 1906	March 1, 1906

Subscribed and sworn to before me this 27 day of June, 1952

E D Clark
Notary Public, residing at Montpelier, Idaho
My commission expires April 5, 1956
(Seal)

Signed Conver Wright
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Bennington Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of June, 1952

E D Clark
Notary Public, residing at Montpelier, Idaho
My commission expires April 5, 1956
(Seal)

Signed Wallace Weaver
(Signature of Any Credible Person)
Bennington Idaho
(Street Address, City, State)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho ..... Certificate No. [illegible]

County of Bear Lake ..... ss. Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Arunah Caesar Wright (Name on Original Certificate) who was born (Was born or Died) on March 1, 1906 (Date of Event)

in Bennington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... prepared on ..... (Bible Record, Insurance Policy, Etc.) ..... (Other Date) are:

FACTS TO BE CORRECTED (Name, Birth Date, Cause of Death, Etc.)	FROM (As on Original)	TO (The Correct Facts)

Signed Emma Wright (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Bennington, Idaho (Street Address, City, State)

Sworn to before me this ..... day of ..... 19 .....

Notary Public residing at .....

My commission expires .....

(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho ..... ss.

County of Bear Lake

(This Affidavit MUST Also be Executed. (see Chapter 138, 1937 Idaho Session Laws))

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ..... 19 .....

Signed Wallace Weeks (Signature of Any Credible Person)

Bennington, Idaho (Street Address, City, State)

Notary Public residing at .....

My commission expires .....

(Seal)

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402154
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Bennington
   (c) Street Address or R.F.D. No. Bennington, Ida.
   (d) Name of Hospital or Maternity Home: Home at Bennington, Ida.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lak
   (c) City Bennington, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state) B. Idaho

4. **FULL NAME OF CHILD** Arunah Ceasar Wright

5. Date of Birth of Child (Month, day, year) Mar. 6, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Amos R. Wright
11. Color or Race White
12. Age at time of THIS birth 66 yrs.
13. Birthplace Exter, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Loella Weaver
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Milleville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Bear Lake } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 39 years, and that Dr. D'Or Pointer (First name) (Last name), who attended this birth Can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Conover Wright Signature

Bennington Idaho P. O. Address

Subscribed and sworn to before me this 26 day of February, 1945

(SEAL) Ken Lewis, Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 - 1945 by Mabel Helder, Registrar

MAR 7 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

559-226-022-156

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 402157
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? [illegible] yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Anthony Idaho

4. **FULL NAME OF CHILD** Helen Neifert

5. Date of Birth of Child (Month, day, year) July 26, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David C. Neifert
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Knoxville (City or town) Iowa (State or foreign country)
14. Exact Occupation School principal
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Jane Jefferson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Casey (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Adams } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 73 years of age, that I have known this person for 39 years, and that Dr Middleton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

D. C. Neifert — Signature

Council Idaho — P. O. Address

Subscribed and sworn to before me this 3 day of March, 1945

(SEAL) Eu Ellenson, Notary Public, residing at Council, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1945 by [illegible], Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Harrison
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Harrison
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state) 43

4. **FULL NAME OF CHILD** Violet Chadbourne

5. Date of Birth of Child (Month, day, year) Jan. 22, 1906

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Chadbourne
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace New York City, N. Y. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ora Hollingsworth Chadbourne
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Ava, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Kootenai } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 39 years, and that Dr. John Busby (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ora H. Chadbourne Signature

Coeur d'Alene, Marine Route, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1945

(SEAL) Eudece E. Jones, Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1945 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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659-226-807 469

402295 402295

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 402295
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Broadford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Broadford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ann Vivian Werry

5. Date of Birth of Child (Month, day, year) June 26, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nicholas Werry

11. Color or Race White

12. Age at time of THIS birth 57 yrs.

13. Birthplace Cornwall, England (City or town) (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Craise Morcom

17. Color or Race White

18. Age at time of THIS birth 45 yrs.

19. Birthplace Redruth, England (City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Dorothy Werry (First name) (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 6.5 years of age, that I have known this person for 38 years, and that O. J. Allen (First name) M.D. (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dorothy Grace Werry Signature

610 Russell St. Boise P. O. Address

Subscribed and sworn to before me this 15 day of March, 1945

(SEAL) Alvina O. Ray Notary Public, residing at Boise, Ada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 15 1945 by Maud Hall, Registrar.

MAR 15 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659-230007-659

402296

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 402296
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Broadford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Broadford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Bertha Evelyn Werry

5. Date of Birth of Child (Month, day, year) Sept. 30, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Tom Werry
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Ruby Hill (City or town) Nevada (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dorothy Grace Werry
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Ruby Hill (City or town) Nevada (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Dorothy Werry (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 65 years of age, that I have known this person for 38 years, and that O. J. (First name) Allen (Last name) M.D., who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dorothy Grace Werry Signature
610 Knox St. Boise P. O. Address

Subscribed and sworn to before me this 15 day of March, 1945

(SEAL) Alice O. Ray Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MAR 15 1945

Received for filing on by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 15 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has ~~occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

816-230-044-663

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402320
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Council
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private Home of Mrs Alf. Peebles.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months 1/4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Council
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Council Idaho

4. **FULL NAME OF CHILD** Ella Dollie Hawley.

5. Date of Birth of Child (Month, day, year) 9/30/1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Harry Hiram Hawley
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Lincoln (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer. (Before marriage
15. Industry or Business in 1905 Public School teacher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Mary Wolverton
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Effingham (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife. (Before
21. Industry or Business marriage was Teacher in Public School

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 2 01 M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature Frank Brown M.D. ~~Midwife~~ Address Salem, Oregon Date 3-9-45

AFFIDAVIT

State of Oregon
County of Marion } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 39 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Lillie Hawley Signature
R.F.D. 2 Box 137 Independence Ore. P. O. Address

Subscribed and sworn to before me this 8 day of March, 1945.

(SEAL) [illegible], Notary Public, residing at [illegible] Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1945 by [illegible], Registrar

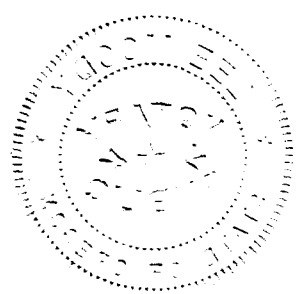
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



459 230021-255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403392
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 24 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Blanche Merrill

5. Date of Birth of Child (Month, day, year) Dec. 30, 1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank T. Merrill
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Smithfield, (City or town) Utah (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Studebaker Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Bennett
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Mapleton, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Frank (First name) Merrill (Last name) who is related as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Franklin }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 38 years, and that Allen R. Cutler Sr. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank T. Merrill Signature

Preston, Idaho P. O. Address

Subscribed and sworn to before me this 19 day of March, 1945.

(SEAL) Ed Crockett, Notary Public, residing at Preston Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 22 1945 by Mabel Hilton, Registrar

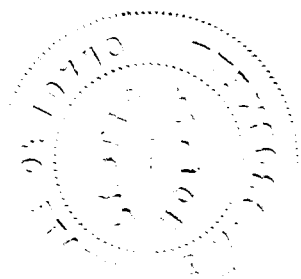
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



864 125016-766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403422
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Albion
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private home of Mrs. Lillian Powell
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Albion
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Fineous B. Young

5. Date of Birth of Child (Month, day, year) 2/25/1906

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Calvin N. Young
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Powell
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Custer } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 38 years, and that Dr. Storey and Mrs. Lillian Powell (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Lillian Black Signature

Challis Idaho P. O. Address

Subscribed and sworn to before me this 16th day of March, 1945

(SEAL) [signature], Notary Public, residing at Challis, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 3 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-106 004-5B

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 403463
Local Reg. No. 55
Reg. Dist. No. 5

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Dingle
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 34 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Dingle
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dingle, Idaho

4. **FULL NAME OF CHILD** Aldon Marcelle Bridges

5. Date of Birth of Child (Month, day, year) Dec. 6, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Bridges
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Nate
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Paris (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ellen Bridges (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Montpelier Idaho Date March 16, 1907

State of Idaho
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19 .

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar

Use only BLACK Ink or BLACK Record writer ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing envelope bearing FIRST-CLASS postage. Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an ing. Each certified copy requires an or coin.

APR 1 9 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 2 9 1945

413-212 006-255

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 403521
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Coltman
(c) Street Address or R.F.D. No. 1 Rigby Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Coltman
(d) Street Address or R.F.D. No. 1 Rigby
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) 9

4. FULL NAME OF CHILD Lygia Neresa Dalton Dec 12th

5. Date of Birth of Child (Month, day, year) 1906, Dec 12

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick William Dalton
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Rancher & Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Dorthea Benson
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Bryhansher Bornholm Denmark (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for years, and that James (First name) Rawson (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

F. W. Dalton Signature
1705 N 15th St Boise P. O. Address

Subscribed and sworn to before me this 9 day of April, 19 45

(SEAL) Nell Edison Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR - 9 1945 by [illegible] Registrar.

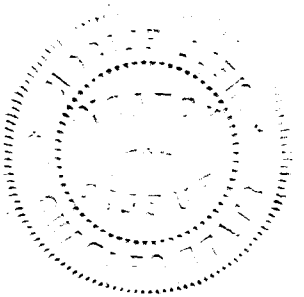
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 18 1952



386-11502-459 403534 403534

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County FRANKLIN (b) City PRESTON
   (c) Street Address or R.F.D. No. NONE
   (d) Name of Hospital or Maternity Home: HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County FRANKLIN
   (c) City PRESTON
   (d) Street Address or R.F.D. No. 252 E. 1ST SOUTH
   (e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. **RESIDENCE OF FATHER** (city, state) DECEASED

4. **FULL NAME OF CHILD** JOSEPH MEIKLE THOMAS

5. Date of Birth of Child (Month, day, year) APR. 15, 1906.

6. Sex MALE

7. Twin or Triplet ---

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? YES.

FATHER OF CHILD

10. **FULL NAME** JOSEPH HARRISON THOMAS
11. Color or Race W.
12. Age at time of THIS birth 46 yrs.
13. Birthplace AMERICAN FORK, UTAH (City or town) (State or foreign country)
14. Exact Occupation TEACHER
15. Industry or Business SCHOOLS

MOTHER OF CHILD

16. **FULL MAIDEN NAME** AGNES MEIKLE
17. Color or Race W.
18. Age at time of THIS birth 36 yrs.
19. Birthplace SMITHFIELD, UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at 6:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by AGNES (First name) THOMAS (Last name) who is related as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature DECEASED M.D. Midwife Address -- Date 4-13-45

AFFIDAVIT

State of IDAHO
County of ADA } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 38 years, and that ALLEN (First name) R. CUTLER SR. (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes M. Thomas. Signature

252 EAST 1ST SOUTH, PRESTON, IDAHO. Address

Subscribed and sworn to before me this 13 day of April, 1945.

(SEAL) O. M. Laing, Notary Public, residing at Preston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1945 by Mary Felder, Registrar

APR 13 1945

FEB 16 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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919 123 022-459

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) APR 11 1945

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 403593

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FREEMONT (b) City LORENZO
(c) ~~Street Address or~~ R.F.D. ~~No.~~ 1
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD IRA-ELIAS-RAINEY

5. Date of Birth of Child (Month, day, year) 4-23-1906

6 Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JAMES-ALBERT-RAINEY
11. Color or Race WHITE
12. Age at time of THIS birth 39 yrs.
13. Birthplace RICHMOND (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME AMARIEM-CORNELIA MERRILL
17. Color or Race WHITE
18. Age at time of THIS birth 38 yrs.
19. Birthplace SMITHFIELD (City or town) - UTAH (State or foreign country)
20. Exact Occupation HOUSE-WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO
County of JEFFERSON } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 39 years 11 months years, and that MRS. PETERSON (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Barbara E. Hawkl Signature
Lorenzo P. O. Address

Subscribed and sworn to before me this 10TH day of APRIL 1945
(SEAL) [signature] Notary Public, residing at Rigby Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 8 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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249 109 014 643 404661

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404661
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay BEFORE delivery: In THIS county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett Ida
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett

4. FULL NAME OF CHILD Raymond Don Kurt

5. Date of Birth of Child (Month, day, year) January 9-1906

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Walter Kurt
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Emmett Ida. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie May Fulton
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Clarion County Penn. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Ida
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for life years, and that ..... (First name) (Last name), who attended this birth Dr. Cummings (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Carrie Kurt Signature
Emmett Idaho P. O. Address

Subscribed and sworn to before me this 26 day of May 1945
(SEAL) Mabel Felder, Notary Public, residing at Boise, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 15 1970
FEB 10 1971

MAY 29 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-211 004-342

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

APR 30 1945

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 404690
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Wyo (b) County Lincoln
   (c) City Cokeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cokeville Wyo.

4. **FULL NAME OF CHILD** Louise Banks

5. Date of Birth of Child (Month, day, year) Sept-11-1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Cornelius Banks
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Lewiston (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Ann Tubbs
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Weber valley (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliz Ann Banks Signature

Montpelier Ida. P. O. Address

Subscribed and sworn to before me this 27th day of April 19 45

(SEAL) [illegible], Notary Public, residing at Bear Lake, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 1945 by [illegible], Registrar

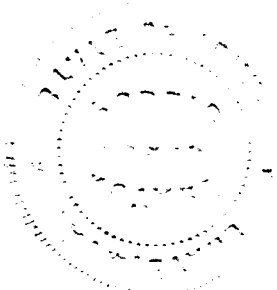
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



845-224029-849

United States Department of Commerce
Bureau of the Census

APR 3 1945 APR 30 1945

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404694
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) ~~Street Address~~ or R.F.D. No. 5
   (d) Name of Hospital or Maternity Home: delivery at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Ida (b) County Latah
   (c) City Moscow
   (d) ~~Street Address~~ or R.F.D. No. 6
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow Ida

4. **FULL NAME OF CHILD** Goldie Lenn Hunt

5. Date of Birth of Child (Month, day, year) Jan 24 - 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Fredrick Hunt
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Iowa (City or town) U S A (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertie Lumbey.
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Buffalo (City or town) Kansas (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Oregon
County of Lane } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 39 years, and that Artie (First name) Hunt (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertie Moore Signature

Cottage Grove, Oregon P. O. Address

Subscribed and sworn to before me this 28 day of April for Oregon 1945

(SEAL) ____ Notary Public, residing at Cottage Grove

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-[illegible], Idaho Code Annotated.) My commission expires May 21/1947

Received for filing on MAY 3 1945 by ____, Registrar

MAY 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-210004-155

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404738
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City St. Charles
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Birth at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City St. Charles
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Life yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Charles Ida.

4. **FULL NAME OF CHILD** Genevieve Eliza Blade

5. Date of Birth of Child (Month, day, year) July 10, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John A Blade
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Sundsvall (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Cecelia Jensen
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace St. Charles, (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of IDAHO
County of BEAR LAKE } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 38 years, and that Warren B. West, M. D. (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine C Blade Signature
St Charles, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of May, 1945.

(SEAL) , Notary Public, residing at PARIS, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 8 1945 by , Registrar

MAY 9 - 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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459-103-004-255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 105878
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Sharon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Sharon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sharon Idaho

4. **FULL NAME OF CHILD** Ernest Bentley Derricott

5. Date of Birth of Child (Month, day, year) May 3-1902

6. Sex Male

7. ~~Twin or~~ Triplet ~~If so—born~~ 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ly Derricott
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Sharon Idaho (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Do.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Winn Bentley
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Little Blackfoot Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Do.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Alice (First name) Shepherd (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.V. Hayward M.D. Midwife Address Logan Utah Date 5-19-45

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 26 1945

JAN 20 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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415-119-035-477

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. 405907

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. Main St
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. Main St
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston Ida

4. FULL NAME OF CHILD Oliver La Valle Rankey

5. Date of Birth of Child (Month, day, year) JAN 19-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert P Rankey
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace St Louis (City or town) Missouri (State or foreign country)
14. Exact Occupation Hotel Cook
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Inez Uppinghouse
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace New Canton (City or town) Illonis (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 5-9 years of age, that I have known this person for 40 years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Inez Ghormley - Nee - Eva Inez Rankey Signature
Lewiston Idaho Box 57 P. O. Address

Subscribed and sworn to before me this 21 day of May, 1945

(SEAL) Roy Weingarten CLERK OF THE DISTRICT COURT AND EX OFFICIO AUDITOR AND RECORDER Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1945 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 26 1945

JUL 22 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-102-201-493

406004

406068

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 406068
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Meridian
   (c) ~~Street Address~~ or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Meridian
   (d) ~~Street Address~~ or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian, Ida

4. **FULL NAME OF CHILD** William Dean Davidson

5. Date of Birth of Child (Month, day, year) May 2, 1906

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Johnson Davidson
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Virginia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Tessie Lee Miller
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Main City (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 65 years of age, that I have known this person for 39 years, and that Dr. P. L. Payne (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Tessie Lee Davidson Signature

Meridian Idaho P. O. Address

Subscribed and sworn to before me this 29th day of June 1945.

(SEAL) Mabel Felder, Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

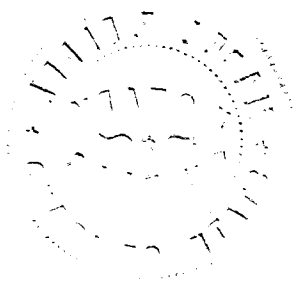
Received for filing on JUN 29 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



112-207-040-811

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 406101
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Mullan
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Mullan
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 mo yrs.

3. **RESIDENCE OF FATHER** (city, state) Mullan Ida.

4. **FULL NAME OF CHILD** Aili Ethel Jaskari

5. Date of Birth of Child (Month, day, year) Dec. 7, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Jaskari
11. Color or Race male White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Nurmoosa (City or town) Finland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Haapasarri
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Nurmoosa (City or town) Finland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lempi (First name) Sinnemaki (Last name) who is related as Friend (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Shoshone } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 39 years, and that Martha (First name) Niemi (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lempi Sinnemaki Signature

Box 684 Kellogg Idaho. P. O. Address

Subscribed and sworn to before me this 21 day of May, 1945

(SEAL) Mary M. Stout, Notary Public, residing at Kellogg Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. Commission expires July 30, 1945

Received for filing on JUN 14 1945 by Mary Fidler, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

561-210-2044-219

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 406110
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lula Lydia Vojkuvka

5. Date of Birth of Child (Month, day, year) April 10, 1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Vojkuvka
11. Color or Race
12. Age at time of THIS birth 36 yrs.
13. Birthplace Frenstat Czechoslovakia (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Hannah Barosh
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Frenstat Czechoslovakia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT

State of OREGON
County of Josephine } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 36 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X John Vojkuvka Signature

Rogue River, Oregon P. O. Address

Subscribed and sworn to before me this 2 day of June 1945.

(SEAL) Hannah A. Johnson, Notary Public, residing at Grants Pass, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm Exp. 7-13-47

Received for filing on JUN 14 1945 by Mabel Miller, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

399-230-214-396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407205
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Unknown years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa, Idaho

4. **FULL NAME OF CHILD** Ada Veryle Griggs

5. Date of Birth of Child (Month, day, year) Sept. 30, 1906

6. Sex Female

7. Twin or Triplet No If so, born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Wesley Griggs
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Curry Valley, Del. (City or town) (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business Flour Mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Stella Shambaugh
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Millbank, S. Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. ~~Name prophylactic used to prevent Ophthalmia Neonatorum~~ Unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 38 years, and that Unknown (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Charlotte Griggs Signature

1624 N. La Fe Ave. P. O. Address

Subscribed and sworn to before me this 6th day of June, 1945.

(SEAL) M. K. Saunders, Notary Public, residing at Pasadena

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Jan. 20, 1948

JUN 26 1945

Received for filing on ____ by Mabel Reider, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268 121 029 255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407238
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latha (b) City Potlatch
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years 2 months 12 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latha
   (c) City Potlatch
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Potlatch Ida.

4. **FULL NAME OF CHILD** Irven Lester Boyd

5. Date of Birth of Child (Month, day, year) Dec. 21, 1906

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Woodburn Boyd
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Clinton (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elva Elvina Benson
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Potlatch (City or town) Idaho (State or foreign country)
20. Exact Occupation Houses Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Oregon, County of Columbia. } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 38 years, and that Dr. George Boyd (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Woodburn Boyd Signature

Rainier, Oregon P. O. Address

Subscribed and sworn to before me this 7th day of June, 1945

(SEAL) [illegible], Notary Public, residing at Rainier

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. exp. 7/4/48

Received for filing on JUN 28 1945 by Mary Fidler, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 28 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-215028-693

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407248
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Springston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Springston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Eunice Eleanor Barker

5. Date of Birth of Child (Month, day, year) Nov. 15, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John David Barker
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Wilbur
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Bay City, Mich. (City or town) (State or foreign country)
20. Exact Occupation Housewife ~~Farmer~~
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of California } ss.
County of Stanislaus }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 38 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Heidsman Signature
formerly Mabel Barker
Box 153 Stevinson, Calif. P. O. Address

Subscribed and sworn to before me this 19th day of June 1945

(SEAL) Albert N. Rosen, Notary Public, residing at Denair, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1945 by Mark Fuller, Registrar

JUL 3 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

267 223 029 645

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407270
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Deary
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Deary
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Deary, Idaho

4. **FULL NAME OF CHILD** BLANCHE ELIZABETH BOGAR

5. Date of Birth of Child (Month, day, year) August 23, 1906

6. Sex Female

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) No

8. No. months of Pregnancy Nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Patterson Bogar
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Dassel, (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Grain Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Belle Funk
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Hutchinson, (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of ____ County of ____ } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 39 years, and that Doctor (First name) Hunter (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John P Bogar Signature

1402 E 61st St Los Angeles P. O. Address

Subscribed and sworn to before me this 30th day of June 1945

(SEAL) ____, Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC
In and for the County of Los Angeles, State of California
My Commission Expires Sept. 27, 1947

Received for filing on JUL 6 1945 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 6 1945

JUL 28 195

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-107044-165

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407336
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County WASH., (b) City WEISER.
   (c) Street Address or R.F.D. No. 2.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO. (b) County WASH.
   (c) City WEISER.
   (d) Street Address or R.F.D. No. 2.
   (e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. **RESIDENCE OF FATHER** (city, state) WEISER, IDA.

4. **FULL NAME OF CHILD** DELBERT HERSHEL BARTON.

5. Date of Birth of Child (Month, day, year) FEB. 7, 1906.

6. Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? YES.

FATHER OF CHILD

10. **FULL NAME** Timothy W. BARTON.
11. Color or Race WHITE.
12. Age at time of THIS birth 34 yrs.
13. Birthplace PARIS, (City or town) TENN. (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY-EVELYN-JONES.
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace WEISER, (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSE-WIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1. (b) Born alive and now living 3.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name)

who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of IDAHO. County of WASHINGTON. } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 39 years, and that DR. C. B. SHIRLEY (First name) (Last name), who attended this birth IS DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Evelyn Barton. Signature

WEISER, IDAHO. P. O. Address

Subscribed and sworn to before me this 3 day of July, 1945.

(SEAL) [signature], Notary Public, residing at Weiser

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 13 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

19 711 024 412

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407354
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Bliss
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Bliss
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Bliss Idaho

4. FULL NAME OF CHILD Noah Albyine Carrico

5. Date of Birth of Child (Month, day, year) July 11, 1906

6 Sex Boy

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Walter Carrico
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Old Greenfield, Missouri (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maud Cornelia Mason
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace The Dalls Oregon Co. Wasco (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Samuel Walter Carrico (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 38 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel Walter Carrico Signature
General Deliv Oakdale Calif P. O. Address

Subscribed and sworn to before me this 10 day of July, 1945
(SEAL) Clarence E. Wood, Notary Public, residing at Oakdale
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 12 1945 by Mabel Felder, Registrar

JUL 12 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective [illegible] of Chapter 191, 1911 Session Laws, has not been recorded, or in ca[illegible]ilure to report any birth which has occurred subsequent to such d[illegible]eport may be received and filed by the local registrar for record in [illegible] Bureau of Vital Statistics for the purposes and uses prescribed in C[illegible]r 2, Title 38, Idaho Code Annotated, when such report is accompani[illegible] a certificate of the attending physician or midwife [illegible] by affidavi[illegible] the father or mother of the child, or if neither fath[illegible] mother of th[illegible]d is living or accessible, of the nearest of kin or [illegible]ardian, or some person having direct knowledge in the premises.

765-201-035 355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407377
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Peck, Idaho
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City Peck
   (d) Street Address or R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? 3 mos yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Bertha May Pfefferkorn

5. Date of Birth of Child (Month, day, year) Oct 1, 1906

6. Sex Female

7. Twin or Triplet

8. If so—born 1st, 2nd, 3rd

9. No. months of Pregnancy 9

10. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred A Pfefferkorn
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Saxony (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lily DellaSee
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Milon (City or town) Mo (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Oregon
County of Umatilla } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 39 years, and that Mrs Mc Clausen (First name) (Last name), who attended this birth Can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lily Della Robb
Signature

Summerville Ore
P. O. Address

Subscribed and sworn to before me this 13 day of July 1945.

(SEAL)

J R Olsen, Notary Public, residing at La Grande Or

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 10 1945

APR 12 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

351-217035-345

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407383
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Farm
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Pearl Norine Leachman

5. Date of Birth of Child (Month, day, year) June 17-1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Leachman
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Quincy (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie L. Tuth
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Ames (City or town) Story County Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 12:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mattie L. Leachman (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Wash. } ss.
County of Clark }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 39 years, and that Dr. Schaff (First name) (Last name), who attended this birth CANNOT be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mattie L. Leachman — Signature
3501-V-St. Vancouver Wash. — P. O. Address

Subscribed and sworn to before me this 10 day of July 1945.

(SEAL)

Roy W. Cleland, Notary Public, residing at Vancouver.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1945 by Mary Fields, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 8 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-214025-857

408386

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408386
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) ~~Street Address~~ or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 6 months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Ferdinand
   (d) ~~Street Address~~ or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ferdinand, Ida.

4. **FULL NAME OF CHILD** Stella Amanda Browning

5. Date of Birth of Child (Month, day, year) Sept. 14, 1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Newton Browning
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Mo. (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Evelyn Measley
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Lenton Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 12 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Idaho }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 67 years of age, that I have known this person for 38 years, and that Dr. L. J. Stockton (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles W. Measley Signature
Grangeville, Ida. P. O. Address

Subscribed and sworn to before me this 23 day of July, 1945.

(SEAL) M L Ayers, Notary Public, residing at Grangeville Ida.

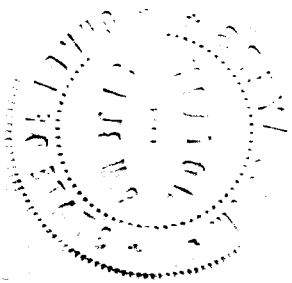
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1945 by Mary Ellen, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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408391

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408391
Local Reg. No. 408391
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Goshen
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 1 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Goshen
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. **RESIDENCE OF FATHER** (city, state) Goshen Ida.

4. **FULL NAME OF CHILD** Joseph Levon Christensen

5. Date of Birth of Child (Month, day, year) Feb. 9 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Niels Christensen
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ardema Killian
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Glenwood (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bingham } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for all life years, and that Alice Sessions (midwife) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ardema K. Christensen Signature
Shelley, Idaho, RFD 2 P. O. Address

Subscribed and sworn to before me this 1st day of August, 1945.

(SEAL) L. Christensen, Notary Public, residing at Shelley, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 2 1945 by Mary Felder, Registrar

AUG 1 1945

FEB 25 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUL 31 1945

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408424
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minidoka (b) City Minidoka
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minidoka
   (c) City Minidoka
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Minidoka Idaho

4. **FULL NAME OF CHILD** Katherine Edith Ziller

5. Date of Birth of Child (Month, day, year) May 5 - 1906

6. Sex Female

7. Twin or Triplet — If so-born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Romedio Ziller
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Tyrol (City or town), Austria (State or foreign country)
14. Exact Occupation Railroad
15. Industry or Business Oregon Shortline R. R

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Mary Anselmi
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Prussia (City or town), Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California } ss.
County of Los Angeles }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 39 years, and that unknown (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry R. Ziller Signature

812 West 98th St. 44 Los Angeles Cal. P. O. Address

Subscribed and sworn to before me this 28th day of July, 19 45

(SEAL) Bessie A. Caughey, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 2 1945 by Mary Felder, Registrar

AUG 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408480
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Bennington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bennington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bennington, Ida.

4. **FULL NAME OF CHILD** Gladys Merrill

5. Date of Birth of Child (Month, day, year) Sept. 30, 1906

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ambrose Dunn Merrill
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Bennington (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Estella Ipsen
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Mantua (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Estella Ipsen (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Caroline Ipsen ~~M.D.~~ Midwife Address Montpelier, Idaho Date July 14, 1945

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

867 110 021 237

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408487
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Clifton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born in parents home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Clifton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. **RESIDENCE OF FATHER** (city, state) Clifton, Ida.

4. **FULL NAME OF CHILD** William Byran Hogan

5. Date of Birth of Child (Month, day, year) November 10, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Stephen Tucker Hogan
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Levyville, Levy County, Florida (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Laura Stringfellow
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Daleville, Dale County, Alabama (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 39 years, and that Mrs. Phillips (Midwife) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary L. Hogan Signature

415 W. 15th Street Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of August, 1945

(SEAL) John McNorney, Notary Public, residing at Idaho Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

965 - 215003 215

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408488
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County (b) City Pocatelo
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County
   (c) City POCATELLO
   (d) Street Address or R.F.D. No. 134 River R
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) POCATELLO IDA.

4. **FULL NAME OF CHILD** MATILDA JANE HOVEY

5. Date of Birth of Child (Month, day, year) Aug 15 1906 Aug 9 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Francis Hovey
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace South (City or town) City Town Not Known (State or foreign country)
14. Exact Occupation Painter, railroad
15. Industry or Business shops

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Sanborn
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace SALT LAKE City UTAH (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ann Hovey (First name) Hovey (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Maryann Hovey Helms M.D. Midwife Address 309 Madison St. Date Aug 8 - 1945

AFFIDAVIT

State of WASHINGTON } ss.
County of COWLITZ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 38 years, and that Shake Sanborn (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maryann Hovey Helms Signature
309 Madison Rydenwood P. O. Address

Subscribed and sworn to before me this 8th day of August 1945.
(SEAL) W. S. Forman, Notary Public, residing at Rydenwood
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1945 by Mabel Fields, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

431-220-039-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408499
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County POWER (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay BEFORE delivery: In THIS county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County POWER
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 mo. yrs.

3. RESIDENCE OF FATHER (city, state) American Falls Idaho

4. FULL NAME OF CHILD Gail McAninch

5. Date of Birth of Child (Month, day, year) Oct. 20, 1906

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Otto Meade McAninch
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Callensburg, Penn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Jane White
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Cherokee, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Kansas
County of Riley } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 38 yrs. 9 mo. years, and that Dr. NotH (First name) (Last name), who attended this birth Is Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Otto Meade McAninch
R.F.D. #4 Manhattan, Kansas
P. O. Address

Mrs. Otto Meade McAninch
R.F.D. #4 Manhattan, Kansas
Comm. Exp. 8/4-1948

Subscribed and sworn to before me this 4 day of Aug, 1945 (SEAL) Theresia Ber[illegible], Notary Public, residing at Garrison Ks.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4);

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342-220 006 957

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409522
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No. Gen. Del.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No. Gen. Del.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Etta Irene Custard

5. Date of Birth of Child (Month, day, year) July 20, 1906

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elbert Custard
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Michigan (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business - -

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Lucy Ingersoll
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Lafayette Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Annie Custard (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 39 years, and that _____ (First name) _____ (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marion F Erickson Signature

R#6 Yakima Wash P. O. Address

Subscribed and sworn to before me this 2 day of Aug, 1945.

(SEAL) Roy Madden Deputy Notary Public, residing at Yakima Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 25 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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4095 95

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409595
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Carey
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: None - Home delivery
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years 6 months -- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Carey
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 13½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Carey, Idaho

4. **FULL NAME OF CHILD** Catherine Julia Arthur

5. Date of Birth of Child (Month, day, year) Feb. 4, 1906

6. Sex Female

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) no

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Bennett Arthur
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Tooele, Tooele County, Utah (City or town) (State or foreign country)
14. Exact Occupation Livestockman and farmer
15. Industry or Business Livestock growing and farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Ann Eldredge
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Coalville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid solution
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 39 years, and that Mrs. Sarah Carey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle A. Arthur Signature

1037½ Warm Springs, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of September, 1945

(SEAL) Adelaide Black, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 12 1945 by Ruby Fuller, Registrar

SEP 1 4 1945

MAR 29 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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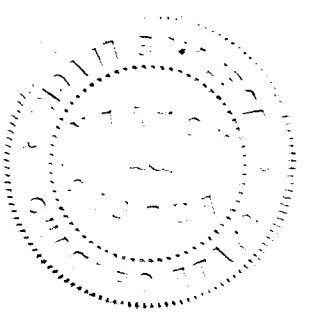

855-202025-819

Delayed birth Certificate 409615

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

DELAYED

STATE OF IDAHO

State File No. 409615
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. PLACE OF BIRTH:
   (a) County Idaho (b) City Cottonwood
   (c) Street address or R. F. D. No. —
   (d) Name of Hospital or Maternity Home: Private house
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home — Days
   In THIS County 11 years — months — days

2. USUAL RESIDENCE of MOTHER (Always fill in these)
   (a) State Idaho (b) County Idaho
   (c) City Cottonwood
   (d) Street address or R. F. D. No. —
   (e) How long has MOTHER lived in Idaho? 11 yrs.
   (f) Mother's mailing address (for registration notice): Cottonwood Ida.
   (Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ethel Loraine Henderson

5. DATE OF BIRTH (Month, day, year) June 2 - 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Horace Carlos Henderson
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Willow Ranch, Calif (City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Ethel Hamman
17. Color or Race white
18. Age at time of THIS birth 15 yrs.
19. Birthplace Cottonwood Idaho (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Was a standard serological test for syphilis performed? Yes — No — Approximate date —
23. Name prophylactic used to prevent Ophthalmia Neonatorum —
24. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3
   (c) Born alive and now dead 0 (d) Stillborn 0

25. I HEREBY CERTIFY That I attended the birth of this child, who was June 2 (born alive, stillborn) at 1 - A. M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Henderson (First name) (Last name) who is related to this child as Mother (Mother, Aunt, etc.)

27. (a) OCT 12 1915 (Date received) (b) Mary Taylor (Registrar's signature)

28. Given name added on — by — (Registrar's signature)

26. Attendant's OWN signature Emma Rooke M. D. (D.O., Midwife, etc.)
and address Grangeville Date Aug 28

OCT 12 1945

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, **within 10 days after the date of birth;** and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(e) Signature of Physician:

_____

863 2D8 010 386

409619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409619
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Park Ave.
(d) Name ~~of Hospital or Maternity~~ Home:
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Park Ave.
(e) How long has MOTHER lived in Idaho? 48 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Margaret Ethel Holden (Henry)
5. Date of Birth of Child (Month, day, year) Jan 28 1906
6 Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edwin McPherson Holden
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Ottumwa (City or town) Iowa (or Muscatine) (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Ethel Thomas
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Parsons (City or town) Kansas (State or foreign country)
20. Exact Occupation Teacher & Homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now — years of age, that I have known this person for years, and that Dr. Wilson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (~~Cannot be located~~) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edwin M. Holden Signature
512 Warm Springs Ave, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of October, 1945.

(SEAL) Clay Forbes, Clerk, Idaho Supreme Court, ~~Notary Public, residing at~~

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 12 1945 by Mary F. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

501-210 044 219

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409660
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years – months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) As, a,b,c.

4. **FULL NAME OF CHILD** Agness Alice Vojkuvka

5. Date of Birth of Child (Month, day, year) April 10, 1906

6. Sex Female

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1 st.

8. No. months of Pregnancy 9 Mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Vojkuvka
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Frenstat, Czechoslovakia (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Hannah Barash
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Frenstat, Czechoslovakia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of California
County of San Bernardino } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 39 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joe Vojkuvka Signature
Ontario Calif. P. O. Address

Subscribed and sworn to before me this 4 day of September, 1945

(SEAL) (Rev.) John J. Babyak, Notary Public, residing at Coquille, Ore.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1945 by Mary Fuller, Registrar

JUL 29 1964

SEP 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

132-124-043-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

SEP 18 1945

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410800
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Valley (b) City near Alpha
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: her home
   In **THIS** county ___ years ___ months ___ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Valley
   (c) City near Alpha
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** John Edward Atkin

5. Date of Birth of Child (Month, day, year) 9/24/06

6. Sex make

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Edward Atkin
11. Color or Race American
12. Age at time of THIS birth 25 yrs.
13. Birthplace Omega (City or town) Kansas (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Charlotta Cantrall
17. Color or Race American
18. Age at time of THIS birth 17 yrs.
19. Birthplace Susanville, (City or town) California (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business keeping house

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ___ (Born alive, stillborn) at ___ M. on the date and at the place stated above, and that personal particulars were furnished by ___ (First name) ___ (Last name) who is related as ___ (Mother, etc.)

25. Attendant's **OWN** signature ___ M.D. Midwife ___ Address ___ Date ___

AFFIDAVIT

State of Idaho
County of Valley } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 39 years, and that Adah (First name) Cantrall (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charlotta Atkin Signature

Alpha, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of September, 1945

(SEAL) Thomas A Delney, Notary Public, residing at Cascade, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 6 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

354-124-028-396

410826

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (Kootenai) (b) City Sandpoint
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home Delivery
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Sandpoint
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sandpoint Ida

4. **FULL NAME OF CHILD** Kenneth Clyde Lemley

5. Date of Birth of Child (Month, day, year) Oct. 24, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Clyde Lemley
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Eugene, (City or town) Oregon (State or foreign country)
14. Exact Occupation Railroading
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Emma Crowder (deceased)
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Unknown (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.) Dr. Page -- now deceased

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Kootenai }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 38 years, and that Dr. Page (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dona O Reimers Signature

14 S. Wall, Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 22 day of Sept, 1945.

(SEAL) Esther L. Johnson; Notary Public, residing at Coeur d'Alene Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 1945 by Mary Fields, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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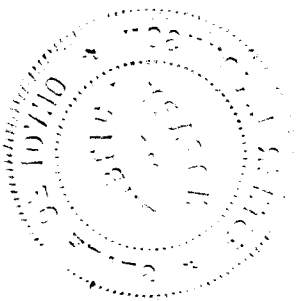


235-203-001-986

410873

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410873
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. Main street
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. Front st.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Ardwell Belle Steele

5. Date of Birth of Child (Month, day, year) Dec. 3 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Wesley Steele
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Murphysboro (City or town) Ill. (State or foreign country)
14. Exact Occupation Sheep Trainer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie May Rhodes
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Winfield (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 38 years, and that Dr. Lawrence (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Elsie Steele Signature

Boise Idaho P. O. Address

Subscribed and sworn to before me this 4th day of Nov 1945

(SEAL) Mary Fields, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 6 1945 by Mary Fields, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959-120-040-944

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410885
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Lincoln
   (c) Street Address or R.F.D. No. X
   (d) Name of Hospital or Maternity Home:
   X (e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months 25 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   X (c) City Lincoln
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lincoln Idaho

4. **FULL NAME OF CHILD** Maurice Earl Ivie

5. Date of Birth of Child (Month, day, year) Nov. 20, 1905

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Maurice C. Ivie
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Mt. Pleasant, Utah (City or town) (State or foreign country)
14. Exact Occupation Grocer
15. Industry or Business Grocery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Roxi Lutecia Rumsey
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Malad, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Utah } ss.
County of Salt Lake City }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 39 years, and that Maurice C. Ivie (First name) (Last name), who attended this birth is now living (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Maurice C. Ivie Signature

367½ W 33 So. Street P. O. Address

Subscribed and sworn to before me this 6th day of October, 1945.

(SEAL) ____, Notary Public, residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1945 by Mabel Holder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113-217.006-485

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 410901
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City
   (c) Street Address or R.F.D. No. Blackfoot, Gen. Del.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City
   (d) Street Address or R.F.D. No. Blackfoot, Gen. Del.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bingham Co., Idaho

4. **FULL NAME OF CHILD** HATTIE IRENE JACKSON

5. Date of Birth of Child (Month, day, year) January 17, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Reuben Jackson
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Richland Co. (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Rented Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Jane Myers
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Richland Co. (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Illinois
County of Richland } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 39 years, and that Dr. (First name) (Unknown) Mitchell (Last name), who attended this birth (Is now deceased) or (Cannot be located) (Unknown) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Jackson Signature

916 W. Elm St. Olney, Ill. P. O. Address

Subscribed and sworn to before me this 2nd day of October, 19 45.

(SEAL) Myra Soper, Notary Public, residing at Olney, Ill.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on OCT 16 1945 by Mary Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SR6-218-006-815

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **410902**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City ● Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 67 yrs.

3. RESIDENCE OF FATHER (city, state) deceased

4. FULL NAME OF CHILD Leah Thomas

5. Date of Birth of Child (Month, day, year) Feb 18th 1906

6. Sex Female **7.** Twin or Triplet If so—born 1st 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel George Thomas
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Bancroft (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary alpetta Hancock
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Payson (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 38 years, and that Phoebe (First name) Gunnersall (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary alpetta Johnson Signature
Pocatello Ida 161 Wilson P. O. Address

Subscribed and sworn to before me this 1st day of October, 1945

(SEAL) B Stacy Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1945 by Mabel Felder, Registrar.

OCT 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the ~~purposes and uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

152-208-025-699

411990

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County IDAHO (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 3 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Dorothy Vivian Jessup

5. Date of Birth of Child (Month, day, year) Apr 8 1906

6 Sex female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Lee Jessup
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Cherokee, Iowa (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Elizabeth Frick
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Portland Ore. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 yrs years of age, that I have known this person for 39 years, and that Mrs Jake Trautman (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Elizabeth Jessup Signature
Greencreek Idaho P. O. Address

Subscribed and sworn to before me this 25th day of October 1948

(SEAL) Mabel F Eeder, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 25th by Mabel F Eeder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 29 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

599-110-035-435

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 412012
Reg. Dist. No.

1. PLACE OF BIRTH (all items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 9 Street
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 9 St
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Ernest Wells Erwin

5. Date of Birth of Child (Month, day, year) 7-10-1906

6 Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Winfield Erwin

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Lebanon (City or town) Oregon (State or foreign country)

14. Exact Occupation

15. Industry or Business Banking

MOTHER OF CHILD

16. FULL MAIDEN NAME Theora M. Nall

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Enterprise (City or town) Oregon (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.) M.D. deceased

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington } ss.
County of King }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 39 years, and that _____ (First name) _____ (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Theora McNall (Erwin) Signature

Seattle 33 Washington P. O. Address

Subscribed and sworn to before me this 23rd day of October, 1945

(SEAL) _____, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1945 by _____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-206-035-713

412047

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ..... Local Reg. No. ..... Reg. Dist. No. .....

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County unknown (b) City Lewiston
   (c) Street Address or R.F.D. No. Gen Del
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewiston
   (c) City Lewiston
   (d) Street Address or R.F.D. No. .....
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewiston

4. **FULL NAME OF CHILD** ANNA LAURA Berreman

5. Date of Birth of Child (Month, day, year) Feb 6, 1906

6 Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Eli Mickle Berreman
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Louisville Kentucky (City or town) (State or foreign country)
14. Exact Occupation Contractor.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Victoria Angline Patterson
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Missouri (City or town) (State or foreign country) Advance
20. Exact Occupation .....
21. Industry or Business house wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Oregon } ss.
County of Jackson }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 39 years, and that Dr. (First name) Perkins (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witnesses Mydah Neil
O. R. Hardstrom

her mark (✓) Victoria Angline Berreman Signature
R.4 - Yakima, Wash P. O. Address

Subscribed and sworn to before me this 6th day of November, 1945

(SEAL) Mydah Neil Notary Public, residing at Medford, Ore.
My Commission Expires Nov. 28, 1948.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 13 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 14 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-124-014-915

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 412060
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. Gen. Del.
   (d) Name of Hospital or Maternity Home: in home residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. Gen. Del
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa, Ida.

4. **FULL NAME OF CHILD** Gordon Randall Perry

5. Date of Birth of Child (Month, day, year) Sept. 29, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Clifton Perry
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Elizabethton (City or town) Tenn. (State or foreign country)
14. Exact Occupation Plasterer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Elmira Randall
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Carthage (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% Ag. Nit.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, Stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Effie Perry (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature J. L. Murray M.D. ~~Midwife~~ Address Nampa Ida Date Oct 24 1945

State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on NOV 8 1945 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 14 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

692-111-022-239 413023 ~~145988~~ 413023

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FREMONT (b) City ANNIS
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: IN OWN HOME
(e) Mothers stay BEFORE delivery: In THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City ANNIS
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? SIX yrs.

3. RESIDENCE OF FATHER (city, state) ANNIS IDAHO

4. FULL NAME OF CHILD JOHN FLOYD FISHER

5. Date of Birth of Child (Month, day, year) 12-11 1906

6 Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ALMA LEHI FISHER
11. Color or Race WHITE
12. Age at time of THIS birth 25 yrs.
13. Birthplace ANNIS (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARTHA ELLEN STITZEL
17. Color or Race WHITE
18. Age at time of THIS birth 19 yrs.
19. Birthplace LENORA (City or town) KANSAS (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child TWO (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by ALMA LEHI FISHER (First name) (Last name) who is related as FATHER (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO
County of BONNEVILLE } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 38 years, and that LUCINDA (First name) FISHER (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have the birth recorded under Chapter 139, 1937 Session Laws.

Alma Lehi Fisher Signature
Rigel, Idaho Star Route P. O. Address

Subscribed and sworn to before me this 27th day of November 1945

(SEAL) Sam W Dennis Probate Judge Notary Public, residing at IDAHO FALLS

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1945 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 30 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-106-035-719

413144

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 413144
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Nezperce (b) City Peck
   (c) Street Address or R.F.D. No. Star Route
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay BEFORE delivery: In THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City Peck
   (d) Street Address or R.F.D. No. Star Route
   (e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Percy Miles Lents

5. Date of Birth of Child (Month, day, year) Dec. 6 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Henry Lents
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence May Parks
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Florence May Lents (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature J. M. Lytle M.D. Address Lewiston, Idaho Date 1-7-46

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1946 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 1 0 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-129021-212 413152

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413152
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City FRANKLIN.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Residence on Ranch
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Franklin
(d) Street Address or R.F.D. No. Gen Del.
(e) How long has MOTHER lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Franklin, Idaho

4. FULL NAME OF CHILD Lawrence Leroy DURRANT

5. Date of Birth of Child (Month, day, year) 12-29-1906

6 Sex Male.

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JAMES LEROY DURRANT

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Franklin, Idaho (City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME ELIZABETH ANN BAKER

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Market Lake, Idaho. (City or town) (State or foreign country)

20. Exact Occupation Farmers Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I ~~attended~~ Know of the birth of this child, who was born alive (Born alive, stillborn) at 7 A M. on the date and at the place stated above, and that personal particulars were furnished by James LeRoy (First name) Durrant (Last name) who is related as Father (Mother, etc.)

25. ~~Attendant's~~ Father OWN signature James Leroy Durrant ~~M.D.~~ ~~Midwife~~ Address Twin Falls, Ida Date 12-26-45

State of Idaho
County of Jerome } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 39 years, and that Allan R. (First name) Cutler Sr. (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Leroy Durrant Signature
Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of December 1946

(SEAL) Estella H. Pierce, Notary Public, residing at Jerome Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 16 1946 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 16 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-206001-139

413159

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413159
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Ida

4. **FULL NAME OF CHILD** Balbina Bengoechea

5. Date of Birth of Child (Month, day, year) Jan-6-1946

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Meliton Bengoechea
11. Color or Race wh
12. Age at time of THIS birth yrs.
13. Birthplace Spain (City or town) (State or foreign country)
14. Exact Occupation Sheepman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Alzola
17. Color or Race wh
18. Age at time of THIS birth yrs.
19. Birthplace Spain (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Elmore Idaho
County of Elmore } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 40 years, and that Margarita Uribar (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Luis Bengoechea Signature

P. O. Address

Subscribed and sworn to before me this 22 day of January, 1946.

(SEAL) [signature], Notary Public, residing at Mtn. Home Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1946 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 19

JUN 22 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. 415369
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. No. 329 6th Street
   (d) Name of Hospital or Maternity Home: xxx xxx
   (e) Mothers stay **BEFORE** delivery: In **THIS** county life years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lewiston
   (d) Street Address or R.F.D. No. 329 6th St.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewiston, Ida

4. **FULL NAME OF CHILD** John A. Pring

5. Date of Birth of Child (Month, day, year) March 28, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oliver Perry Pring
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Pring Station (City or town) Colorado (State or foreign country)
14. Exact Occupation Confectioner
15. Industry or Business Candy Manufacturing

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Gregory
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Lincoln (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 A M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Midwife _____ Address _____ Date _____

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 40 years, and that Dr. John R. Morris (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Gregory Pring Signature
719 5th Ave. Lewiston, Ida. P.O. Address

Subscribed and sworn to before me this 2nd day of Feb. 1946

(SEAL) Carl Malmgren, Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1946 by Mark Fields, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

079-21-024433

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 415392
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Troy
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Latah years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) Street Address or R.F.D. No. R F D # 1
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy Idaho

4. **FULL NAME OF CHILD** Goldie Fedora Spitler

5. Date of Birth of Child (Month, day, year) Nov. 3, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Isaac M. Spitler
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Arminthe McCarter
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Osage Co. Kansas (City or town) (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington } ss.
County of Pierce }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 39 years, and that Dr. Olson (First name) (Last name), who attended this birth cannot be located further (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary A Campbell Signature
6044 So. Alder St, Tacoma Wash. P. O. Address

Subscribed and sworn to before me this 7th day of February, 1946.

(SEAL) Helen Stern, Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 15 1946 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

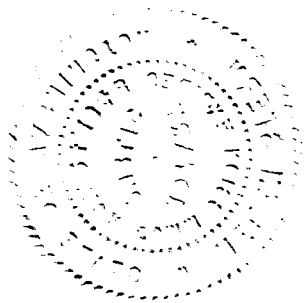
[redacted]

FEB 16 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



791-121-009-791

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 415405
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Laclede
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Laclede
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) Laclede Idaho

4. FULL NAME OF CHILD Cecil Gray

5. Date of Birth of Child (Month, day, year) Oct. 21, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Chester William Gray
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Near Eagle Point, Orea (City or town) (State or foreign country)
14. Exact Occupation machine operator
15. Industry or Business Wood working mill

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Mabel Graves
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Appleton (City or town) Wisconsin (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonner }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for since birth years, and that Dr Earl S. Prindle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Mabel Gray Signature
Laclede Idaho P. O. Address

Subscribed and sworn to before this 11 day of February; 19 46.

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 15 1946 by Mary Filer, Registrar.

FEB 19 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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391-226.003-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 415406

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home.
(e) Mothers stay BEFORE delivery: all my life
In THIS county yes. years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? always yrs.

3. RESIDENCE OF FATHER (city, state) Idaho.

4. FULL NAME OF CHILD Edna Rosezella Trappett

5. Date of Birth of Child (Month, day, year) Sept 26 1906

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John William Trappett.
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Morgan Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zelda Collins
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Grace Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: 4 (a) At time of birth and including this child none (b) Born alive and now living all

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature Deceased. M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 39 years, and that Mrs Stoddard Midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Zelda Trappett Signature
1535 N Garfield P. O. Address

Subscribed and sworn to before me this 26th day of January, 1946
(SEAL) Carole Bistline, Notary Public, residing at Pocatello
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 15 1946 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1-8 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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157-227-004-394

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 416330
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No. Box 234
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In THIS county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No. Box 234
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier, Ida

4. **FULL NAME OF CHILD** Mae Lucille Aegerter

5. Date of Birth of Child (Month, day, year) July 27, 1906

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Fred Aegerter
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Berne (City or town) Switzerland (State or foreign country)
14. Exact Occupation Railroader
15. Industry or Business Union Pacific Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Trussell
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Berne (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At ~~time of birth and including~~ this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by John F. Aegerter (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's OWN signature [signature] M.D. [redacted]e Address 2623 Pina Del Vista Dr. Date Altadena Cal.

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1946 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 12 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and filed by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795 - 224-038-485

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416406
Local Reg. No. 416406
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Payette. (b) City Payette,
   (c) Street Address or R.F.D. No. 6th St.,
   (d) Name of Hospital or Maternity (Home),
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Payette.
   (c) City Payette, Ida.
   (d) Street Address or R.F.D. No. N. 6th St.
   (e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** Grace Ethel Preston

5. Date of Birth of Child (Month, day, year) March 24-1946

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Herbert Eldon Preston
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Des Moines (City or town) Iowa (State or foreign country)
14. Exact Occupation Telephone Co.
15. Industry or Business Lineman.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mona Grace Myers
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Council Bluffs (City or town) Iowa (State or foreign country)
20. Exact Occupation
21. Industry or Business Home wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 0. (b) Born alive and now living 0.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mona Grace Preston (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Rebecca Myers X. M.D. Midwife Address Payette, Idaho Date 3-7-46

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1946 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 14 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-207-028-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417288
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Coeur d'Alene (b) City Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. Marine R.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Idaho

4. **FULL NAME OF CHILD** Ena Dorothy Larson

5. Date of Birth of Child (Month, day, year) 4/7/1906

6 Sex F.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 9

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Larson
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Bergloff
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for since birth years, and that Mrs Turner (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Larson Signature
Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of March, 1946

(SEAL) M. E. Frindsen, Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1946 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOISE 25 1940

666-226-201-241

417312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Boise
(c) Street address or R. F. D. No. no 6th
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home — Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise.
(d) Street address or R. F. D. No. no 6th St
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Boise Ida

4. FULL NAME OF CHILD Ethel Leone Wood

5. DATE OF BIRTH (Month, day, year) Dec. 26. 1906

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy full term

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Nathan Wood

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Idaho City (City or Town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Self —

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Dorothy Smart

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Jordan Valley (City or Town) Oregon (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Credes Solution

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 6 A M. on the date and at the place stated above, and that personal particulars were furnished by Mabel (First name) Wood (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAR 25 1946 (Date received) (b) Mabel Felder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature John Boick M. D. (D. O., Midwife, etc.)
and address Boise Ida Date Dec 28th 1906

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

MAR 25 19[illegible]

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DELAYED

243-125-025-575

417334

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County IDAHO (b) City WINONA
   (c) Street Address or R.F.D. No.
   (d) ~~Name of Hospital or Maternity Home~~: Born at the Farm Home of Paternal Grandparents - T.C. Buckingham
   (e) Mothers stay **BEFORE** delivery: In THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County IDAHO
   (c) City WINONA
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** ALFRED EGELSTON BUCKINGHAM

5. Date of Birth of Child (Month, day, year) July 25, 1906

6. Sex MALE

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) No

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ROSS DAVIS BUCKINGHAM
11. Color or Race WHITE
12. Age at time of THIS birth 24 yrs.
13. Birthplace YAMHILL, (City or town) OREGON (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JESSIE MAUDE EGELSTON
17. Color or Race WHITE
18. Age at time of THIS birth 21 yrs.
19. Birthplace BLUE SPRINGS, (City or town) NEBRASKA (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ross D. Buckingham (First name) (Last name) who is related as FATHER (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Montana
County of Park } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 39½ years, and that Dr. Fred Campbell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ross D Buckingham Signature

Livingston Mont. P. O. Address

Subscribed and sworn to before me this 4th day of February, 1946.

(SEAL) Mrs M. Mason CLERK DISTRICT COURT, PARK CO., MONT. Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1946 by Mary Ryder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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APR 5 1954

533-224-022-813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417336
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County FREMONT (b) City REXBURG
(c) Street Address or R.F.D. No. #1
(d) Name of Hospital or Maternity Home: Cut HOME
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City REXBURG
(d) Street Address or R.F.D. No. RD#1
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) PAYSON UTAH

4. **FULL NAME OF CHILD** LEONA L LAPRETL ELLSWORTH

5. Date of Birth of Child (Month, day, year) 4-24-1906

6 Sex GIRL

7. Twin or Triplet — If so—born (1st) 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** BENJAMIN F. ELLSWORTH
11. Color or Race WHITE
12. Age at time of THIS birth ✓ yrs.
13. Birthplace PAYSON (City or town) UTAH (State or foreign country)
14. Exact Occupation RURAL MAIL CARRIER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** PEARLE HALES ELLSWORTH
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace GROUSE CREEK (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of UTAH
County of SALT LAKE } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for SINCE BIRTH years, and that MRS CARL PETERSON (First name) (Last name), who attended this birth IS DEAD (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Benj F Ellsworth — BENJAMIN F. ELLSWORTH Signature
1327 Street SALT LAKE P. O. Address

Subscribed and sworn to before me this 18 day of March, 1946
(SEAL) [signature], Notary Public, residing at Salt Lake County

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1946 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 7 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464-216-025-993

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 417374
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Zenna Berniece Moughmer
2. Date of Birth (month) (day) (year): October 16, 1906
3. Color or Race: White
4. Sex: Fem.
5. Place of Birth a. County: Idaho
b. City or Town of Birth: Keuterville

FATHER

6. Full Name of Father: William Blair Moughmer
7. State or Country of Father's Birth: Galesville, Wisconsin

MOTHER

8. Full Maiden Name of Mother: Lenora Richardson
9. State or Country of Mother's Birth: Sparta, Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Zenna Hockett
11. Present Address of Registrant: 1760 Columbia Cottage Grove Ore

NOTARY (Seal)

Subscribed and sworn to before me on Oct. 16 1956

12. Signature of Notary: Mary Smoler
13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires July 9, 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible record	Family record	viewed in	this office
Class* B	Date of Birth: 10-16-06 / Birth Place: Keuterville, Ida.	Full Name of Mother: Lenora Richardson Moughmer	Name of Father: William Blair Moughmer	
SUPPORTING RECORD 2.	Social Security Record	Treasury Department	June 29,	1942
Class B	Date of Birth: October 16, 1906 / Birth Place: Cottonwood, Ida	Full Name of Mother: ho Lenora Richardson	Name of Father: William B. Moughmer	
SUPPORTING RECORD 3.	School Record	Jack D. Morton-Registrar Oregon College of Education	10-9-56	Oct. 19, 1956
Class B	Date of Birth: Oct. 16, 1906 / Birth Place:	Full Name of Mother:	Name of Father: W. B. Moughmer	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Bevan	vr Verna Wilson	Oct. 22, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 22 1956

JUL 15 1968

168-215040-261

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 418381
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gertrude Ingaberg Marie Johnson

5. Date of Birth of Child (Month, day, year) Feb 15, 1906

6 Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Oscar Johnson

11. Color or Race White

12. Age at time of THIS birth yrs.

13. Birthplace Dalsland (City or town) Sweden (State or foreign country)

14. Exact Occupation

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Elizabeth Swanson

17. Color or Race White

18. Age at time of THIS birth yrs.

19. Birthplace Lerdals (City or town) Sweden (State or foreign country)

20. Exact Occupation

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington } ss.
County of Clallam }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 43 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C. L. Johnson Signature

134 West 9 - St P. O. Address

Subscribed and sworn to before me this 12 day of April, 1946.

(SEAL) R. A. Johnstone, Notary Public, residing at Port Angeles.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 25 1946 by , Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUN 18 1976

993-103004-799

MAY 2 1946

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 418403
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Paris
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 30 years 9 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Paris
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Paris, Idaho

4. **FULL NAME OF CHILD** Lorenzo Price Rich

5. Date of Birth of Child (Month, day, year) Jan. 3, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter P. Rich
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Paris (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kate May Price
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Paris (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Bear Lake }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 40 years, and that Dr. William (First name) Hayward (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kate (May Price) Rich Signature

Paris, Idaho. P. O. Address

Subscribed and sworn to before me this 29th day of April, 1946.

(SEAL)

Notary Public, residing at Paris, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 1946 by Mary Fylar, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363 114 001-381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 418420
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. R.F.D. #3
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay BEFORE delivery: In THIS county 1 years 2 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 3
(e) How long has MOTHER lived in Idaho? 1 2 mo yrs.

3. RESIDENCE OF FATHER (city, state) Boise 14 day

4. FULL NAME OF CHILD William Maybin Cotton

5. Date of Birth of Child (Month, day, year) April 14 1906

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph G Cotton
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Dakota Territory (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Daisy Alice Maybin
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Near Dothen Alabama (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Elmore } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 40 years, and that Dr Brereton (First name) Nurse Mrs Avery (Last name), who attended this birth are both deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph G. Cotton Signature
Rt. #3, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of April, 1946

(SEAL) Ena Tagerstedt, Notary Public, residing at Anderson Dam, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 1946 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 5 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DK-539-224006-693 418464

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 418464
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blacjkoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years one months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Montana (b) County Powell
   (c) City Rase Track
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montana

4. **FULL NAME OF CHILD** Georgia Ellen Eliason

5. Date of Birth of Child (Month, day, year) Jan, 24th. 1906

6 Sex Female

7. Twin or Triplet X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9-Mo

9. Legitimate? Yes 1906

FATHER OF CHILD

10. **FULL NAME** Isaac Eliason
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Soda Springs (City or town) Idaho (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Rancher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Armedia Lousia Wilde
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Brigham City (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by Ira N. Wilde (First name) (Last name) who is related as Brother (Mother, etc.)

25. Attendant's **OWN** signature Ira N. Wilde M.D. Midwife Address 936 Potrero El Monte Cal. Date April 9th/46

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 40 years, and that Isaac Eliason (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Armedia Lousia Talbott Signature

532-Whistler Ave. El Monte P. O. Address

Subscribed and sworn to before me this 9th day of April, 1946.

(SEAL) [signature], Notary Public, residing at El Monte. Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires June 18, 1947

Received for filing on May 16 1946 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

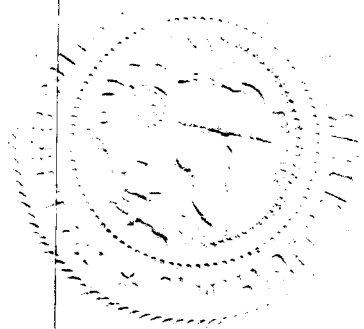
AUG 11 1965

MAY 16 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



266-207037 493 418467

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 418467
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City De Samar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county yes years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City De Samar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) De Samar Ida

4. **FULL NAME OF CHILD** Agnes Bowen

5. Date of Birth of Child (Month, day, year) April 7-1906

6 Sex Girl

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Everett Bowen
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace ~~De Samar~~ Pawtucket (City or town) ~~Idaho~~ (State or foreign country) Rhode Island
14. Exact Occupation Accountant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Mills
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Trout Creek (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 40 years, and that Dr Farrer + Hamilton (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa M. Bowen Signature
St Lukes Hospital P. O. Address

Subscribed and sworn to before me this 17th day of May, 1946
(SEAL) Mabel Felder, Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 17 1946 by Mabel Felder, Registrar

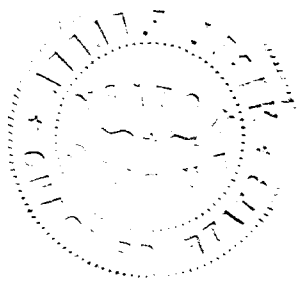
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



13 224 001 315

418471

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 418471
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) C[redacted]da (b) City Boise
   (c) [redacted]ress or R.F.D. No. Home
   (d) [redacted]ospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 18th Hazel Ave.
   (e) How long has **MOTHER** lived in Idaho? All yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Ida May Allumbaugh

5. Date of Birth of Child (Month, day, year) August 29th 1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank B. Allumbaugh
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Iowa (City or town) Nora Springs (State or foreign country)
14. Exact Occupation Dairyman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Margret Canfield
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Ogden (City or town) Iowa (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M. Calloway M.D. Midwife Address 308 State, Boise Idaho Date 5-21-46

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1946 by , Registrar

MAY 21 1938

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-215001-653

418492

418492

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 418492
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City So. Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 3 months 9 days 12

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City So. Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Gladys Caroline Miller

5. Date of Birth of Child (Month, day, year) Feb. 15, 1906

6. Sex female Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest W Miller
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josie Wetzel
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Nebraska City, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of
County of } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 39 years, and that Dr Gregory (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josie M. Miller Signature
2105 Irene St. Boise P. O. Address

Subscribed and sworn to before me this 8th day of June, 1945.

(SEAL) Milton M. Johnson, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1946 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 12 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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986-130-014-314

418500

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 418500
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 9 months 30 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Olaf Newton Rhodes

5. Date of Birth of Child (Month, day, year) Dec 30. 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Newton Henry Rhodes
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Virginia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nannie Isabella Lam
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Pleasant Valley Virginia (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature Idaho M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Canyon } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 40 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nannie Isabella Lam Rhodes Signature
Modesto, California P. O. Address

Subscribed and sworn to before me this 13th day of June, 1946.

(SEAL) Lois Hollinsworth, Notary Public, residing at Nampa, Ida.

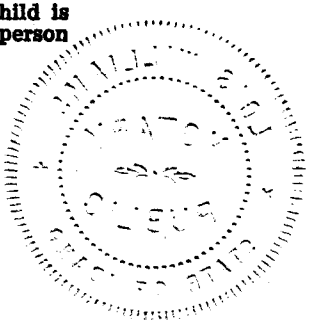
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 13 1946 by [illegible], Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



JUN 13 1949

693 122 023 276

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

419486

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Kootenai
City of (Rural) Athol
No. ----- St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD: CLARENCE EDGAR WICKERSHAM

3. Sex: M. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth Sept. 22, 1906 (Month, Day, Year)

FATHER

9. Full name: Wesley John Wickersham
10. Residence (usual place of abode) (If non-resident, give place and State): Spirit Lake, Idaho R.F.D. Athol, Ida.
11. Color or race: W. | 12. Age at last birthday: 40 (years)
13. Birthplace (city or place) (State or Country): Illinois

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stationary Fireman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Tanhandle Lumber Co
16. Date (month and year) last engaged in this work: 1935 about, 1935
17. Total time (years) spent in this work: about 20 years

MOTHER - deceased

18. Full maiden name: SARA FRANCES Brown Wickersham
19. Residence (usual place of abode) (If non-resident, give place and State): R.F.D., Athol, Ida.
20. Color or race: W. | 21. Age at last birthday: 29 (years)
22. Birthplace (city or place) (State or Country): Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housewife
25. Date (month and year) last engaged in this work: June 5th, 1939
26. Total time (years) spent in this work: all life married life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother (At time of this birth and including this child): Three
(a) Born alive and now living: 2 (b) Born alive but now dead: 1 (c) Stillborn: None

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING ~~PHYSICIAN OR~~ MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report MAY 24 1946

(Signed) ..... , M. D.

or Beatrice Snyder (Beatrice Snyder), Midwife

Address 2912 N. Post St., Spokane 12, Wash.

Filed April, 1946

Registrar. Registrar.

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Spokane } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Beatrice Snyder being first duly sworn says that she is not ~~the~~ related to (Relationship of child)* ~~of~~ Clarence Edgar Wickersham

born Sept. 22, 1906 (Date of birth) at (Rural), Athol, Kootenai Co., Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Clarence Edgar Wickersham hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that she, herself, was the midwife, ~~Mr. Dr. was the Midwife~~ ~~medical attendant~~ at the birth of said Clarence Edgar Wickersham and that ~~the said medical attendant is~~ there was no medical attendant at said birth (Now deceased (or) cannot be located)

Name of Affiant Beatrice Snyder (Beatrice Snyder)

P. O. Address 2912 N. Post Street, Spokane 12, Wash.

Subscribed and sworn to before me this 23rd day of April, 1946

Loraine D. Peterson
Notary Public.

Residing at Spokane, Wash. ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington

County of Spokane

Beatrice Ryder

she is not — related to Clarence Edgar Vickerman
(Name of child)

born Sept. 22, 1906 at (Rural), Ethel, Kootenai Co.,
(Date of birth) (Place of birth)

[illegible] she [illegible]

[illegible] Clarence Edgar Vickerman

[illegible] attached are true and correct [illegible]

[illegible] has not been [illegible]

AND of further states that she, herself, was the midwife

at the birth of said Clarence Edgar Vickerman and that

there was no medical attendant at said birth
(Name of attendant (or) cannot be located)

Name of Affiant Beatrice Ryder

P. O. Address 2012 N. Post Street, Spokane 17, Wash.

Subscribed and sworn to before me this 23rd day of April 1943

Notary Public

Residing at Spokane, Wash.

* If the father and mother are deceased, and the next nearest relative signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, uncle, etc.

284-224011 612

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419467
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boundary (b) City Bonners Ferry
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county XX years 1 months XX days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boundary
   (c) City Bonners Ferry
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 Month yrs.

3. **RESIDENCE OF FATHER** (city, state) Bonners Ferry Idaho

4. **FULL NAME OF CHILD** Bonner Vivian Squires

5. Date of Birth of Child (Month, day, year) May 24, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Albert Squires
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Oto, Iowa (City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Bonner Mercantile Co

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Alvilda Washburn
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Council Bluffs, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Frances (First name) Squires (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Oregon
County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 39 years, and that Cannot recall (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances A Squires Signature

2219 S. E. 70th. Portland, Ore. P. O. Address

Subscribed and sworn to before me this 22nd day of May, 1946

(SEAL) E. B. Erland, Notary Public, residing at Portland, Ore

Notary Public for Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 24 1946 by Mabel Felder, Registrar

NOV 14 1972

MAY 11 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAY 29 1947

366-123007-315

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419533
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Blaine (b) City Hetchburna
   (c) Street Address or R.F.D. No. General Delivery
   (d) Name of Hospital or Maternity Home: Rented House
   (e) Mothers stay BEFORE delivery: In THIS county years months 30 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Gooding
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Gooding

4. FULL NAME OF CHILD Wilfred Austin Coon

5. Date of Birth of Child (Month, day, year) June 23 1946

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Sherman Coon
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Red Bluff California (City or town) (State or foreign country)
14. Exact Occupation Sheep Rancher
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosa Ray Lander
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Turlock California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 3 A.M. on the date and at the place stated above, and that personal particulars were furnished by Rosa R. Willis (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Canyon }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 40 years, and that Dr. from Hailey (First name) (Last name), who attended this birth is not known to me (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Rosa R. Willis Signature

423 Denver, Caldwell, Ida. P. O. Address

Subscribed and sworn to before me this 24th day of May, 1946.

(SEAL) Lucile Kress, Notary Public, residing at Caldwell, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1946 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1966
JUN 14 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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231 215035 635

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419541
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nezperce (b) City Ilo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 10 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County Nezperce
(c) City Ilo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) 5

4. **FULL NAME OF CHILD** Geneva Violet BLAIR

5. Date of Birth of Child (Month, day, year) Sept-15-1906

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William M. BLAIR
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace Keokuk (City or town) Iowa (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie-V-WHEAT
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace Genesee (City or town) - Idaho (State or foreign country)
20. Exact Occupation HOUSWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 40 years, and that MRS (First name) IMEL (Last name), who attended this birth IS DEAD (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie V Murphy Signature
Twin Falls Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of June 1946
(SEAL) J. T. Phipps Jr., Notary Public, residing at Twin Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1946 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

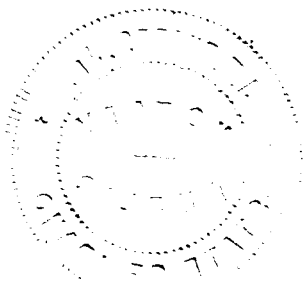
JUN 20 1940

JUN 14 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



432-129 018 693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419560
Local Reg. No. 9
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Weippe
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay BEFORE delivery: In THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Weippe
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) same as above

4. FULL NAME OF CHILD Ben Franklin McKinney

5. Date of Birth of Child (Month, day, year) Dec. 29, 1906

6 Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Elias Fred McKinney	16. FULL MAIDEN NAME Louie Delia Wilkinson
11. Color or Race White 12. Age at time of THIS birth 24 yrs.	17. Color or Race White 18. Age at time of THIS birth 24 yrs.
13. Birthplace Near Liberty, Iowa (City or town) (State or foreign country)	19. Birthplace Near Liberty, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business Farming	21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Marion } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 39 years, and that Susie McKinney (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Louie Delia McKinney Signature
Route 1, Box 274, Salem, Oregon P. O. Address

Subscribed and sworn to before me this 22nd day of May, 1946.

(SEAL) [signature], Notary Public, residing at Salem, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on 11 1946 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 14 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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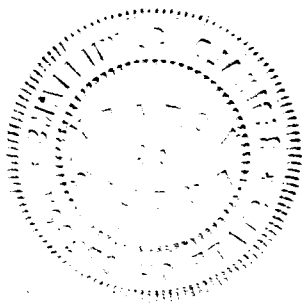


643 123-003-453

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 419585
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 4 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Downey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Smithfield, Ut.

4. **FULL NAME OF CHILD** Robert LaFayette Fulkerson

5. Date of Birth of Child (Month, day, year) 1-23-1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lafayette Armstrong Fulkerson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Stockton, (City or town) Kansas (State or foreign country)
14. Exact Occupation Agent
15. Industry or Business Union Pacific R. R. Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Delaney
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Morris, (City or town) Illinois. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah } ss.
County of Cache }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 40 years, and that Doctor (First name) Bean (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A Fulkerson Signature
Smithfield, Utah. P. O. Address

Subscribed and sworn to before me this 4th. day of February, 19 46.

(SEAL) Geo. G. Nelson Notary Public, residing at Smithfield, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1946 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

665-206001-497

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419591
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. Grove St
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Sabra Tacile Owens

5. Date of Birth of Child (Month, day, year) March 6 - 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry R Owens
11. Color or Race white American
12. Age at time of THIS birth 21 yrs.
13. Birthplace Oakley (City or town) Idaho (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sabra Almeda Dixon
17. Color or Race white American
18. Age at time of THIS birth 22 yrs.
19. Birthplace Clifton (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Utah
County of Bear } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for life years, and that Dr James Stewart (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sabra D Owens Signature

33 N 2 E East P. O. Address

Subscribed and sworn to before me this 10 day of April, 1946

(SEAL) [illegible], Notary Public, residing at Logan

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1946 by Mabel Holden, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459 207036-235

419642

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419642
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malpleton
   (c) Street Address or R.F.D. No. I
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malpleton
   (d) Street Address or R.F.D. No. I
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston, Ida

4. **FULL NAME OF CHILD** Virginia Merrill

5. Date of Birth of Child (Month, day, year) Aug. 7 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Orrin Preston Merrill
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Smithfield (City or town), Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice May Stephenson
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Lewiston (City or town), Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Franklin } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 40 years, and that Dr. George W. (First name) States (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice S. Merrill Signature

Preston, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of July, 1946

(SEAL)

Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 15 1946 by ____, Registrar

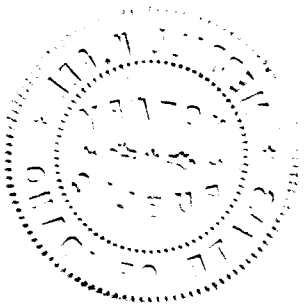
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 16 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 420652
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County (b) City Sweet
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Sweet
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sweet, Idaho

4. **FULL NAME OF CHILD** Helen Charlotte Nielson

5. Date of Birth of Child (Month, day, year) Feb. 11, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Nielson
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Ephraim Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen B Ailey
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Moroni Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) ~~Born~~ alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of San Joaquin } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 40 years, and that Lee Shippen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Nielson Signature

Manteca Calif 121 South Sherman P. O. Address

Subscribed and sworn to before me this 20th day of June, 1946.

(SEAL) Esther Thoma, Notary Public, residing at Manteca, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 25 1946 by Mary Fields, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 30 1946

JUL 2 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-120029-437

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 420660
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. - - - -
   (d) Name of Hospital or Maternity Home: residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow,
   (d) Street Address or R.F.D. No. - - -
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Walter Clement Robbins

5. Date of Birth of Child (Month, day, year) Jan. 20, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd - - -

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Sherman Robbins
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Rockford, Illinois (City or town) (State or foreign country)
14. Exact Occupation Owner of Ice and Fuel Co.
15. Industry or Business Ice and Fuel Company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary A. McGarr
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Auburn, New York (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business - - - - - - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Latah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 40 years, and that Dr. C. L. Gritman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A McGarr Robbins Signature

Box 268, Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of June, 1946.

(SEAL) E. L. Thompson, Notary Public, residing at Moscow, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 28 1946 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 5 1970

JUN 30 1949

FEB 27 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 420715
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Lago
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home Farm Residence
(e) Mothers stay BEFORE delivery: In THIS county 21 years months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Delbert Bennett

5. Date of Birth of Child (Month, day, year) April 5 1906

6 Sex Male

7. Twin or Triplet 1 child ~~If so born~~ 1st, ~~2nd, 3rd~~

8. No. months of Pregnancy 9 mts

9. Legitimate? X

FATHER OF CHILD

10. FULL NAME Carson Bennett
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Franklin Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gena Rasmussen
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Lago Idaho (City or town) Bannock Co (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~Born~~ Born Girl 5 (Born alive, stillborn) at Lago M. on the date and at the place stated above, and that personal particulars were furnished by Annie Rasmussen (First name) (Last name) who is related as Aunt (Mother, etc.)

25. Attendant's OWN signature Annie Rasmussen M.D. Midwife Address Lago Idaho Date April 5 1906

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for all my Life years, and that Annie Rasmussen (First name) (Last name), who attended this birth April 5 1906 (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1946 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866 106-021-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 420720
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Weston Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: Home
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Weston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weston Idaho

4. **FULL NAME OF CHILD** Horace Wylie Hoopes

5. Date of Birth of Child (Month, day, year) Aug 6 1906

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Wylie Hoopes
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Weston (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Mary Nelson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Weston (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for years, and that Dr Allen Cutler (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Hoopes Signature
Tetonia P. O. Address

Subscribed and sworn to before me this 19 day of June, 1946.
(SEAL) [signature], Notary Public, residing at Tetonia
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1946 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 16

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231 227038-249

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUL 11 1946

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 420724
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Payette (b) City Payette
   (c) Street Address or R.F.D. No. R.F.D #1
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 3 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Payette
   (c) City Payette
   (d) Street Address or R.F.D. No. R.F.D No. 1
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Ida.

4. **FULL NAME OF CHILD** Alice Leone Staples

5. Date of Birth of Child (Month, day, year) June 27, 1906

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Milton Staples
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Frampton, Prov. of Quebec, (City or town) CANADA (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Anna Burright
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Harland, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington
County of King } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 40 Years Since birth years, and that Do not remember as he moved away soon after ##(First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

##Mrs. Mary Winters who also attended is also deceased.

Edith Anna Staples Signature

4831 - 35th S.W., Seattle, Wn. P. O. Address

Subscribed and sworn to before me this 21st day of June, 1946

(SEAL)

Opal L. Smith, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

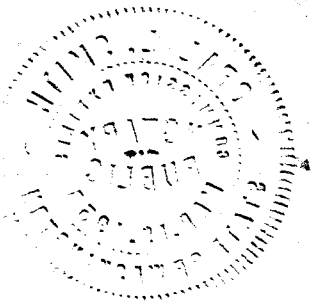
Received for filing on JUL 18 1946 by ____, Registrar

MAR 18 1947
JUL 18 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the local registrar for record in the Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



455-121-022-249

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 421902
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No. c
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony
   (d) Street Address or R.F.D. No. c
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ira John Denney

5. Date of Birth of Child (Month, day, year) April 21 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** DeMarmer Denney

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Cantril (City or town) Iowa (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Rachel Smith

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Parmgar (City or town) Iowa (State or foreign country)

20. Exact Occupation Farmer

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No doctor.

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Missouri
County of Henry } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 40 years, and that [redacted] (First name) [redacted] (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

DeMarmer Denney Signature

Clinton Mo Rt 2 P. O. Address

Subscribed and sworn to before me this 13th day of July 1946

(SEAL) Fred J. Marsh Notary Public, residing at Clinton Mo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1946 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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354-10-028-495 ACS ISAB

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 421911
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lootan i (b) City Springston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lootani
   (c) City Springston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Carl Herman Lemke

5. Date of Birth of Child (Month, day, year) November 10 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herman Carl Lemke
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Millwrite
15. Industry or Business Orcon Pulp & Paper

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Belle Diehl
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Springston Idaho (City or town) (State or foreign country)
20. Exact Occupation Musician
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Oregon
County of Marion } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Belle Lemke Signature
2354 N Summer P. O. Address

Subscribed and sworn to before me this 5 day of August, 1946.

(SEAL) Notary Public, residing at Salem

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public in and for the State of Oregon
My Commission Expires March 10, 1948.

Received for filing on AUG 8 1946 by Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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495-217-024-219

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 421914
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County GOODING (b) City HAGERMAN
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: NONE
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 11 months 17 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County GOODING
   (c) City HAGERMAN
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? [illegible] yrs.

3. **RESIDENCE OF FATHER** (city, state) HAGERMAN, IDA.

4. **FULL NAME OF CHILD** LUPA MAE MINARD

5. Date of Birth of Child (Month, day, year) Nov. 17 1906

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** BERTON ELBRIGE MINARD
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace DES MOINS (City or town) IOWA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EDITH ELLA BARTON
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace CHADRON (City or town) NEBR. (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by EDITH E. MINARD (First name) (Last name) who is related as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of IDAHO
County of GOODING } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 40 years, and that ELVINA MINARD (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter ~~139~~, 1937 Session Laws.

x Edith E. Minard Signature

Hagerman, Idaho P. O. Address

Subscribed and sworn to before me this 6 day of August, 1946.

(SEAL)

[illegible], Notary Public, residing at Hagerman

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1946 by [illegible], Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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625-222-029-914

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 421925
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 817 East 7th
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 817 East 7th
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Ida.

4. **FULL NAME OF CHILD** Florence Mary Axeline Oberg

5. Date of Birth of Child (Month, day, year) May 22, 1906

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Oscar Oberg
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Ostergotland, Sweeden (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Dry Goods

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Mary Ramstedt
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Waseca, Minn. (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 40 years, and that Jennie (First name) Peterson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Mary Oberg Signature
817 East 7th Street P. O. Address

Subscribed and sworn to before me this 29th day of July, 1946

(SEAL) Dan S. Crimmins, Notary Public, residing at Moscow

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 9 1946 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 10 1946

DELAYED REGISTRATION LAW

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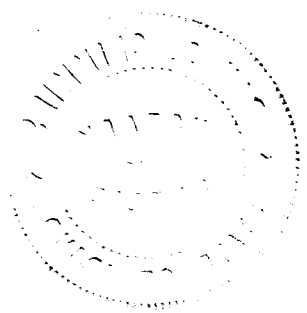

363-217040-713

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 423223
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wardner
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years ✓ months ✓ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wardner
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wardner, Ida.

4. **FULL NAME OF CHILD** Lois Camille Collins

5. Date of Birth of Child (Month, day, year) Feb. 17, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Henry Collins
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Baltimore (City or town) Md. (State or foreign country)
14. Exact Occupation ~~Mn~~ Shift Boss
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lois Belle Gates
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Gates (City or town) Ore. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was [illegible] (Born alive, stillborn) at [illegible] M. on the date and at the place stated above, and that personal particulars were furnished by [illegible] (First name) [illegible] (Last name) who is related as sister (Mother, etc.)

25. Attendant's **OWN** signature [illegible] MD/Midwife Address [illegible] Date [illegible]

State of Calif. } ss.
County of Los Angeles }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for now 40 years, and that Dr. Machette (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gladys Collins Lehmann Signature

519 Dillon Ave Los Angeles 24 Calif. Address

My Commission Expires Nov. 14, 1948

Subscribed and sworn to before me this 24 day of August, 1946

(SEAL) Roderick Johnston Notary Public, residing at North Hollywood Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 5 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 6 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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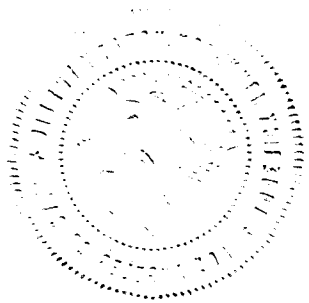


582-101-028-639

Name HAROLD [illegible] SEPTEMBER 9, 1940

United States (Be sure the information is as of date of birth of THIS child.) State File No. 423262
Department of Commerce AMENDED **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census September 9, 1946 **STATE OF IDAHO** Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Carlin Bay
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Carlin Bay
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Carlin Bay

4. **FULL NAME OF CHILD** Ted Nystrom

5. Date of Birth of Child (Month, day, year) Aug. 1, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jim Polmateer
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace City unknown (City or town) in Ohio (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Flint
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Estella (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Maud E. Olson (Midwife) (First name) (Last name) who is related as Sister to his Mother (Mother, etc.)

25. Attendant's **OWN** signature Now dead M.D. Midwife Address Date

AFFIDAVIT

State of California } ss.
County of Alameda }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Sixty years of age, that I have known this person for Forty years, and that Maud E. Olson (midwife) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Patterson Signature
487 Rich St., Oakland, California P. O. Address

Subscribed and sworn to before me this 7th day of August, 1946

(SEAL) M. M. Busset, Notary Public, residing at Oakland, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept. 5, 1946 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 423262
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Carlin Bay
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Carlin Bay
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Carlin Bay

4. **FULL NAME OF CHILD** Theodore Polmateer

5. Date of Birth of Child (Month, day, year) 8-1-06

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jim Polmateer
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace City unknown in Ohio (City or town) (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Flint
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Estella, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Maud E. Olson midwife (First name) (Last name) who is related as Sister to his Mother (Mother, etc.)

25. Attendant's **OWN** signature now dead M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Alameda } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Sixty years of age, that I have known this person for Forty years, and that Maud E. Olson (midwife) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Patterson Signature
487 Rich St., Oakland, California P.O. Address

Subscribed and sworn to before me this 7th day of August, 1946

(SEAL) M. M. Busset, Notary Public, residing at Oakland, Calif.

My Commission Expires May 25, 1948

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 5 1946 by John W. Wright, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

FOR THURSTON COUNTY

Filed Superior Court, Thurston Co.Wash. Nov 24 2:52 PM 1936

IN THE MATTER OF THE CHANGE OF NAME OF THEODORE POLMATEER. } NO. 5422 ORDER

This matter coming on to be heard upon the petition of Theodore Polmeteer for an order of this court changing his name from Theodore Polmateer to Ted Nystrom, the said petitioner being present in person and being represented by his attorney, Julia Waldrip Ker, and it appearing to the court from testimony adduced that petitioner's mother Olive Polmateer married one Zack Nystrom when petitioner was a small child; that petitioner became known as "Ted Nystrom" and has always used that name and has never been known by any other name; that all business dealings and transactions of petitioner have been under the name of "Ted Nystrom"; the court being fully advised in the premises, it is Now, Therefore

ORDERED, ADJUDGED AND DECREED that the name of petitioner Theodore Polmateer be and hereby is changed to Ted Nystrom and his use thereof is confirmed.

Done in open court this 24th day of November 1936

John M. Wilson
Judge

STATE OF WASHINGTON } ss.
County of Thurston }

I, B. Chambers, Dep. County Clerk and Clerk of the Superior Court of the State of Washington, for Thurston County, holding session at Olympia, do hereby certify that the foregoing is a true and correct copy of the original as the same appears on file and of record in my office. IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Court this

12 day of Aug. 1946

B. Chambers

Dep. County Clerk and Clerk of the Superior Court of Thurston County, State of Washington.

SEP 10 1940

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

FOR THURSTON COUNTY

Filed Superior Court, Thurston
Co.,Wash. Nov 24 2:32 PM 1939

IN THE MATTER OF THE CHANGE OF NAME OF [illegible]

NO. 5422

This matter coming on to be heard upon the petition of Theodore Polmateer for an order of this court changing his name from Theodore Polmateer to Ted Wyatson, the said petitioner being present in person and being represented by his attorney, Julia [illegible] Kor, and it appearing to the court from testimony introduced that petitioner's mother Olive Polmateer married one Leon Wyatson when petitioner was a small child; that petitioner knows known as "Ted Wyatson" and has always used that name and has been known by

of petitioner have been made the name of "Ted Wyatson"; the court being fully advised in the premises, it is Now, Therefore

IT IS ORDERED, ADJUDGED AND DECREED that the name of petitioner Theodore Polmateer be and hereby is changed to Ted Wyatson and his use thereof is confirmed.

Done in open court this 21th day of November 1939

John M. Wilson
Judge

STATE OF WASHINGTON } ss

DELAYED

533 116-044-369

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 23288
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Indian Valley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Farm Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Indian Valley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. **RESIDENCE OF FATHER** (city, state) Tenn.

4. **FULL NAME OF CHILD** James Isaac Elledge

5. Date of Birth of Child (Month, day, year) 2/16/1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Isaac Newton Elledge
11. Color or Race White
12. Age at time of THIS birth 61 yrs.
13. Birthplace Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer,
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jeanett Callie Cornett,
17. Color or Race Whiet
18. Age at time of THIS birth 35 yrs.
19. Birthplace Tenn. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Isaac W. Cornette (First name) (Last name) who is related as Uncle (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Adams } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 46 years, and that Margaret Woods (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isaac W. Cornett Signature

Cambridge Idaho P. O. Address

Subscribed and sworn to before me this 13th. day of September, 1946

(SEAL) Bob Haines Probate Judge, NOTARY PUBLIC, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 16 1946 by John W. Wright, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 26 1971

SEP 16 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366 227014-494

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 424569
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Ida.

4. FULL NAME OF CHILD FERN COOK

5. Date of Birth of Child (Month, day, year) Jan. 27, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME KIB COOK
11. Color or Race W
12. Age at time of THIS birth 26 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ROSE ADDIE DIMICK
17. Color or Race W
18. Age at time of THIS birth 22 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation [redacted]
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT

State of Wyoming } ss.
County of Lincoln }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 40 years, and that X Doctor (First name) unknown (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Idalia J. Covey Signature
448 No. Palm Drive Beverly P. O. Address Hills, Calif.

Subscribed and sworn to before me this 10th day of August, 1946

(SEAL) Carl Cook, Notary Public, residing at Afton, Wyo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 24 1946 by John W Wright, Registrar

SEP 25 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

869-131-001-293

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 425971
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ADA (b) City BOISE
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ADA
   (c) City BOISE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** WILLIAM BOWEN HORN

5. Date of Birth of Child (Month, day, year) Aug 31, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WILLIAM BOWEN HORN
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace [illegible] (City or town) [illegible] (State or foreign country)
14. Exact Occupation [illegible] CONTRACTOR
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Silver
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace I (City or town) Colo. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Lemhi }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 40 years, and that do not know (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clyde P. Horn Signature

Gibbonville P. O. Address

Subscribed and sworn to before me this 22 day of August 19 46

(SEAL) Lena Heidt Notary Public, residing at Gibbonville

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 17 1946 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 23 1951

OCT 2

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure ~~to report any birth which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

132-124-029-65-9

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 425980
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Remained home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 7/3 yrs.
(f) Mother's mailing address Troy, Ida.

3. RESIDENCE of FATHER (city, state) Troy, Ida.

4. FULL NAME OF CHILD Arnold William Atkinson

5. Date of Birth (Month, day, year) 9/24/1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Warren Atkinson
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Toronto, Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Kate Wery
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Wayland, Henry Co. Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

John W Wright
(Registrar's signature)

26. (a) OCT 1 2 1946 (Date received) (b)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of Washington
County of Whitman } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, illiam, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Arnold W[illiam] Atkinson as mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Louisa Wery (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Kate Atkinson
Signature

Tekoa, Wash.
P. O. Address

Subscribed and sworn to before me, on this 4th day of March, 1941

(SEAL)

Notary Public, residing at Tekoa, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 21 19

165-21-001-451

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426027
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. Don't know
   (d) Name of Hospital or Maternity Home: (born at home)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 weeks years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. Don't know
   (e) How long has **MOTHER** lived in Idaho? 9 weeks yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Catherine Jongejan

5. Date of Birth of Child (Month, day, year) Sept. 18, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hartman Jongejan
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Heiloo, (City or town) Holland (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bregtje deJong
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Alkmaar, (City or town) Holland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at Morning A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature Unknown M.D. Midwife Address Date

AFFIDAVIT

State of Washington
County of Snohomish } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 40 years, and that I do not know the doctor's name, (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (She was born while I was at work).

Hartman Jongejan Signature

Box 384, Route 5, Arlington, Wash. P. O. Address

Subscribed and sworn to before me this 30 day of September, 1946

(SEAL) Edna M. Ruller, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 1 1946 by John Wright, Registrar

NOV 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281-229 014-434

496076

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 426076
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Payette
   (c) ~~Street Address~~ or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Payette
   (d) ~~Street Address~~ or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Idaho

4. **FULL NAME OF CHILD** Esther Elizabeth Shamberger

5. Date of Birth of Child (Month, day, year) Dec. 29, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William David Shamberger
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Parkton (City or town) Maryland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Maud McMillan
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Lancaster, Ontario, Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At ~~time of~~ birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Payette } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 36 years, and that Dr O H Avey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Maud Shamberger Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of April, 1943.

(SEAL) A. J. Sawyer, Notary Public, residing at Payette

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3414, Idaho Code Annotated.)

Received for filing on DEC 23 1946 by John W Wright, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 23 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEIVED

253-220-021-413

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 427541
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Parents Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston, Ida.

4. **FULL NAME OF CHILD** Ida Belle Beck

5. Date of Birth of Child (Month, day, year) Oct. 20, 1906

6. Sex female

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Edward Beck
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Trenton, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Dalton
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Beaver, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 40 years, and that (I have forgotten Midwife's name) (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Hattie Beck. Signature
2130 Marathon St., Los Angeles 26 Address
Calif.

Subscribed and sworn to before me this 19th day of November, 1946

My Commission expires April 26, 1950 (SEAL)

Ida Fuhrmeister, Notary Public, residing at 1445½ Logan St., Los Angeles, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 22 1946 by John W. Wright, Registrar

NOV 23 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556-21-643-234

427564

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 427564
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Valley (b) City Rosebeery
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Valley
   (c) City Rosebeery
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rosebeery, Ida.

4. **FULL NAME OF CHILD** Ellen Bessie Newman

5. Date of Birth of Child (Month, day, year) April 13th, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James William Newman
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Des Moines (City or town) Iowa (State or foreign country)
14. Exact Occupation Bookkeeper
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Stadelder
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Rockland (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by Laura (First name) Watts (Last name) who is related as sister (Mother, etc.)

25. Attendant's **OWN** signature Laura Watts M.D. Midwife Address Rosebeery Date April 13, 1906

AFFIDAVIT

State of Idaho
County of Valley } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 40 years, and that Laura (First name) Watts (Last name), who attended this birth still living (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Grace Newman Signature

P. O. Address

Subscribed and sworn to before me this 25 day of November, 1946

(SEAL)

Notary Public, residing at Rosebeery Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1946 by John W. Wright Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded or in case of failure to report any birth which has occurred subs[redacted] such date, such report may be received and filed by the [redacted] record in the Bureau of Vital Statistics for the purposes [redacted] cribed in Chapter 2, Title 38, Idaho Code Annotated, when [redacted] accompanied by a certificate of the attending physician [redacted] by affidavit of the father or mother of the child, or if neither [redacted] or mother of the child is living or accessible, of the nearest of [redacted] guardian, or some person having direct knowledge in the premises.

866-212-021-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 427587
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Weston
(c) Street Address or R.F.D. No. ----
(d) Name of Hospital or Maternity Home: family residence
(e) Mothers stay BEFORE delivery: In THIS county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Weston
(d) Street Address or R.F.D. No. ---
(e) How long has MOTHER lived in Idaho? 47 yrs.

3. RESIDENCE OF FATHER (city, state) Weston, Idaho

4. FULL NAME OF CHILD Lillie Hannah Hoopes

5. Date of Birth of Child (Month, day, year) 8-12-06

6. Sex F

7. Twin or Triplet No If so—born 1st, 2nd, 3rd 5th

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Lewis Hoopes

11. Color or Race W

12. Age at time of THIS birth 32 yrs.

13. Birthplace Weston, Idaho (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business ---

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Amelia Nelson

17. Color or Race W

18. Age at time of THIS birth 30 yrs.

19. Birthplace Weston, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Nevada
County of Mineral } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 37 years, and that Dr Martin (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Amelia Hoopes Signature

P. O. Address

Subscribed and sworn to before me this 27th day of December, 1943

(SEAL) G W Dangberg, Notary Public, residing at Babbitt Nevada Mineral County

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1946 by John W Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 3 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 8, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343-107-010-343

427588

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 427588
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Capital + Eagle Rock
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 3 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Capital + Eagle Rock
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Idaho

4. **FULL NAME OF CHILD** Gene Hayes Cutter

5. Date of Birth of Child (Month, day, year) April 7-1906

6. Sex male

7. Twin or Triplet none

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Cutter
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barber Shop.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilda Bessie Cutter
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Hotel Manager
21. Industry or Business Hotel.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, still born) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by Hilda (First name) Cutter (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs James Thomas M.D. Midwife Address 1246 Sage Date 1-2-43

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 40 years, and that Mrs James Thomas (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hilda Bessie Cutter Signature

4117 Nagle Ave., Sherman Oaks, California P. O. Address

Subscribed and sworn to before me this 6th day of December, 1946

(SEAL) Leah L. Wood Notary Public, residing at No. Hollywood, Calif.
My Commission Expires Mar. 29, 1950

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 20 1946 by John W. Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 21 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-114-035-551

DELAYED

427603

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nesperce (b) City Craigmont
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nesperce
(c) City Craigmont
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Cecil Roy Simmons

5. Date of Birth of Child (Month, day, year) June 14 1906

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Hugh Ed Simmons

11. Color or Race white

12. Age at time of THIS birth 32 yrs.

13. Birthplace (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Neal

17. Color or Race white

18. Age at time of THIS birth 31 yrs.

19. Birthplace (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as Sister (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 40 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Merle Gamble Signature
Box 74 Bigelow Wash P. O. Address

Subscribed and sworn to before me this 7th day of November, 1946

(SEAL) Mrs L. H. Young, Notary Public, residing at Toppenish

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 20 1946 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED STAMP ADDED TO CERTIFICATE FACE-OTHER CHANGE NOT MARKED AMENDED 09/06/2018 AJT

SEP 0 6 2018

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-205-022-693

427607

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Marysville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Marysville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. **RESIDENCE OF FATHER** (city, state) died

4. **FULL NAME OF CHILD** Myrtle Crouch

5. Date of Birth of Child (Month, day, year) Dec 5 1906

6. Sex Femal

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD (deceased)

10. **FULL NAME** John Crouch
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Virginia U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Almira Wilson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Smith Field Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) ~~At time of birth and including this child~~ 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by John Crouch (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature E. R. Sharp M.D. Midwife Address Ashton Idaho Date 12-10-46

AFFIDAVIT

State of Idaho
County of Fremont } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 20 1946 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1940

DEC 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386 109 029 613

429025

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County LATAH (b) City Moscow
   (c) Street Address or R.F.D. No. 113 MONROE ST.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay BEFORE delivery: In THIS county 5 years 4 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State IDAHO (b) County LATAH
   (c) City MOSCOW
   (d) Street Address or R.F.D. No. 113 MONROE ST.
   (e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ARTHUR IVAN THOMPSON

5. Date of Birth of Child (Month, day, year) 9 FEB. 1906

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOHN SAMUEL THOMPSON
11. Color or Race WHITE
12. Age at time of THIS birth 43 yrs.
13. Birthplace PARLINGTON, WIS. (City or town) (State or foreign country)
14. Exact Occupation VETERINARIAN
15. Industry or Business SAME

MOTHER OF CHILD

16. FULL MAIDEN NAME ANNA MARGARET WALDMAN
17. Color or Race WHITE
18. Age at time of THIS birth 33 yrs.
19. Birthplace KINTZENGEN GERMANY (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by NOT LIVING (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

State of IDAHO
County of LATAH } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 40 years, and that DR. H.A. ADAIR (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

x Anna Margaret Thompson Signature

Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of December, 1946.

(SEAL) ..... Notary Public, residing at Moscow, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 30 1946 by John Wadright, Registrar

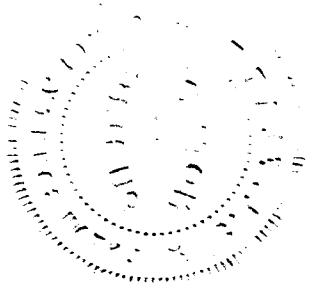
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 31 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



239 226-006-619

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 429053
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years 3 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 1/4 yrs.
(f) Mother's mailing address Blackfoot Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Mary Ethel Strother

5. Date of Birth (Month, day year) Nov. 26, 1906

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Charles Strother
11. Color or Race white 12. Age at time of THIS birth 32 yrs.
13. Birthplace WADESVILLE, North Carolina (City or town) (State or foreign country)
14. Exact Occupation U.S. Rural Mail Carrier
15. Industry or Business U.S. Post Office

MOTHER OF CHILD

16. **FULL MAIDEN NAME** DAISY AMELIA WARNER
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace MT. GILEAD, North CAROLINA (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 17 1947 (Date received) John W Wright (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of CALIFORNIA } ss.
County of STANISLAUS }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, MRS. DAISY AMELIA STROTHER, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) MARY ETHEL STROTHER (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor J. B. DAVIS (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Daisy A Strother Signature
1190 Sierra Serial Trust Address

Subscribed and sworn to before me on this 17 day of August 1947

(SEAL) [signature] Notary Public, residing at Tinlock Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 28 1947

419 211 003 419

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 429066
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 318 Pocatello Ave
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 7 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello

4. **FULL NAME OF CHILD** Minnie Mary Marra

5. Date of Birth of Child (Month, day, year) August 16 1916

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Marra
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Italy (City or town) (State or foreign country)
14. Exact Occupation Union Pacific R.R
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Marra
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Italy (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for since birth years, and that Dr. O. B. Steley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Marra Signature
318 Pocatello P. O. Address

My Commission expires 7-5-48

Subscribed and sworn to before me this 8 day of January, 19 47.

(SEAL) Carole Rathbone Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 17 1947 by John Wedright Registrar

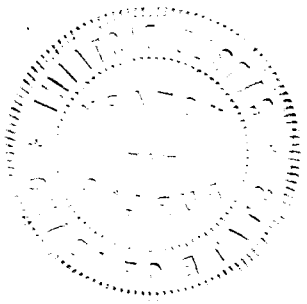
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 18 1947



336-208030-168

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 13 1946

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
State of Idaho

State File No. [illegible]
Local Reg. No. 690
Reg. Dist. No. 693

1. **PLACE OF BIRTH:**
   (a) County Lemhi (b) City Salmon
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home: Lemhi Maternity Home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ... Days
   In **THIS** County ... years ... months ... days

2. **USUAL RESIDENCE of MOTHER (Always fill in these)**
   (a) State Idaho (b) County
   (c) City Challis
   (d) Street address or R. F. D. No.
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.
   (f) Mother's mailing address (for registration notice): Challis
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Challis Idaho

4. **FULL NAME OF CHILD** Sandra Sue Cloward

5. **DATE OF BIRTH** (Month, day, year) March 8, [illegible]

6. Sex F.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy [redacted]

FATHER OF CHILD

10. **FULL NAME** Boyd A. Cloward

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Moroni Utah
(City or Town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ipala Johnson

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Ravenna Idaho
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business None

22. Was a standard serological test for syphilis performed? Yes ..... No Yes Approximate date .....

23. Name prophylactic used to prevent Ophthalmia Neonatorum .....

24. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead. None (d) Stillborn None

25. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

27. (a) Dec-10-46 (Date received) (b) Viola E Johnson (Registrar's signature)

28. Given name added on ..... by ..... (Registrar's signature)

26. Attendant's **OWN** signature John R Haynes, M. D. (M. D., D. O., Midwife, etc.)
and address Salmon Date .....

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication:.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury?.....

Describe: .....

(e) Signature of Physician:

.....

DELAYED

815-201-007-751

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 2 - 1947

State File No. 430550
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Moore
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Moore
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moore Idaho

4. **FULL NAME OF CHILD** Ella May Haney

5. Date of Birth of Child (Month, day, year) May 1, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Ovid Haney
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Twin Bridges (City or town) Montana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Pearson
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6:00 A M. on the date and at the place stated above, and that personal particulars were furnished by Ida May (First name) Haney (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of California
County of Riverside } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person her Entire life years, and that Dr. Charles Baker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida May Kerr Signature
4174 9th St., Riverside, Calif. Address

Subscribed and sworn to before me this 19th day of February 1947

(SEAL)

COUNTY CLERK and Ex-Officio CLERK OF THE SUPERIOR COURT in and for Riverside County, State of California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1947 by John W. [illegible] Registrar

FEB 25 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

954-227-001-893

433348

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433348
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ADA (b) City MERIDIAN
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 2 months 16 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County ADA
   (c) City MERIDIAN
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian, Ida

4. **FULL NAME OF CHILD** FLORENCE EMMA REMINGTON

5. Date of Birth of Child (Month, day, year) Nov. 27, 1906

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** GUY AMOS REMINGTON
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace SHAMBAUGH (City or town) IOWA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JOSEPHINE P. HILL
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace SHAMBAUGH (City or town) IOWA (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of IDAHO
County of CANYON } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 41 years, and that DR. C. L. DUTTON (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine P. Remington Signature

P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1947.

(SEAL)

Earl E. Reed, Notary Public, residing at Nampa, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 1947 by John H. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 3 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

S97-204-876-155

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of this child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433424
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Rock Creek
   (c) Street Address or R.F.D. No. Rock Creek
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 30 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Rock Creek
   (d) Street Address or R.F.D. No. Rock Creek
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rock Creek Ida.

4. **FULL NAME OF CHILD** Edna Elnor

5. Date of Birth of Child (Month, day, year) April 6 1906

6. Sex Female

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Merritt Elnor
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Pine Hill, New York (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hanna Jensen
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Unknown (City or town) Denmark (Foreign) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Bi (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Twin Falls } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 90 years of age, that I have known this person for 41 years, and that Unknown (First name) Mrs. Clyde (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Merritt Elnor Signature
P. O. Box 416 Kimberly, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of April, 1947

(SEAL)

J. N. Buchanan Notary Public, residing at Kimberly, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

~~Where the birth of a child born~~ prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418 211 022 893

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ____
Local Reg. No. 434914
Reg. Dist. No. ____

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City RIGBY
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Rigby
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Arco, Idaho

4. **FULL NAME OF CHILD** Cynthia Alta Dahle

5. Date of Birth of Child (Month, day, year) Sept. 11, 1906

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Moses M. Dahle
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Clarkston (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cynthia Agnes Hill
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living ____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by Moses M Dahle (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ **Address** ____ **Date** ____

AFFIDAVIT

State of Idaho
County of Butte } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person ~~xxxx

MAY 13 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-207001-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436323
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Maridian
(c) Street Address or R.F.D. No. R.F.D. 1
(d) Name of Hospital or Maternity Home: At home on ranch.
(e) Mothers stay BEFORE delivery: In THIS county 4 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. R.F.D. 1
(e) How long has MOTHER lived in Idaho? 4½ yrs.

3. RESIDENCE OF FATHER (city, state) Meridian, Ida.

4. FULL NAME OF CHILD Violet Anna Miller

5. Date of Birth of Child (Month, day, year) October 7, 1906

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Levi L. Miller
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Nappanee, Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Lillian Lea Vell
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Unionville, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Fresno } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Grandfather (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 40 years, and that Dr. Kohler and midwife Mrs. W. H. LeaVell (First name) (Last name), who attended this birth are both deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x W. H. LeaVell Signature
Raisin City PO Box 96 P. O. Address

Subscribed and sworn to before me this 24th day of April, 1947

(SEAL) Chas. G. Ross, Notary Public, residing at Raisin City County of Fresno Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1947 by John W. Wright, Registrar

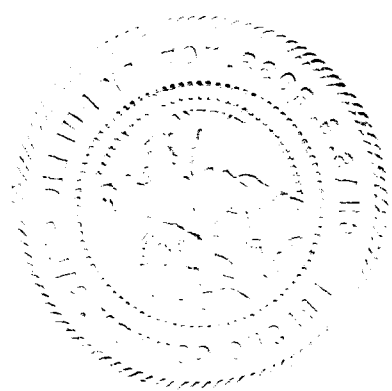
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



964 211-036-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436368
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Samaria
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Family Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 2 months xx days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Samaria
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Ruth Ann Roderick

5. Date of Birth of Child (Month, day, year) January 11, 1906

6. Sex Female

7. Twin or Triplet xx If so—born 1st, 2nd, 3rd xx

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Price Roderick
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Samaria, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Mary John
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Portage, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown-Doctor deceased.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ethel Mary John Roderick (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Utah
County of Clearfield } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 41 years, and that Unknown (First name) Adams (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Mary John Roderick Signature

P. O. Address

Subscribed and sworn to before me this 6th day of June, 1947.

(SEAL)

John Deare Williams, Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 10 1947 by John W Wright, Registrar

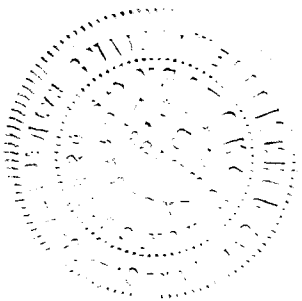
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 11 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



753-214-036-165

437876

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

State of Idaho

State File No. 437876
Local Reg. No. 633
Reg. Dist. No. 5 11

1. **PLACE OF BIRTH:**
   (a) County Oneida (b) City Malad
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ____ Days
   In THIS County 21 years ____ months ____ days

2. **USUAL RESIDENCE of MOTHER** (Always fill in these)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street address or R. F. D. No.
   (e) How long has MOTHER lived in Idaho? 32 yrs.
   (f) Mother's mailing address (for registration notice):
   (Street or R. F. D.) Above (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Annie Cleopha Peterson

5. **DATE OF BIRTH** (Month, day, year) 5-14-1906

6. Sex Fe

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

FATHER OF CHILD

10. **FULL NAME** Peter A Peterson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Cache Valley (City or Town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Jones
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Malad (City or Town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Was a standard serological test for syphilis performed? Yes ____ No ____ Approximate date ____

23. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

24. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn ____

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, ~~stillborn~~) at 8A M. on the date and at the place stated above, and that personal particulars were furnished by self (Mrs. L. E. Walker) (First name) (Last name) who is related to this child as self (Mother, etc.)

27. (a) 7-28-47 (Date received) (b) Jessie J. Powell (Registrar's signature)

28. Given name added on ____ by ____ (Registrar's signature)

26. Attendant's OWN signature D C Ray, M. D. (D.O., Midwife, etc.)
and address Pocatello Idaho Date 8-16-1947

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JUL 30 1947

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication:.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury?.....

Describe: .....

(e) Signature of Physician:

.....

DELAYED

659-226-035-254

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437884
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NEZ PERCE (b) City GENESEE
   (c) Street Address or R.F.D. No. R.F.D. -->
   (d) Name of Hospital or Maternity Home: NONE
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years ? months ? days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County NEZ PERCE
   (c) City GENESEE
   (d) Street Address or R.F.D. No. RURAL
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) GENESSEE-IDA

4. **FULL NAME OF CHILD** FRANCES CHARLOTTE HEITFELD

5. Date of Birth of Child (Month, day, year) SEPT 26, 1906

6. Sex FEMALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ANTON HEITFELD
11. Color or Race W
12. Age at time of THIS birth 47 yrs.
13. Birthplace ST. LOUIS - MO (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** FRANCES KEMPF
17. Color or Race
18. Age at time of THIS birth 30 yrs.
19. Birthplace SENECA - KANSAS (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature DR. W. H. EHLEN (NOW DECEASED) M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of CALIFORNIA
County of SANTA CRUZ } ss.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 41 years, and that DR. W. H. EHLEN (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Anton Heitfeld Signature

P. O. Address

Subscribed and sworn to before me this 19th day of June 1947

(SEAL) Pearl P. Jennings Notary Public, residing at Santa Cruz Co.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 19 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 21 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-226-025-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437895
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Stites
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay BEFORE delivery:
In THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Stites
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Stites, Idaho

4. FULL NAME OF CHILD Hilda G. Dahler

5. Date of Birth of Child (Month, day, year) March 26, 1906

6 Sex female

7. Twin or Triplet If so—born ~~1st, 2nd, 3rd~~ 4th

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Gunder K. Dahler

11. Color or Race white

12. Age at time of THIS birth 37 yrs.

13. Birthplace Ness Hallingdal, Norway (City or town) (~~State or~~ foreign ~~country~~)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Helga K. Johnson

17. Color or Race white

18. Age at time of THIS birth 32 yrs.

19. Birthplace Ness Hallingdal Norway (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 73 years of age, that I have known this person for 41 years, and that Gunder K. Dahler (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helga Dahler Signature
Stites Idaho P. O. Address

Subscribed and sworn to before me this 7 day of July, 1947
(SEAL) Floyd G. Fe[illegible] Notary Public, residing at Kooskia
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 22 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 439352
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ADA (b) City BOISE
   (c) Street Address or R.F.D. No. SOUTH THIRD ST.
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County ADA
   (c) City BOISE
   (d) Street Address or R.F.D. No. SOUTH THIRD ST.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** ERNEST FREDERICK BALLINGER

5. Date of Birth of Child (Month, day, year) OCT. 18, 1906

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** FRED BALLINGER
11. Color or Race WHITE
12. Age at time of THIS birth 24 yrs.
13. Birthplace IOWA (City or town) (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Leonard
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace COVINGTON TEXAS (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by MARY BALLINGER (First name) (Last name) who is related as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of CALIFORNIA
County of SONOMA } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ballinger Signature

255 Bonoma St P. O. Address

MY COMMISSION EXPIRES MARCH 1, 1950

Subscribed and sworn to before me this 30th day of July, 1947.

(SEAL) Ruth G. Stewart, Notary Public, residing at Sebastopol, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1947 by John H. Haught, Registrar

AUG 6 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

43 9365

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 439365
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No. Weiser
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Wash
   (c) City Weiser
   (d) Street Address or R.F.D. No. Weiser
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Roberta Coulter

5. Date of Birth of Child (Month, day, year) Oct. 13, 1924

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel A Coulter
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Lexington, Ky. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Estelle Phillips
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Henrietta Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 40 years, and that Dr Waterhouse (First name) (Last name), who attended this birth, is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Estelle Coulter Signature
1338 N Park ave Pomona Calif. Address

Subscribed and sworn to before me this 14th day of August 1947.

(SEAL) Mabel Fielden Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 14 1947 by John W Wainright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 15 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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439390

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 439390
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** Henry Charles Sommer

5. Date of Birth of Child (Month, day, year) Jan. 30, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Louis Sommer
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Banker
15. Industry or Business Banker

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Springer
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of California
County of San Francisco } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for since birth years, and that Dr. Numbers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mark H. Sommer
Signature
356 Green St., San Francisco, Calif.
P. O. Address

Subscribed and sworn to before me this 14th day of August, 1947.

(SEAL) Lucie M. Reineke, Notary Public, residing at San Francisco

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires November 19, 1950

Received for filing on by, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 19 194
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JUN 27 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 440835
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NEZ PERCE (b) City
   (c) Street Address or R.F.D. No. Slickpoo
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Maurice Wilfrid Crum

5. Date of Birth of Child (Month, day, year) Nov. 21, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Elmer Burrell Crum
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Creighton (City or town) Neb. (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Agnes Clare
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Manning (City or town) Neb. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.
County of Kit[illegible] }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 41 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Cyrus Clare Signature

Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 27th day of August, 1947.

(SEAL) [illegible], Notary Public, residing at Lewis

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on SEP 3 1947 by John W Wright, Registrar

SEP 3 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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859-216-340-255

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 440842
Local Reg. No. 440842
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Providence Hospital
(e) Mothers stay BEFORE delivery: In THIS county 0 years 0 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Montana (b) County Mineral
(c) City Saltese
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 9 mo yrs.

3. RESIDENCE OF FATHER (city, state) Saltese, Mont

4. FULL NAME OF CHILD Fern Pauline Heidenreich

5. Date of Birth of Child (Month, day, year) 8-16-1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles John Heidenreich
11. Color or Race W. Irish
12. Age at time of THIS birth 40 yrs.
13. Birthplace Dubuque (City or town), Minnesota (State or foreign country)
14. Exact Occupation Mine owner
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Claire Keeble
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Chicago (City or town), Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Spokane } ss.
County of Spokane }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 41 years, and that Dr. Charles Lyrs (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located), and further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel C. Heidenreich Signature
817 S. Arthur Spokane Address

Subscribed and sworn to before me this 3 day of Sept, 1947

(SEAL) C. B. Stander Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 9 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 9 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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440888

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 440888
Local Reg. No. 440888
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville

4. **FULL NAME OF CHILD** Katherine Hazel Riggins

5. Date of Birth of Child (Month, day, year) Jan 15 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur John Riggins
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Grangeville (City or town) Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zerna Katherine Rice
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of WASH. } ss.
County of YAKIMA }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 41 years, and that DR. ? (First name) STALMTON (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arthur John Riggins Signature

Rte. 2, Wapato, Wash. P. O. Address

Subscribed and sworn to before me this 19 day of Sept., 1947.

(SEAL) G. H. Smith, Notary Public, residing at Wapato.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1947 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 23 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

155-207-022-238

44 2178

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 442178
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FREMONT (b) City ST. ANTHONY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City ST. ANTHONY
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) ST. ANTHONY IDAHO

4. FULL NAME OF CHILD LUCILE JENSEN

5. Date of Birth of Child (Month, day, year) JULY 7, 1906

6 Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JAMES J. JENSEN
11. Color or Race WH.
12. Age at time of THIS birth 41 yrs.
13. Birthplace (City or town) DENMARK (~~State or~~ foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. FULL MAIDEN NAME BOTHILDA SCHRODER
17. Color or Race WH
18. Age at time of THIS birth 41 yrs.
19. Birthplace (City or town) DENMARK (~~State~~ or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Arizona
County of Maricopa } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 41 years, and that MARY (First name) ADAMS (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires January 21, 1949

Estelle J. Stout Signature

P. O. Address

Subscribed and sworn to before me this 18th day of September, 1947

(SEAL) Mabel E. Zeller, Notary Public, residing at 104 C Alstone Park Phoenix, Ariz.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 30 1947 by John W Wright, Registrar

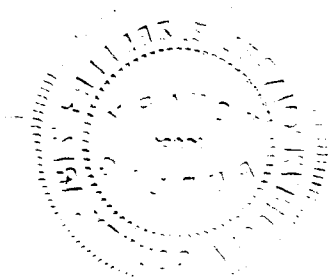
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 30 1947
DEC 18 1962
OCT 8 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



622-227-026-964 442251

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 442251
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery: In THIS county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho.

4. FULL NAME OF CHILD Otella Ossmen

5. Date of Birth of Child (Month, day, year) Aug. 27 1906

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd 6th child

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME August W. Ossmen
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth P. Romrell
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Ogden Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Fred Ossmen (First name) (Last name) who is related as brother (Mother, etc.)

25. Attendant's OWN signature deceased M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 45 years, and that Ray Fisher (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred Ossmen Signature
Rigby, Idaho. P. O. Address

Subscribed and sworn to before me this 18th day of October, 1947.

(SEAL) George M Larsen Notary Public, residing at Menan, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 21 1947 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 21 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-220-038-895

143581

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 143581
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Payette (b) City Payette Ida
   (c) Street Address or R.F.D. No. no
   (d) Name of Hospital or Maternity Home: at my home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 mos years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Payette
   (c) City Payette
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 10 yrs

3. **RESIDENCE OF FATHER** (city, state) Payette Ida

4. **FULL NAME OF CHILD** Juanita Mary Brundage

5. Date of Birth of Child (Month, day, year) July 20, 1906

6. Sex Female

7. Twin or Triplet / If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 M

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Lewis Brundage
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Florence Idaho (City or town) (State or foreign country)
14. Exact Occupation Miller
15. Industry or Business miller

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ino Mabel Hinkley
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Lenora Minn. (City or town) (State or foreign country)
20. Exact Occupation house-wife
21. Industry or Business house-wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Midwife _____ Address _____ Date _____

AFFIDAVIT

State of Oregon
County of Columbia } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for _____ years, and that Doctor Avey (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ino Mabel (Hinkley) Brundage
Signature

Scappoose Oregon
P. O. Address

Subscribed and sworn to before me this 23 day of October 1947

(SEAL) My Commission Expires Feb. 17, 1948. A. G. Watts, Notary Public, residing at Scappoose Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 28 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 28 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

436-210035-318 44359 2

Form Approved
BUDGET BUREAU NO. 41-R133-42

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF LIVE BIRTH

State File No. 443593
Registrar's No. 443593

State of IDAHO

1. PLACE OF BIRTH:
(a) County Nez Perce
(b) City or town Lapwai (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: (Rural) (If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery: In hospital or institution -- In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Idaho
(b) County Nez Perce
(c) City or town Rural (If outside city or town limits, write RURAL)
(d) Street No. ____ (If rural, give location)

3. Full name of child Lucy Cayuse McFarland
4. Date of birth April 10, 1906 (Month) (Day) (Year)
5. Sex: F
6. Twin or triplet -- If so—born 1st, 2d, or 3d --
7. Number months of pregnancy ____
8. Is mother married? Yes

FATHER OF CHILD

9. Full name David McFarland
10. Color or race Indian 11. Age at time of this birth ____ yrs.
12. Birthplace Idaho (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Lizzie Cayuse
16. Color or race Indian 17. Age at time of this birth ____ yrs.
18. Birthplace Idaho (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business Housewife

21. Children born to this mother:
(a) How many other children of this mother are now living? ____
(b) How many other children were born alive but are now dead? ____
(c) How many children were born dead? ____

22. Mother's mailing address for registration notice:
(Delayed registration. Mail to:
Lucy Cayuse Damion, Spalding, Idaho.

above information was obtained from Colville Agency records.

23. I hereby certify that the information given was furnished by Wm. Wade Head related to this child as Informant's Supt., Colville Ind. Agency
24. Date received by local registrar OCT 28 1947
25. Registrar's own signature [signature]
26. Date on which given name added ____ by ____ (Registrar)

Informant's own signature Wm Wade Head
M.D., midwife, or other Supt. Date signed 10-20-47
Address Colville Indian Agency, Nespelem, Washington.

8-6916a U. S. GOVERNMENT PRINTING OFFICE 16—13492-1

RECEIVED
OCT 2 1947
DIVISION OF VITAL STATISTICS

IDAHO

Nez Perce
Lapwai

Idaho
Nez Perce

(Rural)

Rural

--

Lucy Cayuse McFarland

April 10, 1906

F -- -- Yes

David McFarland
Indian
Idaho
Nazarr
Farming

Fannie Cayuse
Indian
Idaho
Housewife
Housewife

(Delayed registration. Mail to:
Lucy Cayuse Damien, Spalding, Idaho.

[illegible]

Wm. Wade Head

Informant's Mark

Supt., Colville Ind. Agency

Supt.

12-25-47

Colville Indian Agency, Nespelem,
Washington.

Form Approved
BUDGET BUREAU NO. 41-R133-42

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF LIVE BIRTH

State File No. -
Registrar's No.

State of IDAHO

1. PLACE OF BIRTH:
(a) County Nez Perce
(b) City or town Lapwai
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: (Rural)
(If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery:
In hospital or institution — In this community
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Idaho
(b) County Nez Perce
(c) City or town Rural
(If outside city or town limits, write RURAL)
(d) Street No.
(If rural, give location)

3. Full name of child Lucy Cayuse McFarland
4. Date of birth April 10, 1906 (Month) (Day) (Year)
5. Sex: F
6. Twin or triplet — If so—born 1st, 2d, or 3d —
7. Number months of pregnancy
8. Is mother married? Yes

FATHER OF CHILD
9. Full name David McFarland
10. Color or race Indian 11. Age at time of this birth yrs.
12. Birthplace Idaho (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD
15. Full maiden name Lizzie Cayuse
16. Color or race Indian 17. Age at time of this birth yrs.
18. Birthplace Idaho (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business Housewife

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Mother's mailing address for registration notice:
(Delayed registration. Mail to:
Lucy Cayuse Damon, Spalding, Idaho.

above information was obtained from Colville Agency records.

23. I hereby certify that [redacted] given was furnished by Wm. Wade Head related to this child as Supt., Colville Ind. Agency
Informant's signature Sgd. Wm. Wade Head
24. Date received by local registrar
25. Registrar's own signature
26. Date on which given name added by (Registrar)
M. D., midwife, or other Supt. Date signed 10-20-47
Address Colville Indian Agency, Nespelem, Washington.

8-6916a U. S. GOVERNMENT PRINTING OFFICE 16—13492-1

OCT 23 1947
U.S. DEPT. OF VITAL STATISTICS

DELAYED

Form Approved
BUDGET BUREAU No. 41-R133-42

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF LIVE BIRTH

State File No. ____
Registrar's No. ____

State of IDAHO

1. PLACE OF BIRTH:
(a) County Nez Perce
(b) City or town Lapwai
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
(Rural)
(If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery:
In hospital or institution — In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Idaho
(b) County Nez Perce
(c) City or town Rural
(If outside city or town limits, write RURAL)
(d) Street No. ____
(If rural, give location)

3. Full name of child Lucy Cayuse McFarland

4. Date of birth April 10, 1906
(Month) (Day) (Year)

5. Sex: F

6. Twin or triplet — If so—born 1st, 2d, or 3d —

7. Number months of pregnancy ____

8. Is mother married? Yes

FATHER OF CHILD

9. Full name David McFarland
10. Color or race Indian 11. Age at time of this birth ____ yrs.
12. Birthplace Idaho
(City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Lizzie Cayuse
16. Color or race Indian 17. Age at time of this birth ____ yrs.
18. Birthplace Idaho
(City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business Housewife

21. Children born to this mother:
(a) How many other children of this mother are now living? ____
(b) How many other children were born alive but are now dead? ____
(c) How many children were born dead? ____

22. Mother's mailing address for registration notice:
(Delayed registration. Mail to:
Lucy Cayuse Damon, Spalding, Idaho.

23. I hereby certify that [redacted] above information was obtained from Colville Agency records.
given was furnished by Wm. Wade Head Informant's related to this child as Supt., Colville Ind. Agency
Sgd. Wm. Wade Head
Signature

24. Date received by local registrar ____

25. Registrar's own signature ____

26. Date on which given name added ____ by ____
(Registrar)

M. D., midwife, or other Supt. Date signed 10-20-47
Address Colville Indian Agency, Nespelem, Washington.

8-6916a

U. S. GOVERNMENT PRINTING OFFICE 16—15492-1

DELAYED

669823-946-466

443605

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 443605
Local Reg. No.
Reg. Dist. No.

OCT 23 1947
DIVISION OF VITAL STATISTICS

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No. Just Oakley, Ida
   (d) Name of Hospital or Maternity Home: Birth was at residence(Home)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 43 years 10 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No. Just Oakley, Ida
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oakley, Ida

4. **FULL NAME OF CHILD** Alice Arzetta Worthington

5. Date of Birth of Child (Month, day, year) April 23, 1906

6. Sex Girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Henry Worthington
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Grantsville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Stock raiser & Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Downs
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Withington, England (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6:00 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.) Brother

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of IDAHO
County of Cassia } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 41 years, and that Arilda McBride (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lawrence H. Worthington Signature
Burley, Idaho. P. O. Address

Subscribed and sworn to before me this 18 day of October, 1947.
(SEAL) Jeannette H. Chamberlain, Notary Public, residing at Burley, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 30 1947 by John W. Wainright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 1947

MAR 16 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345-207-002-165 443615 443615

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 443615
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Adams (b) City Meadows
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay BEFORE delivery: In THIS county 2 years 3 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Meadows
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Meadows, Idaho

4. FULL NAME OF CHILD Thelma Loe

5. Date of Birth of Child (Month, day, year) Sept. 7, 1906

6. Sex female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 8 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Alfred Loe
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace near Shibleys Point, Putnam Co, Mo. (City or town) (State or foreign country)
14. Exact Occupation Buying and selling cattle
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Ellen Jones
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace near Chadwick, Mo. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by mother (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature R. W. Quick M.D. Midwife Address R #4 Boise Date Nov. 4-47

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 7 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-209-006-695

443635

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 443635
Local Reg. No. 443635
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Basalt
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Basalt
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same as Mother

4. **FULL NAME OF CHILD** Leona Twitchell

5. Date of Birth of Child (Month, day, year) 4-9-1906

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Sanford Twitchell
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Beaver (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business General Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Sophia Fredricksen
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Same as above

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 41 years, and that Mary (First name) Wadsworth (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leo C. Twitchell Signature

P O Box 1998 Boise, Idaho P. O. Address

my commission expires July 13, 1950

Subscribed and sworn to before me this 28th day of October, 1947.

(SEAL) Shirley J. Treadwell, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 14 1947 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 15 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

555-225-010-515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 443660
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 5 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 5½ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ellen Everett

5. Date of Birth of Child (Month, day, year) October 25 1906

6 Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Henry Everett
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Hooperville (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie May VanEps
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Moorland, (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 41 years, and that Dr. C. E. (First name) Jones (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie M Everett Signature
382 Short Street, Idaho Falls, Ida. P. O. Address

Subscribed and sworn to before me this 14th day of November, 1947.

(SEAL) Clerk of the District Court By Lulu Terebaugh, Deputy Notary Public residing at IDAHO FALLS, IDA.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 19 1947 by John W Wright, Registrar

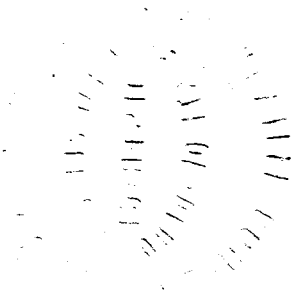
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 4 1952
NOV 20 1947
DEC 21 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



657-205-035-413 443690

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 443690
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Woodside
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Woodside
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Eva Emily Weakly

5. Date of Birth of Child (Month, day, year) April 5, 1906

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Franklin Weakly
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Charlottville, Tennesse (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Ellen Mathews
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Cole County, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington
County of Clark } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 41 years, and that Emily Carrico (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Ellen Weakley Signature
213 E Garfield St Camas Wash P.O. Address

Subscribed and sworn to before me this 8th day of Nov, 1947

(SEAL) Roy H. Dibble, Notary Public, residing at Camas Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12/1/47 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-229 (35-313)

445020

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 445020
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperce (b) City Fletcher
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Five years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City Fletcher
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Fletcher, Ida.

4. **FULL NAME OF CHILD** Louella Grace Hanson

5. Date of Birth of Child (Month, day, year) June 29 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred Hanson
11. Color or Race Norwegian
12. Age at time of THIS birth 35 yrs.
13. Birthplace Burlington, (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Arvilla Jane Talbott
17. Color or Race English
18. Age at time of THIS birth 35 yrs.
19. Birthplace Westliberty, (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of IDAHO, County of Latah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 41 years, and that Doctor Gainard (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clarence E. Talbott — Signature

Moscow, Idaho — P. O. Address

Subscribed and sworn to before me this 12th day of December, 19 47

(SEAL) Barbara Hess, Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-924, Idaho Code Annotated.)

Received for filing on DEC 17 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 26 1950 DEC 7 1 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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282-208-010-331

446322

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JAN 10 1948

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 446322
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Ridge Ave.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Ridge Ave.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Eva Bybee

5. Date of Birth of Child (Month, day, year) Sept 8, 1906

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Byram Bybee
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Ogden Utah (City or town) (State or foreign country)
14. Exact Occupation Linotype operator
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Elizabeth Clark
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Freeland Michigan (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 10 a.m. on the date and at the place stated above, and that personal particulars were furnished by Minnie Bybee (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David Bybee Signature
449 E 1st I.F.I. P. O. Address

Subscribed and sworn to before me this 8 day of Jany. 1948
(SEAL) Louise Keefer, Notary Public, residing at Idaho Falls Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1948

JUN 23 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

331-224-001-962 446332 446332

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 446332
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Star
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Star
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Star, Idaho

4. **FULL NAME OF CHILD** Florence Lillian Clayton

5. Date of Birth of Child (Month, day, year) Feb. 24, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Albert Clayton
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Monroe (City or town) Utah, U.S.A. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Delia Ann Robertson
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Salina, Utah, U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington } ss.
County of Okanogan }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 41 years, and that Dr. (First name) Hall (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Delia Ann Clayton Signature

Orville Wash P. O. Address

Subscribed and sworn to before me this 9th day of January, 1948.

(SEAL) Mary F. Green, Notary Public, residing at Orville

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 16 1948 by Lillian W. Wright, Registrar

JAN 12 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

945-20-4029-753

447736

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 447736
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Troy
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy Idaho

4. **FULL NAME OF CHILD** Alice Orva Rundle

5. Date of Birth of Child (Month, day, year) Mar 4 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence O. Rundle
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Metz (City or town) Mo. (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret N. Paterson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Clarkshill Ind. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Washington } ss.
County of Grays Harbor }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 42 years, and that D. D. Dixon (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret N. Rundle Signature

1807 Aberdeen Ave Aberdeen P. O. Address

Subscribed and sworn to before me this 6th day of Feb, 1948

(SEAL) E. G. Faulconer Notary Public, residing at Aberdeen

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1948 by John W Wright, Registrar

FEB 17 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE#2000-0010

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: GLORIA ELAINE COX
2. Date Of Birth: (month) AUGUST (day) 6 (year) 1906
3. Sex: F
4. Place of Birth: IDAHO
a. County: BANNOCK
b. City or Town of Birth: POCATELLO

FATHER
5. Full Name of Father: WALTER L COX
6. State or Country of Father's Birth: ENGLAND

MOTHER
7. Full Maiden Name of Mother: ELISA ANN MAWBY
8. State or Country of Mother's Birth: ENGLAND

AFFIDAVIT
I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
9. Signature of Registrant: Carol A Griffith
10. Present Address of Registrant: 6046 Don Quixote OR Taylorsville UT 84118

NOTARY (Seal)
Subscribed and sworn to before me on: March (mo.) 22 (day), 2000 (yr.)
11. Signature of Notary: Teresa L. Cleverly
12. Notary Commission expires: April (mo.) 3 (day) 2003 (yr.)

TERESA CLEVERLY NOTARY PUBLIC STATE OF IDAHO

APPLICANT – DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Blessing Record	LDS Church	Sept.2,1906	Blessed Sept. 2, 1906

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 6,1906	Pocatello, Idaho	Lizzie Ann Mawby	Walter L Cox

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptismal Record	LDS Church	May 2, 1920	Baptized May 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 6,1906	Pocatello, Idaho	Eliza A Mawby	Walter Cox

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Daughter's birth Certificate	State of Utah	Mar.1,2000	Child born May 7, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 39yrs	Pocatello, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Joyce A. Smith	Teresa L. Cleverly	MAR 22 2000

FORM HW 0610

3-22-2000

Thompson

MAR 2 2 2000

295-201-028-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0121
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootnei (b) City Rathdrum
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 26 years 10 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootnei
   (c) City Rathdrum
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rathdrum, Ida

4. **FULL NAME OF CHILD** Margaret Catherine Sinclair

5. Date of Birth of Child (Month, day, year) Nov. 1, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bartlett Sinclair
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Lancaster (City or town) South Carolina (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertrice Lucy Whitney
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Alton, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Kootnei } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 41 years, and that Dr. Frank Wenz (Rathdrum, Idaho) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertrice Sinclair Signature

1125-11th Ave. Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of March, 1948.

(SEAL)

Notary Public, residing at Twin Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1948 by John H. Wright, LR, Registrar

FILE # FROM 121 TO DE48-0121 12/5/12 KMC

MAR 25 1948
MAR 26 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-210-003-692

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0122
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Oxford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 27 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Oxford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Oxford, Ida.

4. **FULL NAME OF CHILD** Minnie Stella Carlson
5. Date of Birth of Child (Month, day, year) Aug. 10, 1906.
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Howard Carlson
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace New York Harbor, N.Y. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie May Fisher
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Bountiful, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Utah
County of Cache } ss.

(To be completed when the attendant does not sign in Item 25,)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 41 years, and that Dr. Alan Butler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred J. Carlson Signature
Hyrum Utah P. O. Address

Subscribed and sworn to before me this 18th day of March, 1948.
(SEAL) Duncan A. Dunn, Notary Public, residing at Hyrum Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 26, 1948 by John L. Wright, Registrar

FILE # FROM 122 TO DE48-0122 12/5/12 KMC

MAR 2 2 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

747-207 004-813

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

APR 9 1945

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0158
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Pennington
(c) Street Address or R.F.D. No. -
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay **BEFORE** delivery: In **THIS** county 26 years 9 months 26 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bennington
(d) Street Address or R.F.D. No. -
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Cecilia Myrtle Pugmire

5. Date of Birth of Child (Month, day, year) May 7 1906

6 Sex Female

7. Twin or Triplet none If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Brigham Y. Pugmire
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace St Charles (City or town) Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business -

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Hall
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Bennington (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California } ss.
County of Riverside }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 41 years, and that Mrs Hilliard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

/ Mary Ann Pugmire Signature

San Jacinto, California P. O. Address

Subscribed and sworn to before me this 3rd day of April, 19 48

(SEAL) A. H. Burke, Notary Public, residing at San Jacinto

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) California.

Received for filing on April 10-1948 by John W. Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 158 TO DE48-0158 12/6/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

763-222-010-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0180
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ? yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Lottie Ann Poll

5. Date of Birth of Child (Month, day, year) 10-22-06

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fredrick Robert Poll
11. Color or Race White
12. Age at time of THIS birth 58 yrs.
13. Birthplace Norfolk (City or town) England (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Beatrice Lane
17. Color or Race White
18. Age at time of THIS birth ? yrs.
19. Birthplace ? (City or town) England (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Nearest Relative (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for her lifetime years, and that unknown (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Roland F. Poll Signature
348 Reid Ave, Salt Lake City, Ut. P. O. Address

Subscribed and sworn to before me this 5th day of April, 1948

(SEAL) Dayle Cassity, Notary Public, residing at Salt Lake, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 14, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 180 TO DE48-0180 12/10/12 KMC

APR
NOV 13 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

599-206-006-993

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0267
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine Post (b) City Idaho Falls
   (c) Street Address or R.F.D. No. house not finished
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ___ years ___ months ___ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine Post
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls

4. **FULL NAME OF CHILD** Loretta Marie Virginia

5. Date of Birth of Child (Month, day, year) June 6 1906

6. Sex female

7. Twin or Triplet — no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Virginia
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Lake Linden (City or town) Michigan (State or foreign country)
14. Exact Occupation Paper Refiner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriett Elizabeth Pillsbury
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Houghton (City or town) Michigan (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Just a natural birth
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at about 2 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Pillsbury Aunt (First name) (Last name) who is related as Aunt (Mother, etc.)

25. Attendant's **OWN** signature ___ M.D. Midwife Address Doctor Bridges Date June 6 1906

AFFIDAVIT

State of Idaho } ss.
County of Nez Perce }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 42 years, and that Dr. Bridges of Idaho Falls Ida (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Marie Pillsbury Signature

716-6th St. Lewiston Idaho P. O. Address

Subscribed and sworn ~~to~~ before me this 22 day of April, 1948

(SEAL) Frances B. Worthington Notary Public, residing at Lewiston Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 10 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 267 TO DE48-0267 12/13/12 KMC

MAY 11 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-104-025-291

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0273
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Cottonwood
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at Residence of Father & Mother.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years / months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Cottonwood
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cottonwood Ida

4. **FULL NAME OF CHILD** Iran Edwin Bruner

5. Date of Birth of Child (Month, day, year) June 4-1906

6. Sex Male

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) No

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Ralph Edward Bruner
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Beatrice (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Willie Mae Bracegirdle
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Pella (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Montana } ss.
County of Pondera }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 42 years, and that Dr J.W. Turner M.D. (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ralph Edward Bruner Signature

Dupuyer Montana P.O. Address

Subscribed and sworn to before me this 5 day of May, 1948.

(SEAL)

Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-912, Idaho Code Annotated.)

NOTARY PUBLIC for the State of ____
Residing at Dupuyer Montana
My Commission Expires ____

Received for filing on MAY 10 1948 by ____, Registrar

FILE # FROM 273 TO DE48-0273 12/13/12 KMC

MAY 11 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-214-041-553

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0313
Local Reg. No.
Reg. Dist. No.

MAY 19 1948

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Teton (b) City Victor
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Teton
   (c) City Victor
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Victor Idaho.

4. **FULL NAME OF CHILD** Josephine Edna Schiess

5. Date of Birth of Child (Month, day, year) Sept. 14. 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ulrich Schiess
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Heriesess (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Victoria Nelson
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Manti (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Teton }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 41 years, and that Susan M. Jones (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David E. Schiess Signature

Victor Idaho P. O. Address

Subscribed and sworn to before me this 1st day of May, 1948

(SEAL) L. D. Hamilton, Notary Public, residing at Victor

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 313 TO DE48-0313 12/14/12 KMC

MAY 21 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to~~ such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

492-237-610-286

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0349
Local Reg. No.
Reg. Dist. No.

MAY 28 1948

1. **PLACE OF BIRTH** (All items must be at time of this birth)
   (a) County Bonneville (b) City Village Ucon
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Ucon Village
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ucon Idaho

4. **FULL NAME OF CHILD** Louisa Mikesell

5. Date of Birth of Child (Month, day, year) May 31 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Eli Delbert Mikesell
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Mill Creek Salt Lake Co Utah (City or town) (State or foreign country)
14. Exact Occupation Farming Stock
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mildred May Short
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace North Ogden Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for life years, and that Josephene Tompson (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mildred Mikesell Friedman Signature
RR #2 Idaho Falls, Ida. P. O. Address

Subscribed and sworn to before me this 27th day of May 1948

(SEAL) Florence D. Cunningham Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1948 by Jean W. Wright, Registrar

FILE # FROM 349 TO DE48-0349 12/17/12 KMC

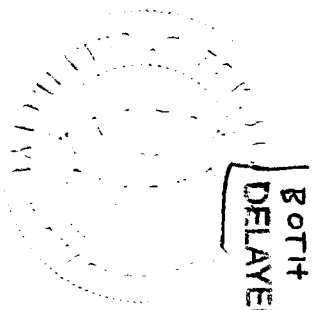
MAY 29 1948

MAY 4 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



BOTH DELAYED

dupe of DE51-987

962-225-022-685

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0359
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Marysville
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: family residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 10 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Marysville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Marysville Ida.

4. **FULL NAME OF CHILD** Hattie Leone Robinson

5. Date of Birth of Child (Month, day, year) Feb 25, 1926

6. Sex Female

7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elijah Robinson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace American Fork, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucinda Almeda Wheeler
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Utah } ss.
County of Cache }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 42 years, and that Dr. William Young (First name) (Last name), who attended this birth is now deceased. (Is now deceased) ~~or (Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elijah Robinson Signature
Providence, Utah P. O. Address

Subscribed and sworn to before me this 27 day of May, 1948.
(SEAL) Floyd M. Theurer Notary Public, residing at Providence Ut.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1948 by John Wright, Registrar

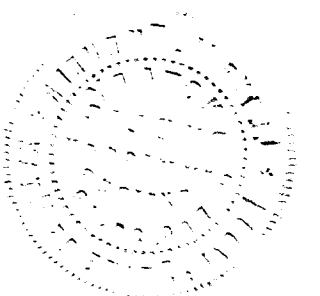
FILE # FROM 359 TO DE48-0359 12/17/12 KMC

JUN 2 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



255-208-001-289

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No DE48-0380
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Star
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 8 months 23 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Star
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Star, Idaho

4. **FULL NAME OF CHILD** Rosa Beulah Beeson

5. Date of Birth of Child (Month, day, year) 9-8-1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Beeson
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Fairmount (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rhoda Ellen Shinkle
17. Color or Race
18. Age at time of THIS birth 37 yrs.
19. Birthplace Collins (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 41 years, and that Dr. (First name) Hall (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rhoda Ellen Beeson. Signature

Route 3, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 4rth day of June, 19 48

(SEAL) Doris Miller, Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-912, Idaho Code Annotated.)

Received for filing on JUL 5 1948 by [signature], Registrar

FILE # FROM 380 TO DE48-0380 12/18/12 KMC

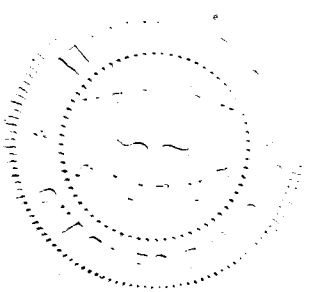
AUG 5 1969

JUN 5 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



556-114-002-769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0399
Local Reg. No.
Reg. Dist. No.

JUN 9 1948

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ..... (b) City Indian Valley
   (c) Street Address or R.F.D. No. .....
   (d) Name of Hospital or Maternity Home: own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County .....
   (c) City Indian Valley
   (d) Street Address or R.F.D. No. .....
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** James Oliver Newman

5. Date of Birth of Child (Month, day, year) Aug 14 1906

6 Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Newman
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation cemetery caretaker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Matilda Guilliam
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Hooper (City or town) Utah (State or foreign country)
20. Exact Occupation .....
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Union } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 42 years, and that ..... (First name) ..... (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Newman Signature

North Powder, Oregon P. O. Address

Subscribed and sworn to before me this 5th day of June 1948

(SEAL) Chuck Johnson Notary Public, residing at North Powder Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1948 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

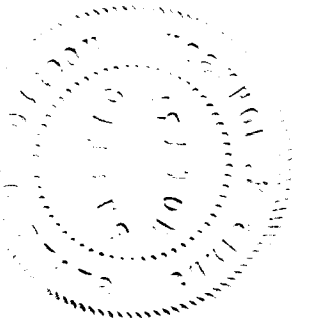
FILE # FROM 399 TO DE48-0399 12/18/12 KMC

JUN 9

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



215-219-029-353

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0419
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home of parents
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Oregon (b) County Umatilla
   (c) City Weston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weston, Ore

4. **FULL NAME OF CHILD** Velna Merle Bannister

5. Date of Birth of Child (Month, day, year) March 19-1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter Scott Bannister
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Hydesville, California (City or town) (State or foreign country)
14. Exact Occupation Laborer - farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Myrtle Lee
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Milton, Oregon (City or town) (State or foreign country)
20. Exact Occupation Public school teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Washington, County of Whitman, } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 42 years, and that I am unable to name state (First name) ~~(Last name)~~, who attended this birth or otherwise say about him/her further (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Myrtle Bannister Signature

R. F. D., Colfax, Wn. P. O. Address

Subscribed and sworn to before me this 3rd day of June, 1948

(SEAL) J. L. Stotler, Notary Public, residing at Colfax, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jun 15 1948 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 419 TO DE48-0419 12/20/12 KMC

JUN 16 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864-219-014-864

420

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0420
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. Kimball Ave
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. Kimball
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Catherine Young

5. Date of Birth of Child (Month, day, year) Aug 19, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** James A. Young
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Rankin Ill. (City or town) (State or foreign country)
14. Exact Occupation Physician & Surgeon
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Walker Young
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Boise Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 24 years, and that Dr. Waldo Young (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna W. Young Signature

512 Bannock, Boise P. O. Address

Subscribed and sworn to before me this 17th day of June 1948

(SEAL) Mabel Felder, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

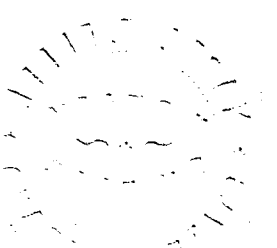
FILE # FROM 420 TO DE48-0420 12/20/12 KMC

JUN 18 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

864-215-006-946

United States Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

State of Idaho

State File No. DE48-0489
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Shelley
(c) Street address or R. F. D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home at home days
In THIS County 3 years months days

2. USUAL RESIDENCE of MOTHER (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street address or R. F. D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address (for registration notice): Shelley (Street or R. F. D.) Idaho (Postoffice)

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Monta Young

5. DATE OF BIRTH (Month, day, year) 12-15-1906

6. Sex Female **7. Twin or Triplet** **If so—born 1st, 2nd, 3rd** **8. No. months of Pregnancy** 9 **9 Legitimate?** Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	Joseph W Young	16. FULL MAIDEN NAME	Ella Zufelt
11. Color or Race	White	17. Color or Race	White
12. Age at time of THIS birth	31 yrs.	18. Age at time of THIS birth	29 yrs.
13. Birthplace (City or Town) (State or foreign country)	Kanab Utah	19. Birthplace (City or Town) (State or foreign country)	Bonneville Utah
14. Exact Occupation	Farmer	20. Exact Occupation	Housekeeper
15. Industry or Business	—	21. Industry or Business	—

22. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date.....
23. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
24. Number of children of this mother: (a) At time of birth and including this child 4. (b) Born alive and now living 4.
(c) Born alive and now dead 0 (d) Stillborn 0

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Ella J. Young (First name) (Last name), who is related to this child as Mother (Mother, etc.)

27. (a) JUL 14 1948 (Date received) (b) L. W. Wright (Registrar's signature)

28. Given name added on..... by..... (Registrar's signature)

26. Attendant's OWN signature Edwin Cutler, M. D. (D.O., Midwife, etc.)
and address Shelley Date 7-8-48

FILE # FROM 489 TO DE48-0489 12/24/12 KMC

JUL 14 1948

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication:.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury?.....

Describe: .....

(e) Signature of Physician:

.....

DELAYED

756-220-042-813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0490
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City Filer
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Filer
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Zilphia Elizabeth St. George

5. Date of Birth of Child (Month, day, year) 10-20-1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clarence Eugene St. George
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace La Cross Co. (City or town) Wisconsin (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Hall
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Chippeway Falls, (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) St George (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 41 years, and that (First name) (Last name), who attended this birth sorry for given name (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary St George Signature

P. O. Address

Subscribed and sworn to before me this 8 day of June 19[illegible]

(SEAL) F.H. Schmitt Notary Public, residing at Bismarck

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 14 1948 by John W Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 490 TO DR48-0490 12/24/12 KMC

JUL 14 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-228-035-759

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUL 15 1948

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0500
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Leland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Leland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Verla Belle Walker

5. Date of Birth of Child (Month, day, year) 11/28/1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Eli Walker
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Fort Scott (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kittie Gertrude Perry
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Fort Scott (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 7 P. M. on the date and at the place stated above, and that personal particulars were furnished by Melva G. Woody (First name) (Last name) who is related as older sister (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the older sister (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 47 years of age, that I have known this person for 41 years, and that Dr Hunter (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Melva G Woody Signature

P. O. Address

Subscribed and sworn to before me this 12th day of July, 1948

(SEAL) Owen L. Knowlton Notary Public, residing at of State of Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1948 by John W. Wright President pro tempore Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 500 TO DE48-0500 12/24/12 KMC

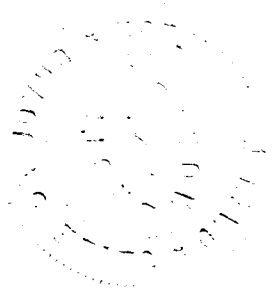
JUL 16 1948

JUN 6 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



168-126-028-469 RECEIVED AUG 4 - 1948 DIVISION OF VITAL

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0559
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No. at Home
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Fred Johnson

5. Date of Birth of Child (Month, day, year) Apr. 26, 1906

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Olaf Peter Johnson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Sawmill worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Karin Mortenson
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for since birth years, and that Dr Busby (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olaf Peter Johnson Signature

Medimont, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of July, 1948

(SEAL) M. E. Frandsen, Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 7 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 7 1948

FILE # FROM 559 TO DE48-0559 12/26/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764-118-003-345

RECEIVED
AUG 16 1948
DIVISION OF VITAL

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0598
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 529-So-7th
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bann
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 529-So-8th
   (e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello -

4. **FULL NAME OF CHILD** Arthur Edward Froddard

5. Date of Birth of Child (Month, day, year) 11/8/06

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William H. Froddard
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Plain City Utah (City or town) (State or foreign country)
14. Exact Occupation Rail Road Employe
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucinda Matilda - Lund
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Plain City Utah (City or town) (State or foreign country)
20. Exact Occupation House - Wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 42 years, and that Dr. J. H. Blan (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Herm C. Ray Signature

1254 So 5th Ave P. O. Address

Subscribed and sworn to before me this 13th day of August 1948

(SEAL) J. A. McQuillan, Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on August 18, 1948 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 598 TO DE48-0598 12/27/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any ~~birth which has occurred~~ subsequent to such date, such report may be received and filed by ~~the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

84-226-022-6

RECEIVED
AUG 27 1948
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0644
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City La Belle
   (c) Street Address or R.F.D. No. 3
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City La Belle
   (d) Street Address or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Gladys Elizabeth Hutchens

5. Date of Birth of Child (Month, day, year) Oct 26, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Marcelinus Hutchens
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Walters Hutchens
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Rexburg (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 12 P. M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Miller (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of ____ } ss.
County of ____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 42 years, and that Lydia (First name) Dallup (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Hutchens Miller Signature

____ P. O. Address

Subscribed and sworn to before me this 6th day of August, 1948.

(SEAL) ____ Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 28 1948 by John Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 28 1948

FILE # FROM 644 TO DE48-0644 1/3/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-206-028-659

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0682
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootnai (Bonner) (b) City Sandpoint
   (c) Street Address or R.F.D. No. Second Street
   (d) Name of Hospital or Maternity Home: Carl Slusser Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootnai
   (c) City Sandpoint
   (d) Street Address or R.F.D. No. Second Street
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sandpoint, Idaho

4. **FULL NAME OF CHILD** Helen Buchanan

5. Date of Birth of Child (Month, day, year) Nov. 6, 1905

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Bishop Buchanan
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Titusville, Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business Dentistry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Annett Weimer
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Keswick, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at [illegible] P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name)

who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of California } ss.
County of Los Angeles }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 41 years, and that Carl Slusser, M.D. (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora A. Buchanan Signature

1229 Bell Street, Pasadena, Calif. P. O. Address

Subscribed and sworn to before me this 31st day of August, 1948

(SEAL) Sylvia M. Olson, Notary Public, residing at Pasa., Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 7-1948 by John W. Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1976

SEP 7 1948

FILE # FROM 682 TO DE48-0682 1/7/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

913-103
035-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0710
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Spalding
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez-Perce
(c) City Spalding, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Chub Wallace Ralstin
5. Date of Birth of Child (Month, day, year) 2-3-1906
6 Sex male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Louis Ralstin
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Quincy (City or town) Ill (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Maud Walker
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Kingman (City or town) Kans (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Joseph Louis (First name) Ralstin (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Alice Maude McNeill Signature
Rt. #1 Box 151A Sebastopol, Calif. Address

Subscribed and sworn to before me this 23 day of August, 1948.
(SEAL) Harvey N. White, Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept. 14, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 710 TO DE48-0710 1/7/13 KMC

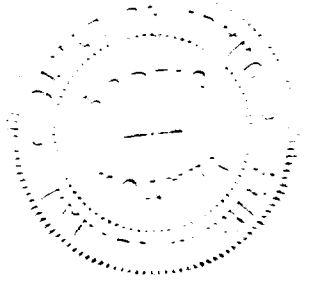
SEP 14 1948

DEC 30 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



819-207.003-113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0729
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Oxford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Utah (b) County Beaver
(c) City Beaver
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oxford Idaho

4. **FULL NAME OF CHILD** Frances Hellena Hardwick

5. Date of Birth of Child (Month, day, year) Dec 7 1906

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William F Hardwick
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Weston (City or town) Idaho ~~Oneida~~ (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances C Jackson
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Beaver (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 42 years, and that Ellen Barger (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William F Hardwick Signature
Garland Nampa Idaho Address

Subscribed and sworn to before me this 17th day of September 1948

(SEAL) Mabel Helder, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on September 17, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 17 1948
MAR 16 1967

FILE # FROM 729 TO DE48-0729 1/8/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281 - 210 - 014 - 219

RECEIVED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0816
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items as time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. Rural Route
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. Rural Route
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell Idaho

4. **FULL NAME OF CHILD** Velva May Shavers

5. Date of Birth of Child (Month, day, year) August 10, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Martin Shavers
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace R.F.D. Shyles County, Ill. (City or town) (State or foreign country)
14. Exact Occupation General Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Barclay
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Calhoon, Henry Co., Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of Kitsap }

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 43 years, and that Dr. Hamilton (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carl Franklin Shaver Signature

Sta. A, Bx 1016, Bremerton, Wash. P. O. Address

Subscribed and sworn to before me this 14th day of September, 1948

(SEAL) M. L. Carson, Notary Public, residing at Bremerton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 12, 1948 by John W Wright Registrar

OCT 12 1948

FILE # FROM 816 TO DE48-0816 1/14/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

623-208-030-685

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0821
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City May
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years ~~15~~ months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City May
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Alice Mildred Astrom

5. Date of Birth of Child (Month, day, year) July 8th 1906

6 Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John William Astrom
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Omaha (City or town) Nebraska (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business General Merchandise Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Helen Antoinette Wheeler
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Chicago (City or town) Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Nevada } ss.
County of Washoe }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 42 years, and that Mrs. Val Maelzer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura M. Lether Signature
Salt Lake City Utah P. O. Address

Subscribed and sworn to before me this 5th day of October, 1948.

(SEAL) Theresa Zunino, Notary Public, residing at Reno Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 12, 1948 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

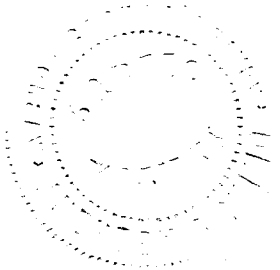
OCT 12 1948

FILE # FROM 821 TO DE48-0821 1/14/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



791-229035-815

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0828
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Culdesac
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez. Perce
   (c) City Culdesac
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. **RESIDENCE OF FATHER** (city, state) Culdesac

4. **FULL NAME OF CHILD** Irene Josephine Grant

5. Date of Birth of Child (Month, day, year) Jan. 29 - 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Russel Grant
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Hurdland (City or town) Missouri (State or foreign country)
14. Exact Occupation Was a farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Haeberle
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Goeppingen (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at home M. on the date and at the place stated above, and that personal particulars were furnished by Mary Grant McCracken (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Nez Perce } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 42 years, and that Dr. Ragsdale (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Grant McCracken Signature
2006 Thain Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 8 day of September, 19 48.

(SEAL) Lan Wilson, Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 13, 1948 by Flora W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 13 1948

FILE # FROM 828 TO DE48-0828 1/14/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335-215-040-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0865
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: Family home
(e) Mothers stay BEFORE delivery: In THIS county 4 years 8 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Wardner, Ida.

4. FULL NAME OF CHILD Ruth Eleanor Clemets

5. Date of Birth of Child (Month, day, year) June, I5, I906

6 Sex female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Morten Clemets
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Bergen (City or town) Norway (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Helga Marie Johnson
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Bergen (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at I2.05A M. on the date and at the place stated above, and that personal particulars were furnished by Helga (First name) Clemets (Last name) who is related as mother (Mother, etc.)

25. Attendant's OWN signature T. R. Mason M.D. Midwife Address Kellogg Idaho Date 10/19-48

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 25, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 25 1948

FILE # FROM 865 TO DE48-0865 1/16/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

264-118-043-213

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0868
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Valley (b) City McCall
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Valley
   (c) City McCall
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) McCall

4. **FULL NAME OF CHILD** Roy Edward Southard

5. Date of Birth of Child (Month, day, year) March 18, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Francis Southard
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Dana, Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Baldwin
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Salinas County, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 42 years, and that Mrs. Curtis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida May Southard Signature

1079 West 5th, Eugene, Oregon P.O. Address

Subscribed and sworn to before me this 25th day of October, 1948.

(SEAL) Mabel Peterson, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on October 25, 1948 by John W Wright Registrar

OCT 26 1948

FILE # FROM 868 TO DE48-0868 1/16/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-120-028 RECEIVED

OCT 25 48

DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH

STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child.)

State File No. DE48-0885
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d Alene
   (c) Street Address or R.F.D. No. R.F.D.
   (d) Name of Hospital or Maternity Home: Child born at Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d Alene
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** George Luther Fitch Jr.

5. Date of Birth of Child (Month, day, year) 3 / 20 / 1906

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy (9)

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** George Luther Fitch
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Postville (City or town) Iowa, U.S.A. (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Esther Hedges
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Little Current, Manitoulin Dist. (City or town) (State or foreign country) Canada
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 13

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ (M.D. Midwife) Address both dead. Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of Spokane }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 42 years years, and that Do not have Doctors name (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Esther Fitch Signature

1714 N. Calispel St. Spokane, Wn. P. O. Address

Subscribed and sworn to before me this 11th day of October, 1948

(SEAL) ____ Notary Public, residing at Spokane, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 30, 1948 by John Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 885 TO DE48-0885 1/16/13 KMC

NOV 1 1948

JUL 29 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

967-118-028-845

RECEIVED
NOV 2 0 1948
DIVISION OF VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0969
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Rathdrum
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Rathdrum
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Robert Elden Rogers

5. Date of Birth of Child (Month, day, year) March 18 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 9th

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William C. Rogers
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace St. Joseph. Michigan (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Olive Hunt
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Madison. Wisc. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9th (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 4.40 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name)
who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Kootenai } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 41 years, and that Dr. Frank Wenz (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Minnie O Thompson Signature

Rathdrum. Idaho. P. O. Address

Subscribed and sworn to before me this 11th day of November, 19 48

(SEAL) ..... Notary Public, residing at Rathdrum

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 24, 1948 by W L Benson, Registrar

NOV 30 1948

FILE # FROM 969 TO DE48-0969 1/22/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-401-028-869

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

154795

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Idaho

No. 1621-3rd St. Registration District No. ..... State File No. DE48-0970

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD William Harold Probst

(Certificate of no value without full name of child)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth April 1 1926 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 10% Argyrol Sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Gustav Wilhelm Probst	FULL MAIDEN NAME	Bessie Margaret Harseman
RESIDENCE	Coeur d'Alene, Idaho	RESIDENCE	Coeur d'Alene, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Germany	BIRTHPLACE	Moody Mo.
OCCUPATION	Fireman in Saw Mill	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / ~~Stillborn~~ at Four P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) John O. Wood

Physician.

(Physician or midwife)

Address Coeur d'Alene, Idaho

Filed Nov 29 1948 192 W. W. Benson

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 30 1948

FILE # FROM 970 TO DE48-0970 1/22/13 KMC

DELAYED

WK-587-221-040-265 RECEIVED DEC 7 DIVISION OF VITAL

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-1010
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Mullan
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Mullan
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 mos.

3. **RESIDENCE OF FATHER** (city, state) Mullan Idaho

4. **FULL NAME OF CHILD** Myrtle Nygren

5. Date of Birth of Child (Month, day, year) Jan. 21, 1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Nygren
11. Color or Race White
12. Age at time of THIS birth about 38 yrs.
13. Birthplace Wärmland (City or town) Sweden (State or foreign country)
14. Exact Occupation logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Unas Marie Svensson
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Hamenhög (City or town) Sweden (State or foreign country)
20. Exact Occupation cook
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature X M.D. Midwife Address Date

AFFIDAVIT X

State of Minnesota } ss.
County of Hennepin }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 25 years, and that X (First name) X (Last name), who attended this birth Cannot be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marcus M. Swenson, Signature

3733-29th Ave. S. Minneapolis Minn. P. O. Address

Subscribed and sworn to before me this 4th day of December, 1948

(SEAL) Joe D. Howdeshell, Notary Public, residing at 3911-30th Ave. So.

JOSEPH T. HOWDESHELL
Notary Public, Hennepin County, Minn.
My Commission Expires May 16, 1952

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 14, 1948 by W. W. Benson, Registrar

FILE # FROM 1010 TO DE48-1010 1/24/13 KMC

DEC 14 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-101-035-762

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECEIVED SEP 28 1949 BUREAU OF VITAL STATISTICS

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-1055
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NEZ PERCE (b) City CULDESAC
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: NONE
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County NEZ PERCE
   (c) City CULDESAC.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** FRANKLIN ESTHER HAMMOND

5. Date of Birth of Child (Month, day, year) JUNE 1 1906

6. Sex MALE.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** JAMES HAMMOND
11. Color or Race WHITE.
12. Age at time of THIS birth 50 yrs.
13. Birthplace MICHIGAN. (City or town) (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business FARMING.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SARAH ELLA HuLDAH BOSS.
17. Color or Race WHITE.
18. Age at time of THIS birth 40 yrs.
19. Birthplace ARKANSAS. (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business HOME.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10. (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of IDAHO
County of NEZ PERCE. } ss.

I, the undersigned, being first duly sworn, say that I am the SISTER. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 42 years, and that MRS. FRED PARKS. (First name) (Last name), who attended this birth NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mettie Charlotte White Signature

Culdesac Idaho P. O. Address

Subscribed and sworn to before me this 20th day of Sept, 1949.

(SEAL) [illegible], Notary Public, residing at Culdesac Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 3, 1949 by W. W. Benson, Registrar

JAN 4 1949

FILE # FROM 1055 TO DE48-1055

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-231-0[illegible]

RECEIVED
JAN 3
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1058
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 6 years 9 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD Glatha Gwendolyn Woodruff

5. Date of Birth of Child (Month, day, year) Aug. 31, 1906

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Roy Chester Woodruff
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Paris, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elmina Dyer
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Knoxville, Tennessee (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 42 years, and that Anna (First name) Glaser (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elmina Woodruff Signature
Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 29 day of December, 1948.

(SEAL) Ruby Neisgerber Notary Public, residing at

CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER NEZ PERCE COUNTY, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 3, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1058 TO DE49-1058 2/1/13 KMC

JAN 4 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-110-001-265

AMENDED 5-17-49

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1075
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 411 N. 10th
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 411 N. 10th
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Karl Everett Stoll

5. Date of Birth of Child (Month, day, year) March 10, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John George Stoll, Sr.
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Aalen, Germany (City or town) (State or foreign country)
14. Exact Occupation Chef, Owyhee Hotel
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Marie Bonding
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Randers, Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Utah, County of Weber } ss.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for life years, and that not known (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Marie S. Dursteler Signature
1470 Binford St. Ogden, Utah P. O. Address

Subscribed and sworn to before me this 7th day of January, 1949.

(SEAL) Albert W. Barker, Notary Public, residing at Ogden, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on January 11, 1949 by W. W. Benson, Registrar

FIEL # FROM 1075 TO DE49-1075 2/1/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1075
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 411 No. 10th
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years(?) months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 411 No. 10th
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.(?)

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Karl Everett Stoll

5. Date of Birth of Child (Month, day, year) March 10-1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John George Stoll Sr.
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Aalen (City or town) Germany (State or foreign country)
14. Exact Occupation Chef at Owyhee Hotel
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Marie Bonding
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Randers (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Utah
County of Weber } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for Life ~~years~~, and that not known (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Marie S. Duratelen Signature
1470 Binford St. Ogden Ut. O. Address

Subscribed and sworn to before me this 7th day of January, 1949.

(SEAL) Albert W. Barker, Notary Public, residing at Ogden Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 11, 1949 by W L Benson, Registrar

JAN 11 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAY 17 1949

C. A. ROBINS, GOVERNOR
EX-OFFICIO COMMISSIONER

DIVISIONS
ADMINISTRATION
LOCAL HEALTH SERVICES
MATERNAL & CHILD HEALTH
VITAL STATISTICS
LABORATORIES
ENGINEERING
NURSING

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH

BOISE, IDAHO

Feb. 2, 1949

Record amended from "Family Group Record" mailed and reviewed May 17, 1949.

Mrs. Marie S. Dursteler
1470 Binford St.
Ogden, Utah

Dear Mrs. Dursteler:

We are in receipt of your request to correct the date of birth on the birth certificate of Karl Everett Stoll.

A delayed registration, certificate placed on file where the birth occurred before records were kept, are not subject to change after filing. Our instructions state the record cannot be changed after filing.

Do you have some record, bible, school, insurance policy, etc, which gives the year of birth? If you will forward some record of this kind we will make a notation to that effect on the certificate filed.

Upon receipt of the abovewe will forward the copies requested.

Yours very truly,

DEPARTMENT OF PUBLIC HEALTH

Mabel F. Elder, Ass't Director
Division of Vital Statistics

e

Gentlemen:

Enclosed is a "Family Group Record" sheet my Mother made out. I hope this record will be sufficient evidence for correction of my Brother's birthdate. Am enclosing self addressed envelope as I wish this record sheet returned to me. If there is additional charge made for this correction notification please let me know. Thank you for your help & kindness.

Sincerely,
Mrs. Marie S. Dursteler

455-213-035-235 RECEIVED
JAN 17 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1090
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perc (b) City West Lake, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perc
(c) City West Lake
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Hazel Alma Denham

5. Date of Birth of Child (Month, day, year) Oct 13, 1906

6 Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate?

FATHER OF CHILD

10. FULL NAME Henry Hayes Denham
11. Color or Race white 12. Age at time of THIS birth 29 yrs.
13. Birthplace LaMar (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ermal Alma Steiner
17. Color or Race white 18. Age at time of THIS birth 22 yrs.
19. Birthplace King Hill (City or town) Missouri (State or foreign country)
20. Exact Occupation Farmer's Daughter
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Henry Hayes Denham (First name) (Last name) who is related as Father (Mother, etc.)

25. X Attendant's OWN signature H. H. Denham M.D. Midwife Address Vale, Oregon Date 12-21-48

State of Oregon
County of Malheur } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years, and that Dr. H. B. Blake (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X H. H. Denham Signature
Route 2, Vale, Oregon P. O. Address

Subscribed and sworn to before me this 21st day of December, 1948
(SEAL) Verla Rose, Notary Public, residing at Vale, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Expires March 21, 1952

Received for filing on Jan 18, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

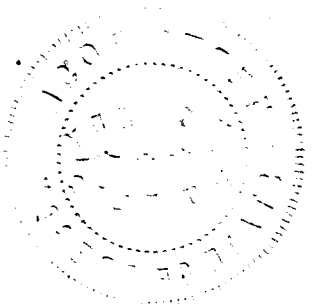
JAN 18 1949

FILE # FROM 1090 TO DE49-1090 2/4/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



465-22-028-562

RECEIVED
JAN 20
DIVISION OF VITAL

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1098
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Athol
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenia
(c) City Athol
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Floyd William Donovan

5. Date of Birth of Child (Month, day, year) Nov 22/1906

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Donovan
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Salina (City or town) Kansas (State or foreign country)
14. Exact Occupation Railroad Fireman
15. Industry or Business On N.P.R.R.

MOTHER OF CHILD

16. FULL MAIDEN NAME Roberta Clementine Noble
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Hinton (City or town) W. Virginia (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. ~~Midwife~~ Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 42 years, and that Frank (First name) wenz, M. D. (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert C. Noble Signature
2207 E. Queen Ave., Spokane 14, Wn. P. O. Address

Subscribed and sworn to before me this 7th day of January, 1949.

(SEAL) Lyle Von Erichsen Notary Public, residing at Spokane.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 21, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 21 1949

FILE # FROM 1098 TO DE49-1098 2/5/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-128-044-692 RECEIVED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JAN 24 1949
DIVISION OF VITAL

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1104
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County WASHINGTON (b) City WEISER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Delivery at Home
(e) Mothers stay BEFORE delivery: In THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County WASH.
(c) City WEISER
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) WEISER, IDAHO

4. FULL NAME OF CHILD PEARLEY JOSEPH McKinney

5. Date of Birth of Child (Month, day, year) MAY 28, 1906

6 Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JAMES JOSEPH McKinney
11. Color or Race WHITE
12. Age at time of THIS birth 25 yrs.
13. Birthplace LEBANON (City or town) OREGON (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME NAOMI WISEMAN
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace POMONA (City or town) MISOURI (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ARGYROL
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Linn } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 8 years, and that Dr. Numbers (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Naomi McKinney Signature
Lacomb Oregon P. O. Address

Subscribed and sworn to before me this 20th day of January, 1949

(SEAL) Auldy A. Ayers, Notary Public, residing at Lacomb Oregon.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires Sept. 10-1950

Received for filing on Jan 25, 1949 by W W Berson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

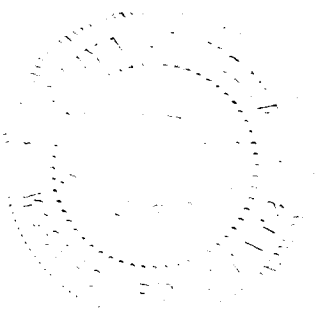
FILE # FROM 1104 TO DE49-1104 2/5/13 KMC

JAN 25 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



639-121-025-296

RECEIVED
FEB 22
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1179
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Stites
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years 1906 months 22 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Stites
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Lloyd Brockman Oliver

5. Date of Birth of Child (Month, day, year) 6/21/06

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas F. Oliver

11. Color or Race White

12. Age at time of THIS birth ~~43~~ 36 yrs.

13. Birthplace Angel Island Calif (City or town) (State or foreign country)

14. Exact Occupation Retired

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Constance B. Hickman

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Stites Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 42 years, and that Mary (First name) Kelly (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas F. Oliver Signature

506 E. 137th St. Hawthorne Calif P. O. Address

Subscribed and sworn to before me this 5th day of February 1949.

(SEAL) William P. Reese, Notary Public, residing at Hawthorne, Calif

My Commission Expires Jan. 13, 1951

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb 22, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 22 1949

APR 17 1968

FILE # FROM 1179 TO DE49-1179 2/8/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343-112020-445

RECEIVED
FEB 24 1949
DIV. OF VITAL STATISTICS

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1186
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mountain Home
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mountain Home
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mtn. Home, Ida.

4. **FULL NAME OF CHILD** John William Culver

5. Date of Birth of Child (Month, day, year) Nov. 12, 1906

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Wellington Culver
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace West Union (City or town) Iowa (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Augusta Duve
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Baraboo (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name)
who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Wisconsin } ss.
County of Sauk }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for all his life years, and that Dr. Smith (First name) (Last name), who attended this birth has not been located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise D Culver Signature
R 4 Baraboo Wisconsin P. O. Address

CLINTON W. PLATT
NOTARY PUBLIC, SAUK CO.
MY COMM. EXP. SEPT. 4, 1949

Subscribed and sworn to before me this 17 day of February, 1949.

(SEAL) Clinton W Platt, Notary Public, residing at Baraboo, Wis.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb 24, 1949 by W L Benson, Registrar

FEB 24 1949

FILE # FROM 1186 TO DE49-1186 2/8/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-127-323-968

RECEIVED
APR 4
DIVISION OF VITAL

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-1309
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (Where born at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. -
   (d) Name of Hospital or Maternity Home: -
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. -
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello

4. **FULL NAME OF CHILD** John Truman Trout

5. Date of Birth of Child (Month, day, year) Dec. 27, 1906

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Glen Henry Trout
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Basil (City or town) Ohio (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business Oregon Short line RR

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Hildred Royle
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Marshalltown (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum -
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living -

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at - M. on the date and at the place stated above, and that personal particulars were furnished by John D. Royle (First name) (Last name) who is related as Grandfather (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California
County of Los Angeles } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Grandfather (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 89 years of age, that I have known this person for 42 years, and that Dr. (First name) W. A. Wright (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John D. Royle Signature
627 Atlantic Ave. Long Beach, Calif. P. O. Address

Subscribed and sworn to before me this 30 day of March, 1949

(SEAL) Arthur N. Gist, Notary Public, residing at Long Beach, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 4, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1309A TO DE49-1309 11/7/2013-LLE

APR 5 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-108-014-194

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1342
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Payette
   (c) Street Address or R.F.D. No. R.F.D.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Payette
   (d) Street Address or R.F.D. No. R.F.D.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Idaho

4. **FULL NAME OF CHILD** Robert Clifford Goodwin

5. Date of Birth of Child (Month, day, year) June 8, 1906

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clifford Goble Goodwin
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Bethel (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luella Jimmerson
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Patoka (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 43 years, and that H. Gray (First name) (Last name), who attended this birth as dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. Clifford Goodwin Signature

Payette, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of April 19 49

(SEAL) Walter Keeler, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 18, 1949 by W. W. Benson, Registrar

FILE # FROM 1342 TO DE49-1342 11/8/2013-LLE

APR 18 1949

MAY 24 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 26 1951

493-216-035-432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1344
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County (b) City Culdesac
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Culdesac
(c) City Culdesac
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 months ~~yrs.~~

3. **RESIDENCE OF FATHER** (city, state) Culdesac, Idaho

4. **FULL NAME OF CHILD** Lucile Marie Mitchell

5. Date of Birth of Child (Month, day, year) January 16, 1906

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joel Bert Mitchell
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie L. McBee
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Neosho (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Lincoln } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 41 years, and that Vetinary (name not remembered) (First name) (Last name) who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie L. Saunders Signature
Ocean Lake Oregon P. O. Address

Subscribed and sworn to before me this 7th day of May, 1947
(SEAL) Wanda Gordon, Notary Public, ~~residing at~~ for Oregon residing at Ocean Lake, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
My Commission Expires Apr 29, 1949

Received for filing on April 18, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1344 TO DE49-1344 11/8/2013-LLE

APR 18 1949

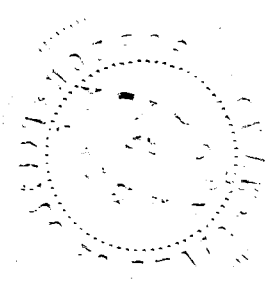
APP 1 6 1949

APR 4 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



289-227-031-244

RECEIVED
APR 18 19
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1351
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Fletcher Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home of mother
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Fletcher
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Blanche Viola Shinn

5. Date of Birth of Child (Month, day, year) Aug. 27, 1906

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph L. Shinn

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Iowa
    (City or town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Jane Anderson

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Iowa
    (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living alive

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Oregon
County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Jane Shinn Signature

P. O. Address

Subscribed and sworn to before me this 16 day of April, 1949.

(SEAL)

Notary Public, residing at Portland Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 19, 1949 by W. W. Benson, Registrar

My commission expires Aug 11, 1950

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

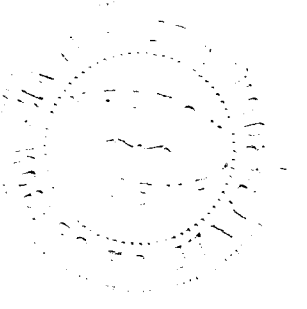
FILE # FROM 1351 TO DE49-1351 11/8/2013-LLE

APR 19 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-26-010-966

MAY 23 1949

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1480
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Iona
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Iona
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lowell Eugene Burke

5. Date of Birth of Child (Month, day, year) Dec. 26, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William J. Burke
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Willison County, Tennessee (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Leon Rowberry
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Batesvill, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary F Burke Signature

317 Washington Avenue P. O. Address

Subscribed and sworn to before me this 20 day of May, 1949.

(SEAL)

FRANCES H. SMITH
Notary Public, residing at Idaho
Clerk and Recorder
Deer Lodge County, Montana
By Mary H. McGinty Deputy

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.)

Received for filing on May 24, 1949 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1480 TO DE49-1480 11/12/2013-LLE

MAY 24 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-106-001-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1502

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clyde Edwin Matthews			2. Date Of Birth (month) December (day) 6 (year) 1906	
	3. Color or Race: white	4. Sex: male	5. Place of Birth: Home; a. County: Ada	b. City or Town of Birth: Boise, Idaho	
FATHER	6. Full Name of Father: Claude Elias Matthews			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Ruth Griffiths			9. State or Country of Mother's Birth: Salem, Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Clyde E. Matthews	11. Present Address of Registrant: 1513 Monroe Ave. Cheyenne, Wyoming	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 19 1970		12. Signature of Notary: Mary Cowles	13. Notary Commission expires: July 7 1971	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record		By whom issued and signed: Boise Ave. Presbyterian Church	Date Issued: Jul.31,70	Date Orig. Entry: Baptized Jun.14,1914
	Date of Birth: Dec.6,1906	Birth Place: Boise, Idaho	Full Name of Mother: Ruth Griffith	Name of Father: Claude E. Matthews	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy		By whom issued and signed: National Service Life	Date Issued: Oct.22,1942	Date Orig. Entry: Oct.17,1942
	Date of Birth: Dec. 6,1906	Birth Place: Boise, Idaho	Full Name of Mother: Ruth Griffith	Name of Father: Claude E. Matthews	
SUPPORTING RECORD 3.	Type of Document: Hospital Certificate-Child		By whom issued and signed: St. Lukes Hospital	Date Issued: Nov.21,1937	Date Orig. Entry: child born Nov. 21, 1937
	Date of Birth: Dec.6,1906	Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: - -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: Nov.10,1970

FORM BH 56067

FILE # FROM 1502 TO DE49-1502 11/13/2013-LLE

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1502
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Clyde Edwin Matthews

5. Date of Birth of Child (Month, day, year) Dec. 6, 1907

6 Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Claude Elias Matthews
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Griffiths
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Salem, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 42 years, and that Dr. Gregory (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth Matthews Signature
1424 E. State St Boise P. O. Address

Subscribed and sworn to before me this 1st day of June, 1949.

(SEAL) Mabel F. Deeter, Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 1, 1949 by W. W. Benson, Registrar

JUN 12 1968

JUN 1 1949

NOV 10 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

380-215-006-693

RECEIVED
JUN 13 1949
BUREAU OF VITAL

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1535
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No. 478 So. University
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay BEFORE delivery: In THIS county years months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. So. Second Ave.
   (e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida.

4. FULL NAME OF CHILD Alice Ann Thompson

5. Date of Birth of Child (Month, day, year) Apr. 15, 1949

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Thompson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Bingham, Utah (City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business cigar store

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Ann Wilson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Henefer Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Bingham }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 68 years of age, that I have known this person for 43 years, and that Dr. F. W. Mitchell (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Thompson Martin Signature
Box 123, Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of June, 1949

(SEAL)

Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 14, 1949 by W. W. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1535 TO DE49-1535 11/13/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553.119.036.396

RECEIVED JUN 18 1949 DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1554
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Marysville.
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: At own home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 26 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida.
   (c) City Marysville.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Marysville, Idaho

4. **FULL NAME OF CHILD** Loran Crouch Nelson

5. Date of Birth of Child (Month, day, year) January 19, 1906

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Clegg Nelson.
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Logan, Utah, U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Farming.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Mary Crouch
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Roanoke, Virginia, U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 8 A.M. on the date and at the place stated above, and that personal particulars were furnished by John Clegg Nelson (First name) (Last name) who is related as Father. (Mother, etc.)

25. Attendant's **OWN** signature John Clegg Nelson M.D. Father Midwife Address Cardston, Alberta Date June 6, 1949

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of ____ } ss.
County of ____ }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 22, 1949 by W L Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1554 TO DE49-1554 11/14/2013-LLE

JUN 22 1949

FEB 4 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-124-04-893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1585
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Leslie Clifford Laurance

5. Date of Birth of Child (Month, day, year) Dec. 24, 1906

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Franklin Laurance
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace (City or town) Oregon (State or foreign country)
14. Exact Occupation Painting Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Loretta Pearl Hickok
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace (City or town) Brighton, (State or foreign country) Colorado
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 42 years, and that Dr. H. P. Ross (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Loretta Hickok Baxter Signature
2432 Broadway San Diego P. O. Address

Subscribed and sworn to before me this 29th day of June 19 Calif

(SEAL) Mabel Ellefer, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 29 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1585 TO DE49-1585 11/14/2013-LLE

JUN 29 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-213-029-655

RECEIVED
JUN 22 1949
BUREAU OF VITAL

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1589
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. Cor. Hayes & 3rd
   (d) Name of Hospital or Maternity Home: Delivered at home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No. Cor. Hayes & 3rd.
   (e) How long has **MOTHER** lived in Idaho? 8½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Margaret Alice McConnell

5. Date of Birth of Child (Month, day, year) Dec. 13, 1906

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Twain McConnell
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Danby Twp., (City or town) Ingham Co., Michigan (State or foreign country)
14. Exact Occupation Mason
15. Industry or Business Plastering and brick work

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anne Eliza Fenn
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace London (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Latah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 42 years, and that Dr. J. N. (First name) Clarke (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward Twain McConnell Signature
516 N. Hayes, Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of June, 1949.
(SEAL) BESSIE BABCOCK, Clerk of District Court, Notary Public, residing at Moscow, Idaho
By Rose Blanchard Deputy.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.

Received for filing on June 29, 1949 by Bessie Babcock, Registrar

FILE # FROM 1589 TO DE49-1589 11/14/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-124-025-235

RECEIVED JUL 9 1949 DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1631
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ida (b) City Harpster
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county — years 3 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Harpster - Grangeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Loyd Almarion Card

5. Date of Birth of Child (Month, day, year) 12-24-06

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7½

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Almarion Card
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Wisconson (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Mae Steele
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Mt Home Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Washington } ss.
County of Kitsap }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for Since Birth years, and that Charles Busey M.D. (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wm A. Card Signature

2509 Sw Elkgrove Los Angeles O. Address

Subscribed and sworn to before me this 5th day of July, 1949.

(SEAL) [illegible], Notary Public, residing at Vancouver Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 11, 1949 by W. H. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1631 TO DE49-1631 11/19/2013-LLE

OCT 13 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 12 1949

393-129-00-386

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1751
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. Euclid Avenue
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years 10 months 25 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. Euclid Avenue
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** James Arthur Little

5. Date of Birth of Child (Month, day, year) January 29, 1906

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Leroy Little
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Drayman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Belle Thompson
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic acid solution
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho, County of Ada, } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 43 years, and that Dr. Brereton (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Belle Cooper Signature

1440 West 26th St. San Bernardino, Cal. P. O. Address

Subscribed and sworn to before me this 10th day of August, 1949.

(SEAL) Anton Gordon, Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 16, 1949 by W L Benson, Registrar

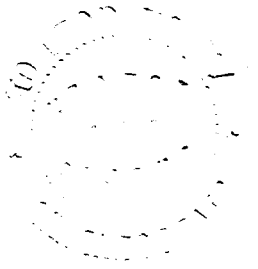
Emma Belle Cooper (Formerly Emma Belle Little).

FILE # FROM 1751 TO DE49-1751 11/21/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



AUG 16 1949

236-213-040-466

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Larson

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 1906 DE49-1814

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Leona Julia Scott
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth: August 13, 1906 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth: one (a) Born alive and now living: one

Born alive but now dead: ..... Stillborn: .....

FATHER

FULL NAME: David Roscoe Scott

Residence (Usual place of abode): Larson

If non-resident, give place and State: .....

Color or race: White Age at last birthday: 30 (Years)

Birthplace: Kirmin[illegible] Iowa
(City and State or County)

Occupation: Stationary Engineer

MOTHER

FULL MAIDEN NAME: Anna Downs

Residence (Usual place of abode): Larson

If non-resident, give place and State: .....

Color or race: White Age at last birthday: 29 (Years)

Birthplace: Davenport, Iowa
(City and State or County)

Occupation: Home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive) at ..... M. on the date above stated.

(Signature) Dr. Daniel E. Keys

(Physician or midwife)

Address: W 524 [illegible] Spokane, Wn

Filed Sept 7 19[illegible]

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

SF# CHANGED FROM DE-1814 ON 5/8/08 KMC

SEP 19 1949

SEP 7 1949

DELAYED

432-209-010-113 RECEIVED
SEP 20 1949
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1870
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: about
In THIS county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Sugar
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Sugar, Idaho

4. FULL NAME OF CHILD Gail Jacobs McKinley

5. Date of Birth of Child (Month, day, year) Dec 9, 1906

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edwin John McKinley
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace (City or town) United States (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Karen Ada Jacobs
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Newton (City or town) Utah, USA (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 43 years, and that Do not remember name (First name) (Last name), who attended this birth cannot locate (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Karen Ada Bailey Signature
3901 Sutro ave Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 16th day of September, 1949.
(SEAL) Lou H Green, Notary Public, residing at Los Angeles, California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 20, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1870 TO DE49-1870 11/25/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

254-21-022-231

RECEIVED

SEP 19 1949

DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1892
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (Fill in Hospital or Institution if baby was born in one. Otherwise give street address or R.F.D. number and city.)
   (a) County Fremont (b) City Garfield
   (c) Street Address or R.F.D. No. Garfield
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Garfield
   (d) Street Address or R.F.D. No. Garfield
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho - Garfield

4. **FULL NAME OF CHILD** Mary Alice Kemp

5. Date of Birth of Child (Month, day, year) Jan - 11. 1906

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Dowdney Kemp
11. Color or Race White
12. Age at time of THIS birth 53 yrs.
13. Birthplace London (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Ellen Slater
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Lehi (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of
County of } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 23 years of age, that I have known this person for 43 years, and that Mrs Simon Sapton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E. E. Smyth Signature

P. O. Address

Subscribed and sworn to before me this 17th day of August 1949

(SEAL)

Betty L. Adams, Notary Public, residing at Reno, Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 27, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1892 TO DE49-1892 11/25/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-2041-016-318

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1904
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Alma
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home at mother's parents (James Taylor)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years / months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 131 E. Jefferson St.
   (e) How long has **MOTHER** lived in Idaho? all her life yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Bernice Johnston

5. Date of Birth of Child (Month, day, year) Sept. 4, 1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Edward Johnston, Jr.
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation wool grower
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Louise Taylor
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Blue Creek (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 43 years, and that Clara Louise Taylor (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nelson E. Johnston Sr. Signature

1101 Franklin St. Boise Idaho P. O. Address

Subscribed and sworn to before me this 27th day of September, 1949

(SEAL) Frank Kester, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 28, 1949 by W. W. Benson, Registrar

FILE # FROM 1904 TO DE49-1904 11/25/2013-LLE

SEP 28 1

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

235-214-030-696 RECEIVED

OCT 5 1949

DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1924
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Salmon, Idaho

4. FULL NAME OF CHILD Olga Maxine Stevens

5. Date of Birth of Child (Month, day, year) October 14, 1906

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Alexander Stevens
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Kirksville (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Frouz
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Fenton (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for since birth years, and that Katherine (First name) Frouz (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude Kadletz Signature
Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of September, 1949
(SEAL) Frederick Hughes Snook, Notary Public, residing at Salmon, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 2, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1924 TO DE49-1924 11/29/2013-LLE

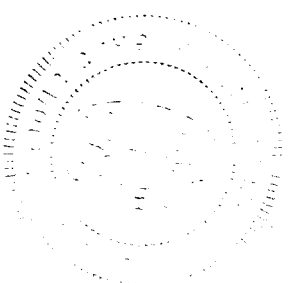
MAY 18 1970

OCT 5 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



791-230-001-555

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1930
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Gertrude Gramkow

5. Date of Birth of Child (Month, day, year) Dec. 30, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William F. Gramkow
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Cabinet Maker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Wilhelmine Evers
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for life years, and that (First name) the doctor (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Paula L. Fleeger Signature
1803 Cleveland P.6 P. O. Address

Subscribed and sworn to before me this 6 day of October, 1949.

(SEAL) Walter Fleeger, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 6, 1949 by W. W. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1930 TO DE49-1930 11/29/2013-LLE

OCT 6
NOV 19 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595.109.003-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-2017
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Cleveland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Cleveland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Delbert Hyrum Nielson

5. Date of Birth of Child (Month, day, year) Apr 9, 1906

6. Sex M

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edgar Orland Nielson
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Brigham (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Ann Bevins
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace ~~Brigham~~ (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Catherine B. Nielson (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 44 years, and that Mary (First name) Lundgreen (Last name) who attended this birth (Is now deceased) ~~or (Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hyrum R. Nelson Signature
Cleveland, Idaho P. O. Address

Subscribed and sworn to before me this day of NOV 3 1949, 19

(SEAL) Alvin R. Whitehead Notary Public, residing at Grace Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 7, 1949 by W. W. Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 2017 TO DE49-2017 12/4/2013-LLE

NOV 7 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DE AVS

219/05/044-849

RECEIVED

DEC 1 1949

DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2078
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No. E. Commercial St
   (d) Name of Hospital or Maternity Home: ------
   (e) Mothers stay **BEFORE** delivery: In **THIS** county -- years 6 months -- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No. E. Commercial St
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** Asa Kiah Barton

5. Date of Birth of Child (Month, day, year) Oct. 5, 1906

6. Sex male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William A. Barton
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Barry Co., (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie Quisenberry
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace -- (City or town) Kentucky (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Idaho
County of Washington } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 43 years, and that Dr. Charles B. Shirley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William A Barton Signature

Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of November, 1949

(SEAL) D.L. CARTER D L Carter, Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 1, 1949 by W L Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 2078 TO DE49-2078 12/6/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

312-107-025-249

RECEIVED DEC 3 1949 DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-2096
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No. 3
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Silas Keith Cash.

5. Date of Birth of Child (Month, day, year) Dec. 7. 1906

6. Sex Boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** John Adam Cash

11. Color or Race White

12. Age at time of THIS birth yrs.

13. Birthplace Mt. Vernon Ind. (City or town) (State or foreign country)

14. Exact Occupation Laborer.

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Allene Smith.

17. Color or Race White

18. Age at time of THIS birth 18 yrs.

19. Birthplace Mt. Vernon. Ind. (City or town) (State or foreign country)

20. Exact Occupation housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) alive at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Idaho }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for years, and that Dr. George Stocton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. John A. Cash. Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of November 1949.

(SEAL) Warren R Parks, Notary Public, residing at Grangeville Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 5, 1949 by W M Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 2096 TO DE49-2096 12/9/2013-LLE

DEC 5 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

219-102-025-693

RECEIVED
DEC 29 1949
DIV. OF VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2162
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth) near
   (a) County Idaho (b) City Kenterville
   (c) Street Address or R.F.D. No. --
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county - years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City near Princeton
   (d) Street Address or R.F.D. No. --
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) near Princeton, Ida.

4. **FULL NAME OF CHILD** Vernon Earle Barnes

5. Date of Birth of Child (Month, day, year) March 2, 1906

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Daniel Barnes
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Menomonee Falls, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ina Veldora Williams
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Freese (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington
County of Yakima } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 43 years, and that Dr. E. E. Brilley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ina V. Centers Signature

RFD#2, Selah, Washington P. O. Address

Subscribed and sworn to before me this 24th day of December, 1949.

(SEAL) [illegible] Notary Public, residing at Selah, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12-29-49 by W. L. Benson, Registrar

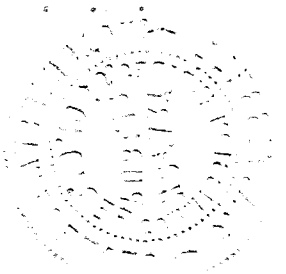
FILE # FROM 2162 TO DE49-2162 12/10/2013-LLE

DEC 29 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



915-103-037-665

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE50-0031
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elmer Ray Randall
2. Date of Birth (month) (day) (year): 11 — 3 — 1906
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Idaho; b. City or Town of Birth: Bruneau

FATHER

6. Full Name of Father: George B Randall
7. State or Country of Father's Birth: Weston, Iowa

MOTHER

8. Full Maiden Name of Mother: Josephine Maude Owens
9. State or Country of Mother's Birth: YAKIMA, WASH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elmer Ray Randall
11. Present Address of Registrant: Buhl Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Jan. 30 1950
12. Signature of Notary: Jess O. Eastman
13. Notary Commission expires: 2-4-1953

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Viewed by Jess O. Eastman	1-30-50	11-3-06
Class* A	Date of Birth: 11-3-06 / Birth Place: Bruneau, Idaho	Full Name of Mother: Josephine Maude Owens	Name of Father: George B. Randall	
SUPPORTING RECORD 2.	School Record	Mary M. Grammer, Supt. Dep't of Education, Burneau	2-10-50	9-10-12
Class B	Date of Birth: 11-3-06 / Birth Place: Burneau, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Weldon	2-14-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FILE # FROM DE-31 TO DE50-0031 12/11/2013 ELB

FEB 14 1950

863-203-003-243

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE50-0037
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HELEN JUANITA HOLLANDER		2. Date Of Birth (month) (day) (year): JULY 3 1906	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: IDAHO BANNOCK	b. City or Town of Birth: POCATELLO
FATHER	6. Full Name of Father: JOHN EDWARD HOLLANDER		7. State or Country of Father's Birth: SHELBY Co. MISSOURI	
MOTHER	8. Full Maiden Name of Mother: ELIZABETH PEARL BUTTERWORTH		9. State or Country of Mother's Birth: SALT LAKE CITY, UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Allery Juanita Hollander Faulkner	11. Present Address of Registrant: 416 POST ST. SALT LAKE UTAH	
NOTARY (Seal)	Subscribed and sworn to before me on: March 8 1950	12. Signature of Notary: Mary P Bandley	13. Notary Commission expires: June 16 1954	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record		By whom issued and signed: Viewed by Mary Bandley, Notary Public	Date issued: 3-9-50	Date Orig. Entry:
Class* 'B'	Date of Birth: 7-3-1906	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: West Salt Lake High School School Record		By whom issued and signed: Mrs. W. M. Thornton, Sec.	Date issued: 3-7-50	Date Orig. Entry: Sept. 1920
Class 'B'	Date of Birth: 7-3-1906	Birth Place:	Full Name of Mother:	Name of Father: J. E. Hollander	
SUPPORTING RECORD 3.	Type of Document: Policy of the Metropolitan Life Ins. Co.		By whom issued and signed: Certified by F. R. Boysen	Date issued: Mar. 3, 1950	Date Orig. Entry: Aug. 3, 1908
Class 'A'	Date of Birth: 7-3-1906	Birth Place: Pocatello, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Vanda Evans	Date Filed: 3-10-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 2cp Pd we

FILE # FROM 50-37 TO DE50-0037 12/18/2013-ULE

MAR 10 1950

792-128-028-315

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-62
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gregary Glen Gibson
2. Date of Birth (month) 6 (day) 28 (year) 06
3. Color or Race
4. Sex
5. Place of Birth a. County
b. City or Town of Birth: Rathdrum Idaho

FATHER

6. Full Name of Father: Thomas Lewis Gibson
7. State or Country of Father's Birth: St Johns New Brunswick

MOTHER

8. Full Maiden Name of Mother: May Beatric Lavin
9. State or Country of Mother's Birth: Santa Rosa Calif

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gregory Glen Gibson
11. Present Address of Registrant: 2031 Locust - Philadelphia Pa

NOTARY (Seal)

Subscribed and sworn to before me on March 20th 1950

12. Signature of notary: I. CLARENCE PENNINGTON NOTARY PUBLIC
13. Notary Commission expires: My Commission Expires January 7, 1951

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	R. J. Hartman, Asst. Pastor	3-8-50	8-30-06
Class* A	Date of Birth: 6-28-06 / Birth Place: Idaho	Full Name of Mother: Marie Laven	Name of Father: Thomas L. Gibson	
SUPPORTING RECORD 2.	Type of Document: Life Insurance Policy	By whom issued and signed: W. H. Walsh, Superintendent	Date Issued: 3/29/50	Date Orig. Entry: 3/31/30
Class B	Date of Birth: 6/28/06 / Birth Place: Rathdrum, Idaho	Full Name of Mother: Mary L. Gibson	Name of Father: Thomas L. Gibson	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keefer	April 5, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 6 1950

61342-029-695

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-68
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Everett Wallen			2. Date Of Birth (month) (day) (year): October 21, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: Frank William Wallen			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Annie Mary Frei			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Everett Wallen		11. Present Address of Registrant: Route 2, Moscow, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 17 1950	12. Signature of Notary: J. M. O'Donnell		13. Notary Commission expires: Sept 10 1953

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued:	Date Orig. Entry: Oct. 21, 1906
Class* A	Date of Birth: Oct. 21, 1906 / Birth Place:	Full Name of Mother:	Name of Father: F. Wallen	
SUPPORTING RECORD 2.	Type of Document: Baptismal Record	By whom issued and signed: Minister C. D. Bell, Methodist Episcopal Church	Date Issued:	Date Orig. Entry: Dec. 7, 1912
Class B	Date of Birth: Oct. 21, 1906 / Birth Place: Moscow, Idaho	Full Name of Mother:	Name of Father: F. Wallen	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Equitable Life Assurance Society of the U. S.	Date Issued: 9-15-25	Date Orig. Entry: 9-15-25
Class B	Date of Birth: Oct. 1906 / Birth Place: Moscow, Idaho	Full Name of Mother:	Name of Father: Frank W. Wallen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	Apr. 20, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 20 1959

STATEMENT OF NOTARY PUBLIC

Re: Bible Record of Birth of John Everett Wallen, Moscow, Idaho.

State of Idaho
County of Latah, ss.

The undersigned, a Notary Pulic for State of Idaho, hereby certify that on this 8th day of April, 1950, I have examined a Holy Bible, the property of Mrs. Anna Frie Wallen, Route 2, Moscow, Idaho, now in her possession; that said Holy Bible was printed and bound by the International Press, Philadelphia, PA., U. S. A. and is marked "Copyright 1915 by The John C. Winston Co.,".

The names of the children born to Frank William Wallen and Annie Mary Frei are written in longhand and appear in the Bible; there are absolutely no alterations or additions to this page. A photostat of said page is enclosed.

Witness my hand and notarial seal this 8th day of April, 1950.

J. M. Donnell
Notary Public for State of Idaho
Residing at Moscow, Idaho

APR 6 1970

862-209-020-215

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-50-122
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elva Dortha Hobdey
2. Date of Birth (month) (day) (year): April 9 1906
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Glenns Ferry, Idaho, Elmore Co.
b. City or Town of Birth: Glenns Ferry

FATHER

6. Full Name of Father: Charles Edward Hobdey
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Ida May Sanders
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Oscar Pruett
11. Present Address of Registrant: King Hill, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: February 27, - 1950.
12. Signature of Notary: E. H. Clements
13. Notary Commission expires: November 3, - 1950.

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Policy	Viewed by E. Larsen, Nortary Public	6/1/50	6/1/39
Class* B	Date of Birth: 4/9/1906 — Birth Place: Glenns Ferry, Ida.	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Marriage License	Myrtle P. Enking, Recorder	4/30/27	4/30/27
Class B	Date of Birth: Age was 21 on 4/30/27 — Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Census Record	Department of Commerce	5/15/50	January 1, 1920
Class B	Date of Birth: Age was 13 on 1/1/20 — Birth Place: Idaho	Full Name of Mother: Ida Hobdey	Name of Father: Charley E. Hobdey	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Wanda Evans
Date Filed: JUN 7 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FILE # FROM DE-50-122 TO DE50-122 11/8/2014

DELAYED CERTIFICATE

STATE OF IDAHO

JUN 8 1950

556-202-042-556

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-186
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Flo Newland		2. Date of Birth (month) Oct. (day) 2 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho, Twin Falls; b. City or Town of Birth: Twin Falls, Idaho
FATHER	6. Full Name of Father: Sublette Withers Newland		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Lena Josephine Newland		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen N Zecher	11. Present Address of Registrant: R2 Box 424 Los Altos, Calif
NOTARY (Seal)	Subscribed and sworn to before me on APR 17 1950 19	12. Signature of Notary: Edith Lawrence Smith	13. Notary Commission expires: NOTARY PUBLIC IN AND FOR THE COUNTY OF ALAMEDA, STATE OF CALIFORNIA My Commission Expires June 2, 1951 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Midwife's Record Mrs. Clara Eubanks		By whom issued and signed: Mrs. Clara Eubanks	Date Issued: 6/14/50	Date Orig. Entry: 10/2/1906
Class* A	Date of Birth: 10/2/1906	Birth Place: Twin Falls, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: School Record		By whom issued and signed: Nona N. Cook, 1st grade teacher	Date Issued: 7-12-50	Date Orig. Entry: 1912
Class B	Date of Birth: 6 yrs old in 1912	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fiedler	7-26-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 26 1956

OCT 30 1963

JAN 5 1971

235-214-201-259

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-50-195
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edna Katherine Stewart
2. Date Of Birth: (month) Feb. (day) 14 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Peter M. Stewart
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Cra Elizabeth Keith
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edna K. Mattingly
11. Present Address of Registrant: 322 Euclid Ave.

NOTARY (Seal)

Subscribed and sworn to before me on July 7th 1950
12. Signature of Notary: Louise Anderson
13. Notary Commission expires: May 5th 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's Birth Certificate	On file in the Division of Vital Statistics, Boise, Idaho		April 22, 1928

Class* B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
22 yrs old	Boise, Idaho		

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
High School Boise Public School Record	Zed L. Foy, Superintendent	3-29-50	Jan. 1922

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
2-14-1906			Peter M. Stewart

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Longfellow School Record	Zed L. Foy, Superintendent	8-1-50	Sept. 1915

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
2-14-1906			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Wanda Evans	AUG 1 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FILE - FROM DE-50-195 TO DE50-195 11/7/2014

DELAYED CERTIFICATE

MAY 12 1976

AUG 2 1950

165-212-044-213

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-310
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ada Anona Jones
2. Date Of Birth (month) (day) (year): June 12, 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Farm home
a. County: Washington
b. City or Town of Birth: Weiser

FATHER

6. Full Name of Father: Harvey Cicero Jones
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Full Maiden Name of Mother: Mary Susan Saling
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ada Anona Jones
11. Present Address of Registrant: 1610 N. 10th, Boise, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on _____ 19____

12. Signature of Notary: [illegible]
13. Notary Commission expires _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible Record	Family Bible		6-12-1906

Date of Birth	Birth Place	Full Name of Mother	Name of Father
6-12-1906	Weiser, Idaho	Mary Susan Saling	Harvey Cicero Jones

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's Birth Certificate	Signed by Dr. Geo R. Proctor	6-24-1926	6-24-1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
23 yrs.	Idaho		

SUPPORTING RECORD 3.

Class _____

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Freeman	Oct. 9, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 9 1950

236-206-004-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-384
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lillian Stocker
2. Date Of Birth (month) Aug (day) 6 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Paris Idaho. Bear Lake b. City or Town of Birth: Paris

FATHER

6. Full Name of Father: John Stocker
7. State or Country of Father's Birth: Switzerland

MOTHER

8. Full Maiden Name of Mother: Catherine Schmidlin
9. State or Country of Mother's Birth: Switzerland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lillian Stocker Wooley
11. Present Address of Registrant: 72 W. Crystal Ave, Salt Lake City, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 30, 1950
12. Signature of Notary: Hilda Kay
13. Notary Commission expires: Feb. 18, 1951

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Family Geneology Record	Mother and Father	4-1-39	4-1-39

Date of Birth	Birth Place	Full Name of Mother	Name of Father
8-6-06	Paris, Idaho	Catherine Schmidlin	John Stocker

Class* B

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
L. D. S. Church Record	Ella D. Jack	12-8-41	8-6-14-

Date of Birth	Birth Place	Full Name of Mother	Name of Father
8-6-06	Paris, Idaho	Catherine Schmidlin	John Stocker

Class B

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Family History Record	Father and Mother	8-6-06	8-6-06

Date of Birth	Birth Place	Full Name of Mother	Name of Father
8-6-06	Paris, Idaho	Catherine Schmidlin	John Stocker

Class A

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Carol C. Bennett	12-5-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 5 1950

296-209-022-895

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-391
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thelma Blanche Brower
2. Date Of Birth (month) (day) (year): September 9th, 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Parker — Fremont
b. City or Town of Birth: Parker, Idaho.

FATHER

6. Full Name of Father: Jonathan Hussy Brower
7. State or Country of Father's Birth: From Cache County, Utah.

MOTHER

8. Full Maiden Name of Mother: Mary Hannah Hincks
9. State or Country of Mother's Birth: Logan, Cache County, Utah.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Delsya B. Wilcox
11. Present Address of Registrant: 226 W. Main St. St. Anthony, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 16 1950
12. Signature of Notary: Amy Erickson
13. Notary Commission expires: Dec. 5 1953

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record	L. D. S. Church		May 6, 1916
Class* B.	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept. 9, 1906, Parker, Idaho	Mary Hannah Hincks	Jonathan H. Brower	
SUPPORTING RECORD 2.	School Record	E. O. Rick	9-26-50	9-6-21
Class B	14 Yrs. / Parker, Idaho	Mary Hannah Hincks	Jonathan H. Brower	
SUPPORTING RECORD 3.	Federal Census Record	Ray Peel	11-30-50	4-15-10
Class B	4 Yrs. / Parker, Idaho	Mary Hannah Hindks	Jonathan H. Brower	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Carol Burnett	12-5-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 2) 721

DEC 8

DELAYED CERTIFICATE OF BIRTH

735-120-033-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE51-0435
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hubert Samuel Gleed
2. Date of Birth (month) (day) (year): May 20 1906
3. Color or Race | 4. Sex | 5. Place of Birth a. County
b. City or Town of Birth: Malad City Idaho

FATHER

6. Full Name of Father: Henry Gleed
7. State or Country of Father's Birth: Oneida County Idaho

MOTHER

8. Full Maiden Name of Mother: Emma Thorpe
9. State or Country of Mother's Birth: Oneida County Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hubert Samuel Gleed
11. Present Address of Registrant: 500 North Main Street Malad, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Jany 8 1962
12. Signature of Notary: E E Ray
13. Notary Commission expires: 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Policy	California Western States Life		3-24-1933
Class* B	Date of Birth / Birth Place: May 20, 1906	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: California Western States	Date issued	Date Orig. Entry: 3-24-1933
Class B	Date of Birth / Birth Place: May 20, 1906, Malad, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Beneficial Life Insurance	Date issued: May 4, 1935	Date Orig. Entry
Class B	Date of Birth / Birth Place: May 20, 1906, Malad, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Heed	1-10-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CORRECTED FILE # FROM DE50-435 TO DE51-0435 5/29/2014-LLE

JAN 11 1951

9[illegible]-22)-028-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-442
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Estelle Riches	2. Date Of Birth (month) Nov. (day) 21st (year) 1906
	3. Color or Race: White; 4. Sex: F.; 5. Place of Birth a. County: Coeur d'alene Kootenai	b. City or Town of Birth: Coeur d'alene Idaho.
FATHER	6. Full Name of Father: De Witt Grover Riches	7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Francis Ina Burdick	9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace E. Riches (Williams)
		11. Present Address of Registrant: 403-N. 8th Sinclair Wyo
NOTARY (Seal)	Subscribed and sworn to before me on: January 9th 1951	12. Signature of Notary: Vada W. Laney
		13. Notary Commission expires: November 21st 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Doctor's record	By whom issued and signed: John H. Shepherd	Date issued: 7-25-50	Date Orig. Entry: 11-21-1906
Class* A	Date of Birth: Nov. 21, 1906; Birth Place: Coeur d'Alene,	Full Name of Mother: Idaho Francis Ina Burdick	Name of Father: DeWitt Grover Riches	
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date issued: Oct. 3, 1950	Date Orig. Entry: —1910
Class A	Date of Birth: 3 yrs old; Birth Place: Idaho	Full Name of Mother: Francis I.	Name of Father: DeWit Riches	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date issued:	Date Orig. Entry:
Class	Date of Birth: ; Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	1-15-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 15 1951

632-215-039-253

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-480
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Helen McKown
2. Date of Birth (month) (day) (year): September 15, 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bower; b. City or Town of Birth: American Falls

FATHER

6. Full Name of Father: John LuCurtis McKown
7. State or Country of Father's Birth: West Virginia

MOTHER

8. Full Maiden Name of Mother: Jemima Ann Belcher
9. State or Country of Mother's Birth: West Virginia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret Helen McKown Iverson
11. Present Address of Registrant: 6726 N.E. Tillamook St, Portland 13, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: June 22nd 1951

12. Signature of Notary: NOTARY PUBLIC FOR OREGON, My Commission Expires May 21, 1954 — F. A. Lichtenthaler
13. Notary Commission expires: _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Bible Record	Bible viewed by Evelyn Lee, notary, affidavit attached		Sept. 15, 1906
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Sept. 15, 1906, American Falls	Jemima Ann Belcher	John L. McKown	
SUPPORTING RECORD 2. Class B	Census Record	Department of Commerce Bureau of Census	1910 census	
	3 yrs old / Idaho			
SUPPORTING RECORD 3. Class B	School Record	American Falls Elementary School	12-13-50	Sept. 1912
	Sept. 15, 1906, American Falls	Jemima McKown	John McKown	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fleeson	1-26-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

2 cp ppd.

Form DPH 49067

JAN 26 1951

993-210-003-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-500
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MAZIE RICHARDS
2. Date Of Birth (month) 8 (day) 10 (year) 1906
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Home of Mrs J. M. Rourke b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: FORDYCE TANNEHILL RICHARDS
7. State or Country of Father's Birth: OHIO

MOTHER

8. Full Maiden Name of Mother: OLIVE MAUD BENNETT
9. State or Country of Mother's Birth: MICHIGAN

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mazie R. Bale
11. Present Address of Registrant: 3717-43 Ave N.E. Seattle Wash

NOTARY (Seal)

Subscribed and sworn to before me on January 30 1951

12. Signature of Notary: M. A. Schmeiser
13. Notary Commission expires: January 18, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Doctor's record	Dr. Minnie Howard	8-10-06	8-10-06

Date of Birth	Birth Place	Full Name of Mother	Name of Father
8-10-06	Pocatello, Idaho		F. T. Richards

SUPPORTING RECORD 2.

Class A

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Certificate of Baptism	Rev. Geo. G. Haley	1-19-07	1-19-07

Date of Birth	Birth Place	Full Name of Mother	Name of Father
8-10-06	Pocatello, Idaho		Fordyce T. Richards

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	2-5-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

DELAYED CERTIFICATE OF BIRTH

FEB 5 1951

763-21-001-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-531
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruby Marie Pollard
2. Date of Birth (month) April (day) 11 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Ada
b. City or Town of Birth: Star

FATHER

6. Full Name of Father: Allie Jefferson Pollard
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Nora Angeline Wilson
9. State or Country of Mother's Birth: Hailey, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruby Marie Pollard
11. Present Address of Registrant: Star Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Feb 19 1951
12. Signature of Notary: Mabel Helser
13. Notary Commission expires: May 7, 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Family Bible Record	Mother and Father	4-11-06	4-11-06

Date of Birth	Birth Place	Full Name of Mother	Name of Father
4-11-06	Star, Idaho	Nora Angeline Wilson	Allie Jefferson Pollard

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Hospital Record	Gabrielle M. Amos	2-15-51	August, 1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
22Yrs, old	Star, Idaho	Nora Angeline Wilson	Allie Jefferson Pollard

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W M Benson
Evidence reviewed by: Carol Bennett
Date Filed: 2-18-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 6 1968

FEB 19 1951

244-112-025-993

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De51-555
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Guy Edward Smurthwaite
2. Date Of Birth (month) (day) (year): August 12 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Idaho
b. City or Town of Birth: White Bird

FATHER

6. Full Name of Father: Arthur Edward Smurthwaite
7. State or Country of Father's Birth: California

MOTHER

8. Full Maiden Name of Mother: Stella Belle Richey
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Guy Edward Smurthwaite
11. Present Address of Registrant: 495 North 9 Grangeville, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Dec 26 1951

12. Signature of Notary: Monte C. Shreve
13. Notary Commission expires: 1/8 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School Record	Sup't of Schools, Idaho County		Apr. 1921
Class* B	Date of Birth / Birth Place: 14 years old at that time	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Army Discharge	Army of the United States		Nov. 27, 1942
Class A	Date of Birth / Birth Place: Aug. 12, 1906, Whitebird, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Application of Life Insurance,	National Service Life	11-16-1942	
Class B	Date of Birth / Birth Place: Aug. 12, 1906, Whitebird, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Freeman	2-26-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 27 1951

766-225-001-2/5

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-577
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edith La Verne Powell
2. Date Of Birth (month) July (day) 25 (year) 1906
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Ada b. City or Town of Birth: Meridian

FATHER

6. Full Name of Father: William Arthur Powell
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Daisy Letitia Barker
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edith L. McFadden
11. Present Address of Registrant: R. 1, Meridian, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on _____ 19____

12. Signature of Notary
13. Notary Commission expires _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible		July 25, 1906
Class* A	**Date of Birth** / **Birth Place**: July 25, 1906,	**Full Name of Mother**	**Name of Father**	
SUPPORTING RECORD 2.	School Record	College of Idaho		1923-24
Class B	7-25-1906 / Meridian, Idaho			
SUPPORTING RECORD 3.	Child's birth certificate	Bureau of Vital Statistics Boise, Idaho		6-16-38
Class B	7-25-1906 / Meridian, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fiedler	3-5-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 24 1967

MAR 3 1961

165-123-021-264

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-595
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alton Boden Jones
2. Date Of Birth: (month) 3 (day) 23 (year) 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Franklin; b. City or Town of Birth: Dayton

FATHER

6. Full Name of Father: Charles Jones
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mary Elizabeth Boden
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alton B. Jones
11. Present Address of Registrant: 1004 Shoshone, Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 8 1951
12. Signature of Notary: [illegible]
13. Notary Commission expires: August [illegible] 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Ordination	Geroge M. Larsen, Ward Clerk	3-11-29	3-11-29
Class* B	Date of Birth: 3-23-06 / Birth Place: Dayton, Idaho	Full Name of Mother: Mary Elizabeth Boden	Name of Father: Charles Jones	
SUPPORTING RECORD 2.	School Record	University of Idaho	1934	1934
Class B	Date of Birth: 3-23-06 / Birth Place: Dayton, Idaho	Full Name of Mother: Mary Elizabeth Boden	Name of Father: Charles Jones	
SUPPORTING RECORD 3.	Pedigree Chart	L. D. S. Church	2-10-31	2-10-31
Class B	Date of Birth: 3-23-06 / Birth Place: Dayton, Idaho	Full Name of Mother: Mary Elizabeth Boden	Name of Father: Charles Jones	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Carol Bennett	3-8-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 12 1951

MAR 9 1951

MAR 4 1951

314-220-029-419

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-606
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	**1. Registrant's Full Name at Birth**: Hazel (Jackie) Marie Cameron		**2. Date Of Birth** (month) February (day) 20 (year) 1906	
	3. Color or Race: White	**4. Sex**: Female	**5. Place of Birth** a. County: Latah	b. City or Town of Birth: Rural (Moscow)
FATHER	**6. Full Name of Father**: William T. Cameron		**7. State or Country of Father's Birth**: Iowa	
MOTHER	**8. Full Maiden Name of Mother**: Louise Martin		**9. State or Country of Mother's Birth**: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	**10. Signature of Registrant**: Hazel (Jackie) Marie Cameron	**11. Present Address of Registrant**: Box 223, Moscow, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on February 22, 19 51	**12. Signature of Notary**: Marjorie Moore Wheeldon	**13. Notary Commission expires**: August 7, 19 54	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Bible viewed by M. Estes Family Bible, affidavit		Date Issued	Date Orig. Entry: Feb. 20, 1906
Class* A	Date of Birth: Feb. 20, 1906,	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Moscow Public Schools		Date Issued: 2-22-51	Date Orig. Entry: Sept. 1920
Class B	Date of Birth: Feb. 20, 1906	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed		Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	**Evidence reviewed by**: Mabel Helfer	**Date Filed**: 3-12-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 13 1951

SEP 24 1952

693-117-029-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-610
Local Reg. No. -
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lowell N. Wilson
2. Date Of Birth (month) Dec. (day) 17 (year) 1906
3. Color or Race W
4. Sex M
5. Place of Birth a. County Weber b. City or Town of Birth Ogden Utah

FATHER

6. Full Name of Father: Clinton Wilson
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Laura Olive Wilson
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lowell N. Wilson
11. Present Address of Registrant: Rt 2 Box 2442 Edgewood Mayor Wash.

NOTARY (Seal)

Subscribed and sworn to before me on February 26 1951
12. Signature of Notary: Emma J. Richards
13. Notary Commission expires: Jan 19 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Bible Record
By whom issued and signed: Family Bible
Date Issued:
Date Orig. Entry: 12-17-06
Date of Birth: Dec. 17, 1906
Birth Place:
Full Name of Mother:
Name of Father:
Class* A

SUPPORTING RECORD 2.

Type of Document: Census Record
By whom issued and signed: Department of Commerce Bureau of the Census
Date Issued: 1920 census
Date Orig. Entry:
Date of Birth: 13 Years old— Idaho
Birth Place:
Full Name of Mother:
Name of Father:
Class B

SUPPORTING RECORD 3.

Type of Document:
By whom issued and signed:
Date Issued:
Date Orig. Entry:
Date of Birth:
Birth Place:
Full Name of Mother:
Name of Father:
Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

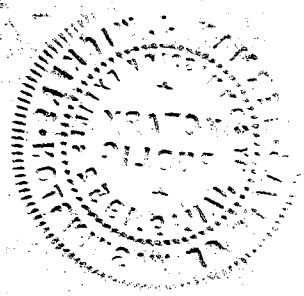
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Mabel E. Nelson
Date Filed: 3-12-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 13 1951



743-101-00-762

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-654
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** John Frank Pulford
5. Date of Birth of Child (Month, day, year) October 1, 1906
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Luther Pulford
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Montana (City or town) (State or foreign country)
14. Exact Occupation Mail Carrier
15. Industry or Business U. S. Government

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Post
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Meridian, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Pulford (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for life years, and that Dr. Mary Calaway (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Pulford Signature
1620 State Boise Ida P. O. Address

Subscribed and sworn to before me this 26 day of March 19 21

(SEAL) Mabel F. Leeper, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 3-26-21 by W. W. Benson, Registrar

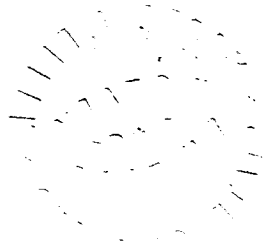
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 27 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

669-230-028-356

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-683
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Mary Margaret Ford
2. Date of Birth (month) Jan. (day) 30 (year) 1906
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County Kootenai; b. City or Town of Birth Belmont

FATHER

6. Full Name of Father: John. D. Ford
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Grace Lewellyn
9. State or Country of Mother's Birth: Texas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Margaret Ford
11. Present Address of Registrant: 1824 Riverside, Spokane, Wn.

NOTARY (Seal)

Subscribed and sworn to before me on February 23rd 1951
12. Signature of Notary: [illegible]
13. Notary Commission expires: December 14th 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Policy	Banker's Life Company	3-12-51	12-7-38
Class* B	Date of Birth / Birth Place: Jan 30, 1906, Belmont, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	School Census	Annabelle Iverson	2-26-1951	Sept. 1919
Class B	Date of Birth / Birth Place: 13 yrs old, Belmont, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Marriage affidavit	C. O. Sowder County Recorder	Date issued	Date Orig. Entry: Aug. 19, 1924
Class B	Date of Birth / Birth Place: 18 yrs old	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
". W. Benson	Mabel Fielder	Apr. 3, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 4 1961

AUG 26 1954

BOTH DELAYED

WHICH CORRECT YEAR
HOLD BOTH
MOTHER SAYS BORN IN 1905

dup 06 1905-278629

45624-01X-389

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-781
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 1 years 5 month 24 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D.No. 1
   (e) How long has **MOTHER** lived in Idaho? 1/2 yrs.
   (f) Mother's mailing address Emmett

3. **RESIDENCE of FATHER** (city, state) Emmett

4. **FULL NAME OF CHILD** Edna Ree Dewey

5. Date of Birth (Month, day year) 5-24-1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Cyrus Dewey
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Bountiful Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Annie Child
17. Color or Race White
18. Age at time of THIS birth 45 yrs
19. Birthplace Riverdale Utah (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 7 (c) Born alive and now dead 4 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Dewey (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN signature** Ron Cummings M.D. (D.O., Midwife, etc.)
and address Emmett Date 7-17-42

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

DELAYED

713-213-008-313

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 51-878
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Georgia Edith Patterson
2. Date of Birth: (month) March (day) 13 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Boise; b. City or Town of Birth: Alpha

FATHER

6. Full Name of Father: George Andrew Patterson
7. State or Country of Father's Birth: Craig, Virginia

MOTHER

8. Full Maiden Name of Mother: Anna Amelia Callender
9. State or Country of Mother's Birth: Fremont, Michigan

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Georgia Patterson Bell
11. Present Address of Registrant: 2626 N.E. Klickitat St. Portland, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on May 25 19 51
12. Signature of Notary: Marguerite Lenegor
13. Notary Commission expires: Jan. 30 19 55

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Lodge Record	Rebekah Assembly	2-24-41	7-3-1926
Class* B	Date of Birth: 3-13-1906; Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Operator's License	By whom issued and signed: Idaho Dep't of Law Enforcement	Date Issued: 10-17-45	Date Orig. Entry
Class R	Date of Birth: 3-13-1906; Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: Department of Commerce	Date Issued	Date Orig. Entry: 1910
Class B	Date of Birth: 4 yrs old; Birth Place: Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

Also, affidavit by mother Anna Amelia Patterson gives the date of birth as March 13, 1906, in Alpha, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Heeper	May 29, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City P.O. Alpha
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City P. O. Alpha
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Alpha, Idaho

4. **FULL NAME OF CHILD** Georgia Edith Patterson

5. Date of Birth of Child (Month, day, year) March 13, 1906

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Andrew Patterson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Craig (City or town) Virginia (State or foreign country)
14. Exact Occupation Farmer, Homesteader
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Amelia Callender
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Fremont, Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 44 years, and that Margaret Jane Rhodes Callender (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Amelia Patterson Signature

P. O. Address

Subscribed and sworn to before me this 25th day of August, 1950.

(SEAL) H. M. Wilson, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by, Registrar

MAY 31 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born ~~prior to the~~ effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-211-001-662

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-889
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Janey Viola Brooks

5. Date of Birth of Child (Month, day, year) 9/11/06

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Arthur Brooks
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Potect (City or town) Texas (State or foreign country)
14. Exact Occupation Moulder
15. Industry or Business Baxter Foundry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Anna Foster
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Oklahoma Teritory (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature Ida Anna Brooks / M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 44 years, and that Mrs. Nichols (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John A Brooks Signature
4427 Albion St Boise P. O. Address

Subscribed and sworn to before me this 24th day of May, 1951.

(SEAL) C. F. Van Voorhis, Notary Public, residing at Boise Ada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires June 11, 1951

Received for filing on June 4, 1951 by W. W. Benson, Registrar

JUN 5 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

513-230-014-449

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-911
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Frances Lucile Eaton
2. Date of Birth (month) 3 (day) 30 (year) 1906
3. Color or Race: white
4. Sex: fem.
5. Place of Birth a. County: Canyon
b. City or Town of Birth: Emmett Idaho

FATHER

6. Full Name of Father: Rufus Vincent Eaton at home
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Lillian Frances Murray
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lucile E Rasane
11. Present Address of Registrant: 3121 Steiner San Francisco Cal.

NOTARY (Seal)

Subscribed and sworn to before me on 29th May 1951

12. Signature of Notary: M. K. Smith
13. Notary Commission expires: My Commission Expires Sept 21, 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	L. D. S. Church	Apr. 22, 1906	
Class* A	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	March 30, 1906, Emmett, Idaho	Frances Lilliam Murray	Rufus Vincent Eaton	
SUPPORTING RECORD 2.	Operator's License	State of Calif.	1951	
Class B	3-30-1906 / Emmett, Idaho			
SUPPORTING RECORD 3.				
Class				

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel H Gregson	June 7, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 8 1951

JUN 8 1951

DECEASED

254-211-003-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-986
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At private residence
(e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Soda Springs, Idaho
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Soda Springs, Idaho

4. **FULL NAME OF CHILD** Alice R. Beus

5. Date of Birth of Child (Month, day, year) Sept. 11, 1906

6 Sex Female

7. Twin or Triplet ---- If so—born 1st, 2nd, 3rd ----

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edmund Michael Beus
11. Color or Race White
12. Age at time of THIS birth 23 1/2 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer & Rancher
15. Industry or Business Farming & Livestock

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Grace Campbell
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Soda Springs, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Caribou } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for 44+3/4ths years, and that Nell Horsley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mary Grace Campbell Beus.
Signature

Soda Springs, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of June, 1951

(SEAL) S. Chambers, Notary Public, residing at Soda Springs, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 20, 1951 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1976

JUN 20 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DECEASED

299-204-032-294

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUN 29 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1014
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Isabelle Sirrine
2. Date Of Birth: (month) Jan (day) 4 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Idaho - Lincoln; b. City or Town of Birth: Heyburn

FATHER

6. Full Name of Father: Joel E. Sirrine
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Caroline Hawthorne Simpkins
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Isabelle Isenburg
11. Present Address of Registrant: 213 Ore. St. Gooding Idaho

NOTARY (Seal)

Subscribed and sworn to before me on June 27 1951

12. Signature of Notary: John Schmitt
13. Notary Commission expires: March 1 1952

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	L. D. S. Church	6-7-1914	
Class* B	Date of Birth / Birth Place: Jan. 4, 1906, Heyburn, Idaho	Full Name of Mother: Caroline Simpkins	Name of Father: Joel E. Sirrine	
SUPPORTING RECORD 2.	Affidavit by sister	Gertrude S. Croft	6-12-51	
Class B	Jan. 4, 1906, Heyburn, Idaho			
SUPPORTING RECORD 3.	Census Record	Dep't of Commerce	1910 census	
Class B	Jan. 4, 1906, Heyburn, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	June 29, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 29 1951

415-203-035-235

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1018
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ireda Azalea Davis
2. Date Of Birth (month) (day) (year): Oct. 3 Thur. 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Morrowtown, Nez Perce
b. City or Town of Birth: Morrowtown Idaho

FATHER

6. Full Name of Father: William Walter Davis
7. State or Country of Father's Birth: North Carolina

MOTHER

8. Full Maiden Name of Mother: Ida Hesila Stevens
9. State or Country of Mother's Birth: California

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ireda Azalea Wayne
11. Present Address of Registrant: Canby, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: June 26 1951
12. Signature of Notary: Beth Bowden
13. Notary Commission expires: 10/27 1951

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by father	William Walter Davis	June 20, 1951	
Class* B	Date of Birth / Birth Place: Oct. 3, 1906, Morrowtown, Idaho	Full Name of Mother: Ida Hesila Stevens	Name of Father:	
SUPPORTING RECORD 2.	Affidavit by mother	Ida Hesila Davis	June 20, 1951	
Class B	Date of Birth / Birth Place: Oct. 3, 1906, Morrowtown, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Affidavit by Aunt	Isabell McLaughlin	June 20, 1951	
Class B	Date of Birth / Birth Place: Oct. 3, 1906, Morrowtown, Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		July 2, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 Cy Pd

Form DPH 49067

766-228-014-655

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUN 15 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1036
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Naomi Flossie Goodman
2. Date Of Birth (month) (day) (year): September 28 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Nampa Home Idaho Canyon
b. City or Town of Birth: Nampa

FATHER

6. Full Name of Father: Louis Delbert Goodman
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Martha Edith O'Neil
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Naomi F Waterman
11. Present Address of Registrant: Beaumont Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: June 12 1951
12. Signature of Notary: Lowell Davis
13. Notary Commission expires: Notary Public Residing at Nampa, Idaho. My Commission Expires Sept. 20, 1954. 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Physician's Record	Dr. J. H. Murray	July 11, 51	Sept.28, 1906
Class* A	Date of Birth / Birth Place: Sept. 28,1906/ Nampa, Ida.	Full Name of Mother: Martha E. O'Neil	Name of Father: Louis D. Goodman	
SUPPORTING RECORD 2.	Family Record	Martha E. O'Neil Goodman		Sept.28,1906
Class B	Sept.28,1906/	Martha E. O'Neil	Louis D. Goodman	
SUPPORTING RECORD 3.				
Class				

QUALIFYING INFORMATION

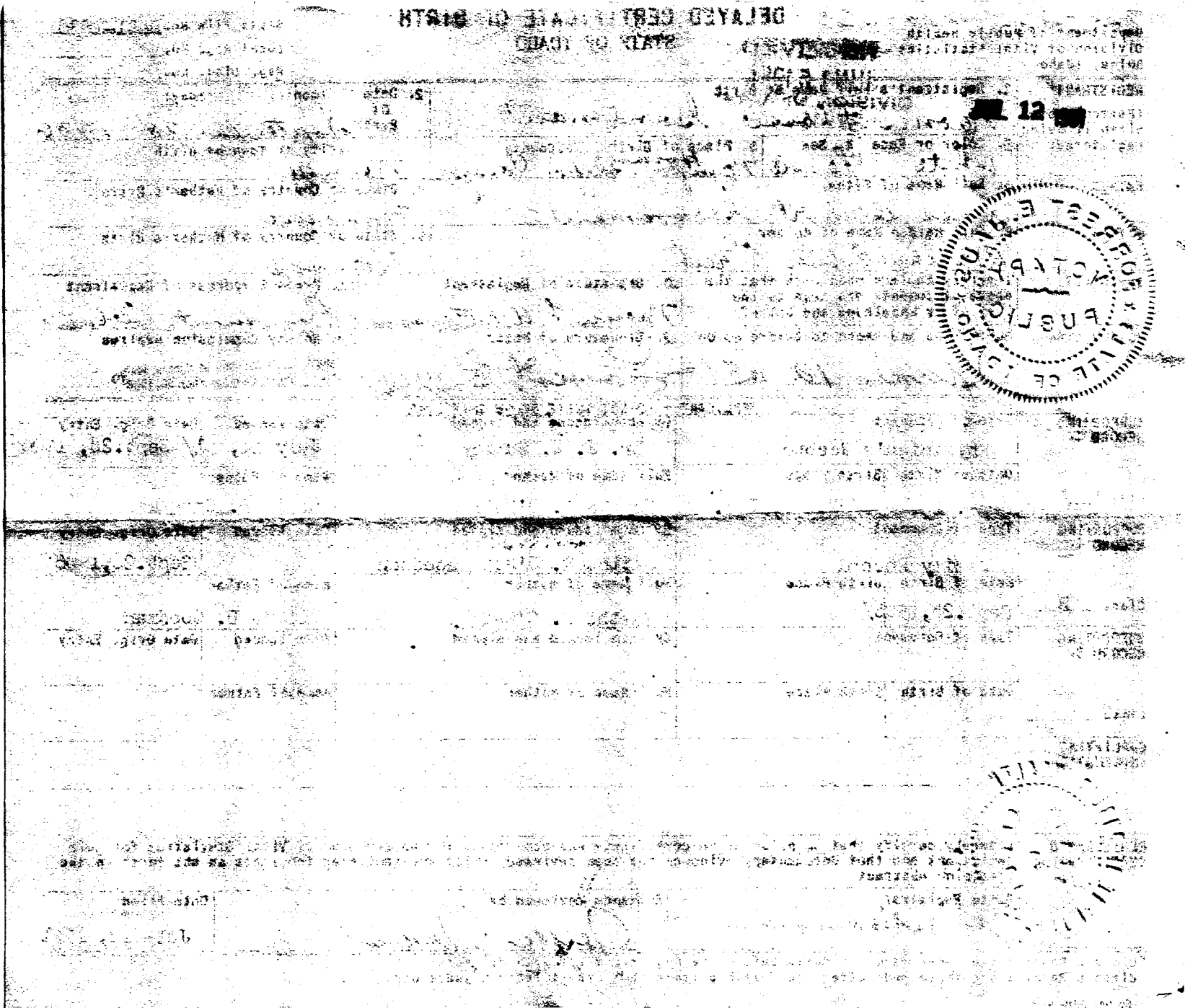
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W M Benson
Evidence reviewed by: Joyce Jones
Date Filed: July 12, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



419-115-038-515

JUL 12 1951
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1049
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: --
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home -- days.
IN **THIS** county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address --

3. RESIDENCE of FATHER (city, state) Payette, Ida.

4. FULL NAME OF CHILD Bernard Le Roy Martin

5. Date of Birth (Month, day year) Dec. 15, 1906

6. Sex male

7. Twin or Triplet -- If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Felix Ezekial Martin
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Seneca, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Van Laningham
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Richmond, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ----

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4 (c) Born alive and now dead none (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) July 16, 1951 (Date received) (b) W. W. Benson (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Washington } ss.
County of King }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Felix Ezekial Martin, being first duly sworn, say that I am related to (Related to (or) acquainted with) Bernard Le Roy Martin (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O. H. Avey (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Felix Ezekial Martin Signature
8410 24th S. W., Seattle, Wash. P. O. Address

Subscribed and sworn to before me on this 21st day of February, 1942
(SEAL) Becy B. Kroff Notary Public, residing at Seattle.

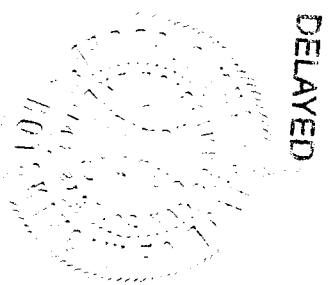
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



433-116-038-506

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED AUG 3 1951 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1118
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Francis Clifford McCoard			2. Date Of Birth (month) November (day) 16, (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Payette County	b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: Charles McCoard			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Anna J. Noon			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: C. C. McCoard		11. Present Address of Registrant: 15900 Biltmore Street, Detroit, Michigan
NOTARY (Seal)	Subscribed and sworn to before me on: August 1, 19 51, Wayne County, Michigan	12. Signature of Notary: Naomi Kerekoff		13. Notary Commission expires: July 21, 19 52

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Department of Commerce, Bureau of the Census	Date Issued:	Date Orig. Entry: Apr. 15, 1910
Class* A	Date of Birth: 11-16-1906 / Birth Place: Idaho	Full Name of Mother: Anna McCoard	Name of Father: Charles McCoard	
SUPPORTING RECORD 2.	Type of Document: Life Insurance Policy	By whom issued and signed: Equitable Life Insurance Co.	Date Issued: 7-26-61	Date Orig. Entry: May 16, 1932
Class B	Date of Birth: 11-16-1906 / Birth Place: Payette, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Keeler	Date Filed: Aug. 3, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

155-120-036
RECEIVED
JUL 17 1951
DIVISION OF VITAL

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1139
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wayne Jensen		2. Date Of Birth (month) June (day) 20 (year) 1906
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: ~~Malad~~ Ida. Oneida; b. City or Town of Birth: Malad City
FATHER	6. Full Name of Father: Henry Martin Jensen		7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Annie ~~Jensen~~ Gleed		9. State or Country of Mother's Birth: Malad City, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wayne Jensen	11. Present Address of Registrant: Sacramento, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: July 13 1951	12. Signature of Notary: Harry R. Parker	13. Notary Commission expires: My commission expires Oct. 6, 1954 ~~State of California~~ 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Annie Jensen	Date issued: July 12, 1951	Date Orig. Entry
Class* B	Date of Birth: June 20, 1906	Birth Place: Malad City, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Henry Gleed	Date issued: Aug. 3, 1951	Date Orig. Entry
Class B	Date of Birth: June 20, 1906	Birth Place: Malad City, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt	By whom issued and signed: Mrs. Dora Bruce	Date issued: Aug. 3, 1951	Date Orig. Entry
Class B	Date of Birth: June 20, 1906	Birth Place: Malad City, Idaho	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Elder	Aug. 13, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

113-214-028-443

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED
AUG 27 1951
DIVISION OF VITAL

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1178
Local Reg. No. 61
Reg. Dist. No. 130

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City St Maries
(c) Street Address or R F.D No. ✓
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ✓ days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai Genesee
(c) City St Maries
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 46 yrs.
(f) Mother's mailing address St Maries, Idaho

3. **RESIDENCE OF FATHER** (city, state) St Maries, Idaho

4. **FULL NAME OF CHILD** Berthe Julie Jacot

5. Date of Birth (Month, day, year) October 14, 1906

6. Sex Female

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jules Alfred Jacot
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Les Ponds (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Lina Ducommun
17. Color or Race white
18. Age at time of THIS birth 38 years
19. Birthplace Brot Dessus (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaker.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 8 (c) Born alive and now dead 4 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) August 24, 1951 (Date received) (b) Doris V. Madson (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.) and address Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Jeanne Ducommun, being first duly sworn, say that I am a sister (Related to (or) acquainted with) Berthe Julie Perret (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Eliza Jacot (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Notary Public for the State of Idaho
residing at St. Maries, Idaho
My Commission Expires Feb. 24, 1953

x Jeanne Ducommun Name
R 1 St Maries Ida. P. O. Address

Subscribed and sworn to before me on this 24 day of August 1951

(SEAL) Ray A Bowen Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 29 1951

SEP 23 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-128-034-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
SEP 4 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2005
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ~~ALFRED~~ WILLEY GREGORY
2. Date of Birth (month) (day) (year): SEPTEMBER 28, 1906
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Minidoka; b. City or Town of Birth: Rupert

FATHER

6. Full Name of Father: David Hiram Gregory
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Iva Joy Willey
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alfred H. Gregory
11. Present Address of Registrant: Rupert, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on August 31st 19 51

12. Signature of Notary: Sherman J. Bellwood
13. Notary Commission expires: August 10 19 54

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible Record	Family Bible, viewed by Sherman Bellwood Notary		Sept. 28, 1906

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 28, 1906	Rupert, Idaho		

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Rupert High School	Aug. 29, 1951	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 28, 1906	Rupert, Idaho		

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Melvin Freeman	Sept. 4, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DECLARED DEATH CERTIFICATE OF BIRTH

SEP 5 1951

268-215-025-275

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
SEP 24 1951
DIVISION OF VITAL STATISTICS

State File No. De51-2063
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Kathryn Boyce		2. Date Of Birth (month) June (day) 15 (year) 1906	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Harrison
FATHER	6. Full Name of Father: Thomas Mariner Boyce		7. State or Country of Father's Birth: Maine	
MOTHER	8. Full Maiden Name of Mother: Evvy Armine Spencer		9. State or Country of Mother's Birth: Penn.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel Kathryn Webster	11. Present Address of Registrant: St. Maries, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: August 29, 1951	12. Signature of Notary: [illegible]	13. Notary Commission expires: July 29, 1953	

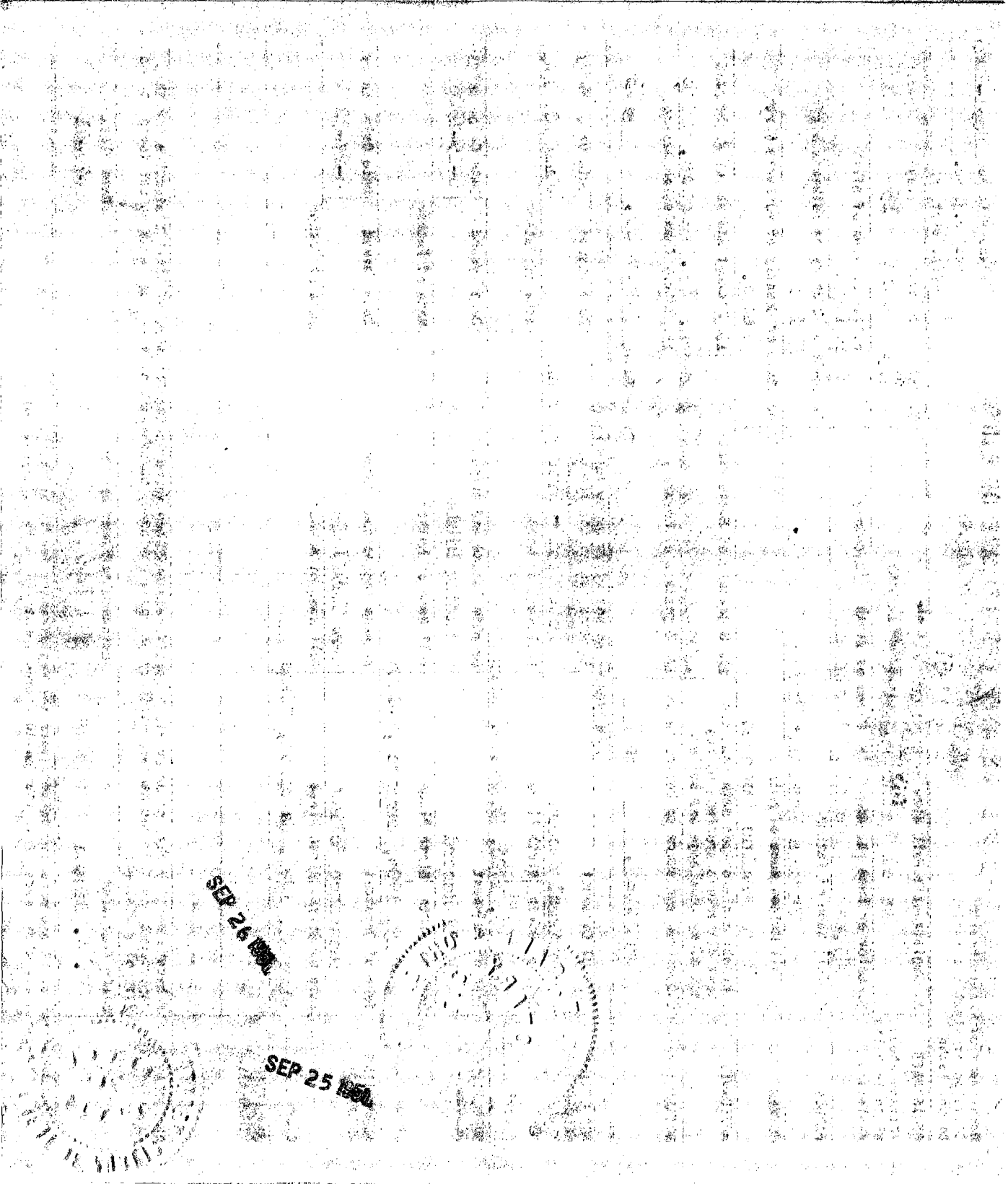
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record	By whom issued and signed: Federated Church Methodist - Presbyterian	Date Issued:	Date Orig. Entry: June 10, 1944
Class* B	Date of Birth: June 15, 1906	Birth Place: Harrison, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued:	Date Orig. Entry: 6-15-1906
Class A	Date of Birth: June 15, 1906	Birth Place: Harrison, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: New York Life	Date Issued:	Date Orig. Entry: 6-27-32
Class B	Date of Birth: June 15, 1906	Birth Place: Harrison, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: [signature]	Date Filed: 9-24-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067


SEP 26
SEP 25

764.202.001 714

RECEIVED
SEP 27 1951
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-2077
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1611 N. 7th
(d) Name of Hospital or Maternity Home: 1611 N. 7th St.
(e) Mothers stay BEFORE delivery: In THIS county 3 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1611 N. 7th
(e) How long has MOTHER lived in Idaho? 48 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mabel Enid Paulson
5. Date of Birth of Child (Month, day, year) Oct. 2, 1906
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? ✓

FATHER OF CHILD

10. FULL NAME Paul Paulson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace (City or town) Sweden (State or foreign country)
14. Exact Occupation Brick Mason
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Paulson
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 45 years, and that Dr. John Boeck (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Paul Paulson Signature
413 Idaho St. P. O. Address

Subscribed and sworn to before me this 26th day of September, 1951
(SEAL) Ruby Gallaher, Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept. 27, 1951 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

391-222-009 RECEIVED SEP 28 1951 DIVISION OF VITAL STATISTICS

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2082
Local Reg. No. 6
Reg. Dist. No. 110

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eleanor Ruth Crandall			2. Date of Birth (month) (day) (year): Sept. 23 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Hope, Bonner County, Idaho	b. City or Town of Birth
FATHER	6. Full Name of Father: Robert Earl Crandall			7. State or Country of Father's Birth: Wisc.
MOTHER	8. Full Maiden Name of Mother: Rosa Eleanor Sierman			9. State or Country of Mother's Birth: Wisc.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Eleanor Ball		11. Present Address of Registrant: Glide, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: August 27 1951	12. Signature of Notary: A. H. Reeves		13. Notary Commission expires: Apr. 10 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record		By whom issued and signed: Family Bible	Date Issued:	Date Orig. Entry: 9-23-1906
Class* A	Date of Birth: Sept. 23, 1906	Birth Place: Hope, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: School Census		By whom issued and signed: Sup't of Schools, Sandpoint, Idaho	Date Issued:	Date Orig. Entry: 1916
Class B	Date of Birth: 9 yrs old,	Birth Place: Hope, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: H. W. Benson	Evidence reviewed by: [signature]	Date Filed: 9-28-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 28 1951

339712 1010-893

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 8 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2103
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALVIN LE ROY CLIFFORD			2. Date Of Birth (month) Dec. (day) 12th. (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Milo Ward, Idaho	b. City or Town of Birth: Bonneville
FATHER	6. Full Name of Father: Ephriam Kernelious Clifford			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ida Deborah Hill			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alvin LeRoy Clifford		11. Present Address of Registrant: P. O. Box # 603 Idaho Falls, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: October 5 1951	12. Signature of Notary: John M. Carlson		13. Notary Commission expires: April 10 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Class A - Dist. 91 Idaho Falls, Idaho	Date Issued: 9-28-51	Date Orig. Entry: 1-28-1924
Class* B	Date of Birth / Birth Place: Dec. 12, 1906, Milo Ward, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by attendant	By whom issued and signed: Mrs. Billie Avery	Date Issued:	Date Orig. Entry: Oct. 5, 1951
Class B	Date of Birth / Birth Place: Dec. 12, 1906, Milo Ward	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Records of Public Assistance	By whom issued and signed: Bonneville County	Date Issued:	Date Orig. Entry: 11-13-1939
Class B	Date of Birth / Birth Place: Dec. 12, 1906, Near Idaho Falls, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Steele	Oct. 8, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Local Reg. No.

Mag. Dist. No.

1. Registrar's Full Name of Birth

ALVIN [illegible] CLIFFORD

2. Date of Face | 3. Sex | 4. Place of Birth | County

White | Male | Mile Hard, Idaho | Bonneville

5. Full Name of Father

Ephriam Kornelious Clifford

6. Full Maiden Name of Mother

Ida Deborah Hill

7. Date of Birth | Month | Day | Year

Dec. 12th, 1906

Locality of Town of Birth

Mile Hard, Idaho

8. State or Country of Father's Birth

Utah

9. State or Country of Mother's Birth

Utah

10. Signature of Registrant

11. Official Address of Registrant

P. O. Box [illegible] Idaho Falls, Idaho.

Military Commission expires

12. Signature of Mother

APPLICATION

Date of Document

School Record

Date of Birth, Birth Place

By whom issued and signed

Class [illegible]

Idaho Falls, Idaho

Full Name of Mother

Date Issued | Date Orig. Entry

[illegible]

Name of Father

SUPPORTING RECORD

Type of Document

Affidavit by attendant

Date of Birth, Birth Place

Dec. 12, 1906, Mile Hard

By whom issued and signed

[illegible] Avery

Full Name of Mother

Date Issued | Date Orig. Entry

Oct. 5, 1951

Name of Father

SUPPORTING RECORD

Type of Document

Records of Public Assistance Bonneville County

Date of Birth, Birth Place

Dec. 12, 1906, Idaho Falls, Idaho

By whom issued and signed

Bonneville County

Full Name of Mother

Date Issued | Date Orig. Entry

11-13-1951

Name of Father

OCT 9 1951

QUALIFIED FOR ATTEST

REGISTRAR'S VERIFICATION

I hereby certify that on [illegible] certificate has been found in the [illegible] for this registrant and that [illegible] which [illegible] the facts [illegible] in the foregoing contract.

State Registrar

Reference registered by

Date Filed

Oct. [illegible], 1951

[illegible]

566-215-006-415

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 9 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2107
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DORA ELLEN NOWLIN ~~[illegible]~~	2. Date of Birth (month) December (day) 15th (year) 1906
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Fairview, Bingham County	b. City or Town of Birth: Idaho. U.S.A.
FATHER	6. Full Name of Father: Thomas Warren Nowlin	7. State or Country of Father's Birth: Nephi City, Juab Co., Utah, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Martha Ellen Davies	9. State or Country of Mother's Birth: Nephi City, Juab Co., Utah, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dora Ellen Nowlin (Heyland)
		11. Present Address of Registrant: Claresholm Alberta
NOTARY (Seal)	Subscribed and sworn to before me on: October 5th 1951	12. Signature of Notary: [signature]
		13. Notary Commission expires: Notary Public in and for the Province of Alberta, Dominion Bureau of Statistics 19 My Commission is at the pleasure of the Lieutenant Governor of the Province of Alberta.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Dominion Bureau of Statistics	Date Issued: 7-24-51	Date Orig. Entry: 1911
Class* A	Date of Birth: Dec. 1906; Birth Place: Idaho	Full Name of Mother: Martha Nowlin	Name of Father: Thomas Nowlin	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Thomas W. Nowlin	Date Issued: Oct. 6, 1951	Date Orig. Entry:
Class B	Date of Birth: Dec. 15, 1906, Fairview, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued:	Date Orig. Entry: Dec. 15, 1906
Class A	Date of Birth: Dec. 15, 1906, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Feeler	Oct. 9, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 10 195

493-22-7037-295

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-2177
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City DeLamar
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City DeLamar
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Pearl Miller

5. Date of Birth of Child (Month, day, year) March 27, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Miller
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation minor
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma King
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Vermont (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Owyhee } ss.

I, the undersigned, being first duly sworn, say that I am the personal friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 45 years, and that Thomas Farrar (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X William J. Stoddard Signature

Murphy, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of November, 1951

(SEAL) Kenneth C. Downing Clerk of Dist. Court Notary Public, residing at Murphy, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 5, 1951 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 5 19

DELAYED

2 1958

AFFIDAVIT

TO WHOM IT MAY CONCERN

I, Wm. J. Stoddard was a resident of the town of Delamar, County of Owyhee State of Idaho, and knew the Parents of PEARL MILLER WRIGHT, and was a resident of the town of Delamar, County of Owyhee, State of Idaho, at the time of the birth of Peal Miller Wright.

I further state that the facts on this Affidavit are true to the best of my Knowledge.

signed this 2nd day of November 1951

William J. Stoddard
WILLIAM J. STODDARD

of Murphy, Idaho

Subscribed and sworn to before me this 2nd day of November, 1951

Kenneth C. Downing, Clerk of the District Court, residing at Court House, Murphy Idaho

MAR 1

312-215-008-262

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-2200
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BOISE (b) City CENTER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BOISE
(c) City CENTER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) CENTER, IDAHO

4. **FULL NAME OF CHILD** IDA EMILIA LAKE

5. Date of Birth of Child (Month, day, year) JUNE 15, 1906

6 Sex FEMALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** John Gust LAKE
11. Color or Race WHITE
12. Age at time of THIS birth 43 yrs.
13. Birthplace VIMPERI (City or town) FINLAND (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** HILDA KOSKELA
17. Color or Race WHITE
18. Age at time of THIS birth 35 yrs.
19. Birthplace (City or town) FINLAND (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for from birth years, and that Matilda Kantola (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilda Kantola Signature
Donnelly Idaho 44 P. O. Address

Subscribed and sworn to before me this 25th day of July, 1951

(SEAL) Hilda Kangas, Notary Public, residing at Donnelly, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 8, 1951 by W. W. Benson, Registrar

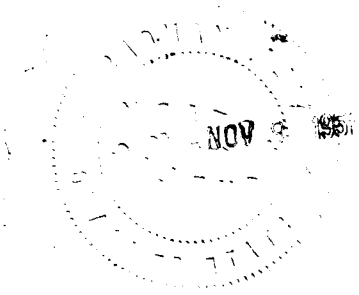
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

23-213-022-918

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2280
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Grace Alice Black
2. Date of Birth (month) (day) (year): August 13 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho, Fremont
b. City or Town of Birth: St. Anthony

FATHER

6. Full Name of Father: John Franklin Black
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Alice Maud Raybould
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Grace Alice Black (Bloom)
11. Present Address of Registrant: 1101 N.5 th. Boise, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on November 30 1951
12. Signature of Notary: Eric A. Osterberg
13. Notary Commission expires: June 3 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record	L. D. S. Church		11-4-1906
Class* A	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 13, 1906, St. Anthony	Alice Maude Raybauld	John F. Black	
SUPPORTING RECORD 2.	Insurance Policy	Mutual Life Insurance Co.		2-3-1925
Class B	Aug. 13, 1906, St. Anthony, Idaho			
SUPPORTING RECORD 3.				
Class				

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Freeman	Dec. 10, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 10 1951

795-204-003-951

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
DEC 10 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2281
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Flora Greene		2. Date Of Birth (month) Nov. (day) 4 (year) 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Turner, Idaho - Bannock; b. City or Town of Birth
FATHER	6. Full Name of Father: Joseph Platt Greene		7. State or Country of Father's Birth: Smithfield, Utah - Cache Co
MOTHER	8. Full Maiden Name of Mother: Mary Ann Read		9. State or Country of Mother's Birth: Alconbury, Huntingtonshire, England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Flora G. Allen formally Flora Greene	11. Present Address of Registrant: Richmond, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 8 - 1951 19___	12. Signature of Notary: Rodney S Hyman	13. Notary Commission expires: 11 - 24 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued:	Date Orig. Entry: 1-6-1907
Class* A	Date of Birth: 11-4-1906	Birth Place: Turner, Idaho	Full Name of Mother: Mary A. Read	Name of Father: Joseph Platt Greene
SUPPORTING RECORD 2.	Type of Document: Certificate of Removal	By whom issued and signed: L. D. S. Church	Date Issued:	Date Orig. Entry: Jan. 6, 1907
Class A	Date of Birth: Nov. 4, 1906	Birth Place: Turner, Idaho	Full Name of Mother: Mary A. Read	Name of Father: Joseph Platt Greene
SUPPORTING RECORD 3.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church, Baptised and confirmed	Date Issued:	Date Orig. Entry: Dec. 22, 1914
Class B	Date of Birth: Nov. 4, 1906	Birth Place: Turner, Idaho	Full Name of Mother: Mary A. Read	Name of Father: Joseph Platt Greene
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
N. N. Benson	Mabel Freeman	Dec. 10, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 11 1961

349-209-006-993

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED DEC 1 4 1951 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2399
Local Reg. No. 11
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name of Birth: Wilma Curtis		2. Date Of Birth (month) March (day) 9 (year) 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Blackfoot Idaho
FATHER	6. Full Name of Father: Joseph Hyrum Curtis		7. State or Country of Father's Birth: Payson, Utah
MOTHER	8. Full Maiden Name of Mother: Georgia T. Richardson		9. State or Country of Mother's Birth: Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilma Curtis	11. Present Address of Registrant: Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 28 1951	12. Signature of Notary: George R Phillips	13. Notary Commission expires: Sept 7 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Elsie C. Mecham	Date issued: 11-28-51	Date Orig. Entry:
Class* B	Date of Birth: Mch. 9, 1906; Birth Place: Blackfoot, Ida.	Full Name of Mother: Georgia T. Richardson	Name of Father: Joseph H. Curtis	
SUPPORTING RECORD 2.	Type of Document: Application for Membership	By whom issued and signed: Gem State Mutual Life	Date issued: Feb. 3, 1936	Date Orig. Entry: Mch 9, 1906
Class B	Date of Birth: Mch 9, 1906; Birth Place: Blackfoot, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Family Church Record	By whom issued and signed: Family Record viewed by Geo. R. Phillips Notary	Date issued:	Date Orig. Entry: Mch 9, 1906
Class B	Date of Birth: Mch. 9, 1906; Birth Place: Blackfoot, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel [illegible]	Jan. 29, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SUPPORTING RECORD 3

Type of Document

By

Date of Birth Birth Place

Full Name o

SUPPORTING RECORD 2

Type of Document

By

Date of Birth Birth Place

Full Name o

QUALIFYING INFORMATION

JAN 25 1954

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division o registrant and that documentary evidence has been reviewed, which substantiates the foregoing abstract.

State Registrar

Evidence reviewed by

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

282-215-010-296

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2409
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Glenona Dean Bybee		2. Date of Birth (month) April (day) 15 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Idaho Falls, Idaho.
FATHER	6. Full Name of Father: Charles Eugene Bybee		7. State or Country of Father's Birth: Morgan, Utah - USA
MOTHER	8. Full Maiden Name of Mother: Edna Dean Brown		9. State or Country of Mother's Birth: Harrisville, Utah - USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Glenona Dean Bybee (Forsyth)	11. Present Address of Registrant: 1046 Oxford Way, Stockton, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: January 26 1952	12. Signature of Notary: Fred Beardsley Lemmon	13. Notary Commission expires: My Commission Expires June 17, 1953 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: July 3, 1915	Date Orig. Entry:
Class* B	Date of Birth: Apr. 15, 1906, Idaho Falls, Idaho	Birth Place:	Full Name of Mother: Edna Dean Brown	Name of Father: Charles E. Bybee
SUPPORTING RECORD 2.	Type of Document: Application for Insurance	By whom issued and signed: Beneficial Life Insurance Co.	Date Issued:	Date Orig. Entry: 1930
Class B	Date of Birth: Apr. 15, 1906, Idaho Falls, Idaho	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Edna Dean Bybee	Date Issued: -1-26-52	Date Orig. Entry:
Class B	Date of Birth: Apr. 15, 1906, Idaho Falls, Idaho	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Jan. 30, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRAR	1. Registrant's [illegible] name at birth Clarence Dean Lyons
RATHER	2. Color or Race W Lge
MOTHER	3. Date of birth April 15, 1956
AFFIDAVIT	4. Place of birth Montevilla
NOTARY (Seal)	5. Full name of father Clarence Eugene Lyons
SUPPORTING RECORD 1.	6. Full maiden name of mother Sara Dean Brown
SUPPORTING RECORD 2.	7. State or Country of Father's Birth Morgan, Utah - USA
	8. State or Country of Mother's Birth Harrisville, Utah - USA
	9. Present Address of Registrant 1240 Oxford Way, Lincoln, Utah.
	10. Notary Commission Expires My Commission Expires June 15, 1976

I, Sara Dean Brown, being first duly sworn on oath, depose and say: That I am the mother named in the foregoing Delayed Certificate of Birth; that the statements made therein are true to the best of my knowledge and belief.

Subscribed and sworn to before me on [illegible]

Notary Public for Utah
Residing at Ogden, Utah
My Commission Expires June 15, 1976

SUPPORTING RECORD 1.	Type of Document Birth Certificate	By whom issued and signed Clerk of Court	Date issued June 3, 1976
	Date of Birth April 15, 1956	Full Name of Father Clarence Eugene Lyons	Name of Father Clarence Eugene Lyons
SUPPORTING RECORD 2.	Type of Document Birth Certificate	By whom issued and signed Clerk of Court	Date issued June 3, 1976
	Date of Birth April 15, 1956	Full Name of Mother Sara Dean Brown	Name of Father Clarence Eugene Lyons

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidences reviewed by	Date filed
[illegible]	[illegible]	June 30, 1976

*Class A records are those records created after the registrant's fourth birthday.
Class B records are those made after the fourth birthday but before the registrant's fifth birthday.

439-225-025-945

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2453
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marie Elizabeth McIntosh
2. Date Of Birth (month) June (day) 25 (year) 1906
3. Color or Race: White
4. Sex: female
5. Place of Birth: a. County Idaho; b. City or Town of Birth: White Bird

FATHER

6. Full Name of Father: Charles William McIntosh
7. State or Country of Father's Birth: Nova Scotia

MOTHER

8. Full Maiden Name of Mother: Ida Louise Runyon
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marie Elizabeth McIntosh
11. Present Address of Registrant: 25 Junipero Serra Blvd. San Francisco, California.

NOTARY (Seal)

Subscribed and sworn to before me on Jan. 11, 1952

12. Signature of Notary: Alice E. Schofield
13. Notary Commission expires: Oct. 4, 1952

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Employment Record	Rockwell Mfg. Co. Oakland, Calif.		6-2-41
Class* B	Date of Birth / Birth Place: June 25, 1906, White Bird, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Affidavit by cousin	Mary Elizabeth McIntosh	1-29-52	
Class B	June 25, 1906, White Bird, Idaho	Ida Louise Runyon	Charles Wm. McIntosh	
SUPPORTING RECORD 3.	Affidavit by mother	Ida Louise McIntosh	1-31-52	
Class B	June 25, 1906, White Bird, Idaho,	Ida Louise Runyon	Charles Wm. McIntosh	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Leeson	Feb. 8, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Marie Elizabeth McIntosh
2. Date of Birth (month) (day) (year): June 25, 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth (county): Idaho
6. Place of Birth (city): Idaho
7. Mother's Birth: White Bird
8. Full Name of Father: Charles William McIntosh
9. State or Country of Father's Birth: Nova Scotia
10. Full Maiden Name of Mother: Ida Louise Runyon
11. State or Country of Mother's Birth: Iowa

FATHER

MOTHER

FILING

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

20. Signature of Registrant: [signature]
21. Present Address of Registrant: Quinpero Jorge Blvd. San Francisco, California.

CERTIFICATE

Subscribed and sworn to before me on: Dec. 11, 1962
12. Signature of Notary: [signature]
13. Notary Commission expires: Oct. 4, 1962

SUPPORTING RECORD 1

Type of Document: Employment Record
By whom issued and signed: Rockwell Mfg. Co. Oakland, Calif.
Date Issued: 1-29-62
Date Orig. Entry: [illegible]

Date of Birth: June 25, 1906
Birth Place: White Bird, Idaho
Full Name of Mother: Ida Louise Runyon
Name of Father: Charles Wm. McIntosh

Class B

SUPPORTING RECORD 2

Type of Document: Affidavit by Mother
By whom issued and signed: Mary Elizabeth McIntosh
Date Issued: 1-29-62
Date Orig. Entry: [illegible]

Date of Birth: June 25, 1906
Birth Place: White Bird, Idaho
Full Name of Mother: Ida Louise Runyon
Name of Father: Charles Wm. McIntosh

Class B

SUPPORTING RECORD 3

Type of Document: Affidavit by Mother
By whom issued and signed: Ida Louise McIntosh
Date Issued: 1-31-62
Date Orig. Entry: [illegible]

Date of Birth: June 25, 1906
Birth Place: White Bird, Idaho
Full Name of Mother: Ida Louise Runyon
Name of Father: Charles Wm. McIntosh

Class B

QUALIFYING INFORMATION

FEB 11 [illegible]

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]
Evidence reviewed by: [signature]
Date Filed: [illegible]

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday, but are at least 4 years old.

FORM DPH 4000

613-117-016-619

RECEIVED MAR 12 1952 BUREAU OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of this child.)

CERTIFICATE OF BIRTH 1952

STATE OF IDAHO

State File No. De52-2537
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Albion
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Albion
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 70 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Marcus Elmer Walton

5. Date of Birth of Child (Month, day, year) Oct 17 - 1906

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wesley Elmer Walton
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Greenwood Co Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alba Warner
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Fillmore Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature Mrs Lizzie Nealson M.D. Midwife Address Unknown Date

AFFIDAVIT

State of IDAHO, County of POWER. } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 46 years, and that Lizzie (First name) Nealson (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Alba Walton Signature

American Falls Idaho P. O. Address

Subscribed and sworn to before me this 8th day of March, 1952.

(SEAL) [illegible], Notary Public, residing at American Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 12, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

MAR 13 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

455-224-029-617

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De52-2544
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Denevan
2. Date Of Birth (month) (day) (year): March 24 1906
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Latah Co. b. City or Town of Birth: Potlatch Idaho

FATHER

6. Full Name of Father: Leo Frances Denevan
7. State or Country of Father's Birth: Canada Owensound

MOTHER

8. Full Maiden Name of Mother: Margaret Josephene Fagan
9. State or Country of Mother's Birth: Melrose Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret Denevan Tobin
11. Present Address of Registrant: 5320 Helen Way Sacramento Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: March 6 1952
12. Signature of Notary: Arlene G. Rasmussen
13. Notary Commission expires: My commission expires May 10, 1954 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Godmother	Mary I. Fagan	1-3-52	
Class* B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	March 24, 1906, Potlatch, Idaho	Margaret Josephine Fagan	Leo Frances Denevan	
SUPPORTING RECORD 2.	Affidavit by mother	Margaret Josephine Denevan	Dec. 7, 1951	Denevan
Class B	March 24, 1906, Potlatch, Ida.			
SUPPORTING RECORD 3.	Affidavit by father	Leo F. Denevan	Dec. 7, 1951	
Class B	March 24, 1906, Potlatch, Ida.			
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	March 12, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRAR	1. Registrant's Full Name at Birth: [illegible]	2. Date (Birth) (Day) (Year): Birth [illegible] 14 1906
	3. Color or Race: [illegible] 4. Sex: [illegible] 5. Place of Birth: [illegible]	6. Date of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
APPLICANT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible] 11. Present Address of Registrant: [illegible]
	Subscribed and sworn to before me on [illegible] 19 [illegible]	12. Signature of Notary: [illegible] 13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of Document: Affidavit by [illegible]		By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Name of Father	

SUPPORTING RECORD 1	Type of Document: Affidavit by mother	By whom issued and signed: [illegible]	Date Issued: [illegible] 7, 1961	Date Orig. Entry
Class B	Date of Birth: March 24, 1906	Birth Place: Potlatch, Ida.	Full Name of Mother	Name of Father
SUPPORTING RECORD 2	Type of Document: Affidavit by father	By whom issued and signed: [illegible]	Date Issued: [illegible] 7, 1961	Date Orig. Entry
Class B	Date of Birth: March 24, 1906	Birth Place: Potlatch, Ida.	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible] W. [illegible]	[illegible]	March 12, 1[illegible]

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

FORM [illegible]

293-130-022-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-52-2609
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WALTER JAMES BITTON
2. Date Of Birth (month) (day) (year): MAY 30 1906
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: POPLAR FREMONT
b. City or Town of Birth: POPLAR, IDAHO

FATHER

6. Full Name of Father: WALTER SETH BITTON
7. State or Country of Father's Birth: WEBER COUNTY , UTAH

MOTHER

8. Full Maiden Name of Mother: NELLIE SMITH
9. State or Country of Mother's Birth: FREMONT COUNTY, IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Walter James Bitton
11. Present Address of Registrant: IMLAY, NEVADA P.O. BOX 46

NOTARY (Seal)

Subscribed and sworn to before me on March 20 1952

12. Signature of Notary: Florence Spears Wallace
My Com. expires Oct 5, 1954
13. Notary Commission expires: Oct 5 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School Record	Ogden City School Records		Dec. 31, 1951
Class* B	Date of Birth: 13 years / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Certificate of Birth	L. D. S. Church		June 9, 1906
Class A	Date of Birth: May 30, 1906 / Birth Place: Poplar, Idaho	Full Name of Mother: Nellie Smith	Name of Father: Walter Bitton	
SUPPORTING RECORD 3.	Certificate of Baptism	L. D. S. Church		Sept. 23, 1915
Class B	Date of Birth: May 30, 1906 / Birth Place: Poplar, Idaho	Full Name of Mother: Nellie Smith	Name of Father: Walter Bitton	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Harrell	April 3, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Dn-[illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: APR 4 1952		2. Date of Birth (month) (day) (year)
	3. Color or Race	4. Sex	5. Place of Birth: Country; City or Town of Birth
FATHER	6. Full Name of Father		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother		9. State or Country of Mother's Birth
CERTIFICATE	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Walter James Bitton	11. Present Address of Registrant
NOTARY (seal)	Subscribed and sworn to before me on 19	12. Signature of Notary	13. Notary Commission expires 19

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Owen City School Records	Date Issued	Date Orig. Entry: Dec. 31, 1951
Class*	Date of Birth:	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Certificate of Birth	By whom issued and signed: L. D. S. Church	Date Issued	Date Orig. Entry: June 9, 1906
Class A	Date of Birth: May 30, 1906	Birth Place: Poplar, Idaho	Full Name of Mother: Nellie Smith	Name of Father: Walter Bitton
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued	Date Orig. Entry: Sept. 23, 1915
Class	Date of Birth: May 30, 1906	Birth Place: Poplar, Idaho	Full Name of Mother: Nellie Smith	Name of Father: Walter Bitton
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	April 3, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40061

369-104-014-433

RECEIVED APR 8 1952 DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2633
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (At time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa (d) Street Address or R.F.D. No. R 3
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Clarence Truman Cornilles

5. Date of Birth of Child (Month, day, year) Nov. 4, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Cornilles
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Austria (City or town) (State or foreign country)
14. Exact Occupation Section Foreman.
15. Industry or Business R. R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva M. Laughlin
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Eva Cornilles (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. F. Murray M.D. Address Nampa Idaho Date April 4 195-

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 8, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

APR 9 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-206-001-465

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
NOV 16 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2685
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HELEN MAIA CONROY			2. Date Of Birth (month) January (day) 6th (year) 1906.
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: FRANK JOSEPH CONROY			7. State or Country of Father's Birth: PENNSYLVANIA
MOTHER	8. Full Maiden Name of Mother: ELLA MAIA DAVIES			9. State or Country of Mother's Birth: NORTH CAROLINA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Conroy Carpenter		11. Present Address of Registrant: 1 Woodley Ave., Norwood Pk. Asheville, N.C.
NOTARY (Seal)	Subscribed and sworn to before me on: November 14 1951	12. Signature of Notary: Martina S. Carter		13. Notary Commission expires: Dec. 4 1953

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Kathleen Conroy Jones	Date Issued: Nov. 10, 1951	Date Orig. Entry
Class* B	Date of Birth / Birth Place: Jan. 6, 1906, Boise, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt	By whom issued and signed: Daisy D. Griffith	Date Issued: Nov. 5, 1951	Date Orig. Entry
Class B	Date of Birth / Birth Place: Jan. 6, 1906, Boise, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: F. D. Conroy	Date Issued: Apr. 14, 1952	Date Orig. Entry
Class B	Date of Birth / Birth Place: Jan. 6, 1906, Boise, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fielder	Date Filed: Apr. 22, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2685

Local Reg. No.

Reg. Dist. No.

MAR 15 1955

Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is all registered)	1. Registrant's Name of Birth: HELEN [illegible] CONROY	2. Date of Birth (month) (day) (year): January 6th 1906.	
	3. Color or Race: Wite	4. Sex: Female	5. Place of Birth (Country): Ada
			Locality or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: FRANK JOSEPH CONROY	7. State or Country of Father's Birth: PENNSYLVANIA	
MOTHER	8. Full Maiden Name of Mother: ELLA MAIA DAVIES	9. State or Country of Mother's Birth: NORTH CAROLINA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: 1 Woodley Ave., Norwood Pk. Asheville, N.C.
NOTARY (seal)	Subscribed and sworn to before me on: November 14 1951	12. Signature of Notary: Martin S. Carter	13. Notary Commission expires: Feb. 4 1953

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD A	Type of Document: Affidavit by sister	By whom issued and signed: Kathleen Conroy Jones	Date Issued: Nov. 10, 1951 — Date Orig. Entry:
	Date of Birth: Jan. 6, 1906 — Birth Place: Boise, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD B	Type of Document: Affidavit by Aunt	By whom issued and signed: Daisy D. Griffith	Date Issued: Nov. 5, 1951 — Date Orig. Entry:
	Date of Birth: Jan. 6, 1906 — Birth Place: Boise, Idaho	Full Name of Mother	Name of Father
Class			
SUPPORTING RECORD C	Type of Document: Affidavit by brother	By whom issued and signed: [illegible] Conroy	Date Issued: Apr. 14, 1952 — Date Orig. Entry:
	Date of Birth: Jan. 6, 1906 — Birth Place: Boise, Idaho	Full Name of Mother	Name of Father
Class			
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
[illegible] Henson	[illegible]	Apr. 22, 1952

*Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least a year old.

Form D2B [illegible]

892-212-014-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2688
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mildred Eldora Hibner
2. Date Of Birth (month) (day) (year): Feb. 12 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Idaho. b. City or Town of Birth: Caldwell, Canyon Co. / Caldwell

FATHER

6. Full Name of Father: Oscar Lossa Hibner
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Edith Maria Watson
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mildred E. Remington
11. Present Address of Registrant: 146 So. 124 Seattle, Wn.

NOTARY (Seal)

Subscribed and sworn to before me on: April 17 1952
12. Signature of Notary: [illegible]
13. Notary Commission expires: 5/25 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible		Feb. 12, 1906
Class* A	Date of Birth / Birth Place: Feb. 12, 1906, Caldwell, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Affidavit by mother	Edith Maria Hibner	3-21-52	
Class B	Date of Birth / Birth Place: Feb. 12, 1906, Caldwell, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.				
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Apr. 22, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race 4. Sex 5. Place of Birth 6. County or Province	7. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	1. Deponent declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant 11. Present Address of Registrant
NOTARY	Subscribed and sworn to before me on	12. Signature of Notary 13. Notary Commission expires

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Tale Record	By whom issued and signed: Family Bible	Date Issued	Date Orig. Entry: Feb. 22, 1906
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Anita Maria Minner	Date Issued: 3-21-52	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class B	Feb. 12, 1906, Caldwell, Idaho			
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal) I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Apr. 22, 1952

Class A Records are those made and dated before the Registrant's [illegible]
Class B Records are those made after the [illegible] are at least [illegible]

Form DEH 00041

695-221-002-997

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De52-2702
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RUBY MAY FIELD		2. Date Of Birth (month) March (day) 21 (year) 1906
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Meadows, Idaho Adams; b. City or Town of Birth: Meadows, Idaho
FATHER	6. Full Name of Father: RUBY CLOUD FIELD		7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: ANNA INEZ RIGDON		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby Mayfield (Allen)	11. Present Address of Registrant: Fort Grant, Arizona
NOTARY (Seal)	Subscribed and sworn to before me on: April 17th 19 52	12. Signature of Notary: Dawson Cosby	13. Notary Commission expires: December 10 19 55

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Anna Inez Field	Date Issued: Apr. 17, 1952	Date Orig. Entry
Class* B	Date of Birth: March 21, 1906	Birth Place: Meadows, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Meadows Valley Schools	Date Issued: 1-10-52	Date Orig. Entry: Sept. 8, 1919
Class B	Date of Birth: 13 yrs old	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Meadows Valley Schools	Date Issued: 1-10-52	Date Orig. Entry: Sept. 7, 1925
Class B	Date of Birth: 19 yrs old	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

Statement from Lula M. Carsthers gives date of birth as March 21, 1906, Meadows, Ida.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	Apr. 24, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 16 1967

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

Clerk of Vital Statistics
Boise, Idaho

APR 25 [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: RUBY KAY FIELD		2. Date of Birth (month) (day) (year): March 21 1906
	3. Sex: F	4. Place of Birth: Meadows, Idaho	5. City or Town of Birth: Meadows, Idaho
FATHER	6. Full Name of Father: RUBY CLOUD FIELD		7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: ANNA INEZ RIGDON		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Fort Grant, Arizona
NOTARY (seal)	Subscribed and sworn to before me on: April 17th 19 52	12. Signature of Notary: [illegible]	13. Notary Commission expires: December 10 19 55

SUPPORTING RECORD 1	Type of Document: Affidavit by mother	By whom issued and signed: Anna Inez Field	Date Issued: Apr. 17, 1952	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
Class*				
SUPPORTING RECORD 2	Type of Document: School Record	By whom issued and signed: Meadows Valley Schools	Date Issued: 1-1-52	Date Orig. Entry: Sept. 4, 1952
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
Class				
SUPPORTING RECORD 3	Type of Document: School Record	By whom issued and signed: Meadows Valley Schools	Date Issued: 1-13-52	Date Orig. Entry: Sept. 4, 1952
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
Class				

QUALIFICATION INFORMATION: Statement from [illegible] Meadows, Idaho, [illegible] March 21, 1906, Meadows, Idaho.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Apr. 24, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 6 years old.

Form DPH-[illegible]

133-230-028-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2731
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Hope
   (c) Street Address or R.F.D. No. ------
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In THIS county years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Hope
   (d) Street Address or R.F.D. No. ------
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hope, Idaho

4. **FULL NAME OF CHILD** Ruth Mildred Allen

5. Date of Birth of Child (Month, day, year) April 30, 1906

6. Sex female

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Albert Allen
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Boulder, Colorado (City or town) (State or foreign country)
14. Exact Occupation retail druggist
15. Industry or Business drugstore owner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Julia Cochran
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace McCook, Nebraska (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 45 years, and that Dr. William M. Knapp (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward Albert Allen
Signature

P. O. Address

Subscribed and sworn to before me this 23rd day of April, 1952 [3W 35th]

(SEAL) Henry N Meacham, Notary Public, residing at 900 [illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Henry N Meacham

Received for filing on April 30, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

MAY 1 1952

APR 5 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

455-201-035 381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2732
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Slickpoo
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County NezPerce
   (c) City Slickpoo (on Mission Creek)
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Rosa Alice Denham

5. Date of Birth of Child (Month, day, year) May 1, 1906

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Wilder Denham
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luella Ernestine Chase
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Meadville, Penn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag No 3 Sol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 a. M. on the date and at the place stated above, and that personal particulars were furnished by records (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature John N. Alley M.D. Address Lewiston, Idaho Date 4/18/52

State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Apr. 30, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

Federal Security Agency
U. S. P. H. S.

RECEIVED
MAR 27 1952
DIVISION OF VITAL STATISTICS

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
State of Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Nez Perce (b) City Lapwai
   (c) Street address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay BEFORE delivery:
   In Hospital or Materity Home ..... Days
   In THIS County ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER (Always fill in these)**
   (a) State ..... (b) County .....
   (c) City .....
   (d) Street address or R.F.D. No. .....
   (e) How long has MOTHER lived in Idaho? ..... yrs.
   (f) Mother's mailing address (for registration notice): .....
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** .....
   (City, State)

4. **FULL NAME OF CHILD** Rosa Alice Dunham

5. **DATE OF BIRTH** Jan 1 1906
   (Month, day, year)

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

FATHER OF CHILD

10. **FULL NAME** Earl Dunham

11. Color or Race W

12. Age at time of THIS birth 26 yrs.

13. Birthplace Iowa
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business .....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luella Chase

17. Color or Race W

18. Age at time of THIS birth ..... yrs.

19. Birthplace Ida
(City or Town) (State or foreign country)

20. Exact Occupation .....

21. Industry or Business .....

22. Was a standard serological test for syphilis performed? Yes Yes No ..... Approximate date .....

23. Name prophylactic used to prevent Ophthamia Neonatorum Argyrol

24. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn .....

25. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 4 A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

26. **Attendant's OWN signature** John N Alley M.D. (D.O., Midwife, etc.)
and address Lewiston Date .....

27. (a) ..... (Date received) (b) ..... (Registrar's signature)

28. Given name added on ..... by ..... (Registrar's signature)

MAY 1 1952

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

493-231-040-366

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2762
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GLADYS JANE MITCHELL		2. Date of Birth (month) (day) (year): DEC. 31 1906
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: ~~MACE~~ IDA. SHOSHONE
			b. City or Town of Birth: MACE
FATHER	6. Full Name of Father: HENRY GREENLEAF MITCHELL		7. State or Country of Father's Birth: MISSOURI U.S.A.
MOTHER	8. Full Maiden Name of Mother: FLORENCE OCTAVE LOFTIN		9. State or Country of Mother's Birth: MISSOURI U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Jane Newton	11. Present Address of Registrant: 1405-6th Ave, Seattle Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: 5-1 1952	12. Signature of Notary: [signature]	13. Notary Commission expires: 9-15 1953

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by	By whom issued and signed: Mary J. McKemoney, present at birth	Date Issued:	Date Orig. Entry: Apr. 1, 1952
Class* A	Date of Birth / Birth Place: Dec. 31, 1906, Mace, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Henry G. Mitchell	Date Issued: Apr. 23, 1952	Date Orig. Entry:
Class B	Date of Birth / Birth Place: Dec. 31, 1906, Mace, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: [signature]		Date Filed: May 6, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

FEB 11 1972

DEC 23 1971

693223-037-235

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2800
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WINIFRED ELFRIEDA WILLS
2. Date Of Birth (month) 12 (day) 23 (year) 1906
3. Color or Race: WHITE
4. Sex: FEM.
5. Place of Birth a. County: DELAMAR ONYHEE
b. City or Town of Birth: DELAMAR IDAHO

FATHER

6. Full Name of Father: CHARLES WILLS
7. State or Country of Father's Birth: CORNWALL, ENGLAND

MOTHER

8. Full Maiden Name of Mother: MELINDA STEVENS
9. State or Country of Mother's Birth: CORNWALL, ENGLAND

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Winifred E. Gardner
11. Present Address of Registrant: 3922 Kootenai, Boise

NOTARY (Seal)

Subscribed and sworn to before me on: May 13 - 1952
12. Signature of Notary: [illegible] Davis
13. Notary Commission expires: November 24 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Geo. P. Pemberton, Pastor		Aug. 4, 1907

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 23, 1906	DeLamar, Idaho	Melinda Wills	Charles Wills

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Insurance	Northern Life Insurance Co.		Dec. 27, 1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 23, 1906	DeLamar, Idaho		

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[illegible]	May 16, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 15 1967

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

Department of Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: [illegible] Wills	2. Date of Birth (month) (day) (year): 12 23 1906
	3. Color or Race: White [illegible]	4. Place of Birth (Count): Delamar Owyhee	5. City or Town of Birth: Delamar Idaho
FATHER	6. Full Name of Father: Charles Wills	7. State or Country of Father's Birth: Cornwall, England
MOTHER	8. Full Maiden Name of Mother: Melinda Stevens	9. State or Country of Mother's Birth: Cornwall, England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: 3922 [illegible]
NOTARY (Seal)	11. Prepared and sworn to before me on: [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible] 24 19 55

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Baptism	By whom Issued and Signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: Dec. 23, 1906	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: Charles Wills
Class:				
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: Dec. 23, 1906	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
Class:				
SUPPORTING RECORD 3	Type of Document:	By whom Issued and Signed:	Date Issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
Class:				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]

Evidence reviewed by: [illegible]

Date Filed: [illegible]

*Class 1 Records are those made and dated before the Registrant's fourth birthday.
Class 2 Records are those made after the fourth birthday but are at least [illegible] years old.

537202 · 04-156

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2812
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Fruitland
   (c) Street Address or R.F.D. No. Payette Rt 1
   (d) Name of Hospital or Maternity Home: born in home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 2 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Fruitland
   (d) Street Address or R.F.D. No. Payette Rt 1
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Opal Viola Eldredge

5. Date of Birth of Child (Month, day, year) Oct. 2, 1906

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Eugene Eldredge
11. Color or Race W
12. Age at time of THIS birth 22 yrs.
13. Birthplace Dunlap (City or town) Kansas (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Jeffers
17. Color or Race W
18. Age at time of THIS birth 19 yrs.
19. Birthplace Strahl (City or town) Tennessee (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia ~~Neonatorum~~
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Margaret (First name) Eldredge (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Mattie E. Sargent ~~M.D.~~ Midwife Address Corvallis, Oregon Date 5-15-52

AFFIDAVIT

State of Idaho
County of Payette } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ---- (Mother, etc.) of the person whose name appears in Item 4 above, that I am now --- years of age, that I have known this person for ..... years, and that ----- (First name) ----- (Last name), who attended this birth --- (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

----- Signature

------- P. O. Address

Subscribed and sworn to before me this 15th day of May, 1952.

(SEAL)

Martha Sandmeier, Notary Public, residing at Fruitland, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 17, 1952 by W. W. Benson, Registrar

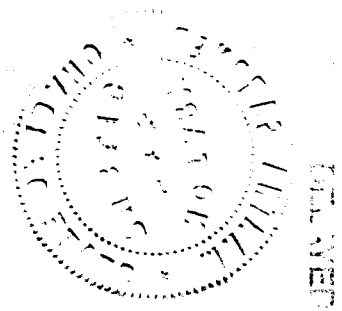
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 19 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



395-112-014-249

Department of Public Health,
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2823
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Betts, Ernest Lincoln		2. Date of Birth (month) (day) (year): March 12, 1906
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Jacob Betts		7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Nora Frances Burnett		9. State or Country of Mother's Birth: Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ernest L. Betts	11. Present Address of Registrant: Box-249 Buhl, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 17 1952	12. Signature of Notary: Mabel Sandgren	13. Notary Commission expires: Oct 19 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Nora F. Betts	Date Issued: Apr. 16, 1952	Date Orig. Entry
Class* B	Date of Birth / Birth Place: Mch. 12, 1906, Nampa, Idaho	Full Name of Mother: Nora F. Betts	Name of Father: Jacob Betts	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Travelers' Insurance Co.	Date Issued	Date Orig. Entry: Sept. 12, 1930
Class B	Date of Birth / Birth Place: March 12, 1906, Idaho	Full Name of Mother: Nora F. Betts	Name of Father	
SUPPORTING RECORD 3.	Type of Document: School Census	By whom issued and signed: Canyon County Board of Education	Date Issued	Date Orig. Entry: Sept. 1914
Class B	Date of Birth / Birth Place: 8 yrs old	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Felder	March 12, 1906

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Public Health
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

JUN 25 1968

MAY 21 1952

DEC 26 1970

REGISTRAR'S CERTIFICATION (seal)

1. Registrant's Full Name at Birth: [illegible]
2. Date of Birth (month) (day) (year): March 12, 1906
3. Color or Race: [illegible]
4. Sex: Male
5. Place of Birth: Canyon
6. City or Town of Birth: Nampa
7. State or Country of Father's Birth: Indiana
8. Full Name of Father: Jacob Betts
9. State or Country of Mother's Birth: Virginia
10. Maiden Name of Mother: [illegible]

AFFIDAVIT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: Box 240, Buhl, Idaho

NOTARY SEAL: Subscribed and sworn to before me on [illegible] 12 [illegible]

12. Signature of Notary: [illegible]
13. Notary Commission expires: Oct 19 [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

Supporting Record	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class A	Affidavit by mother	Nora F. Betts	Apr. 16, 1952	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Mch. 12, 1906, Nampa, Idaho	Nora F. Betts	Jacob Betts	
Supporting Record	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class B	Insurance Policy	Travelers' Insurance Co.		Sept. 12, 1930
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	March 12, 1906, Idaho	Nora E. Betts		
Supporting Record	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class C	School Census	Canyon County Board of Education		Sept. 1914
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	[illegible] yrs old			

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[illegible]	March 12, 1906

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

842-209,035-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2898
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperce (b) City Kamiah
   (c) Street Address or R.F.D. No. Post Office
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City Kamiah
   (d) Street Address or R.F.D. No. No street names
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kamiah, Idaho

4. **FULL NAME OF CHILD** Dorothy Winifred Hubbell

5. Date of Birth of Child (Month, day, year) April 9, 1906

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frederick Fayette Hubbell
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Lansing, Michigan (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Elizabeth Bailey
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Near Richmond, Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of ____ County of ____ } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears [illegible] that I am now 52 years of age, that I have known this person for 46 years, and that [illegible] (Last name), who attended this birth in New Richmond (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Mathew Hubbell Signature

20 Morningside Dr., S.F., Calif. P. O. Address

Subscribed and sworn to before me this 5th day of June, 19 52

(SEAL) ____, Notary Public, residing at San Francisco, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 7, 1952 by W. W. Benson, Registrar

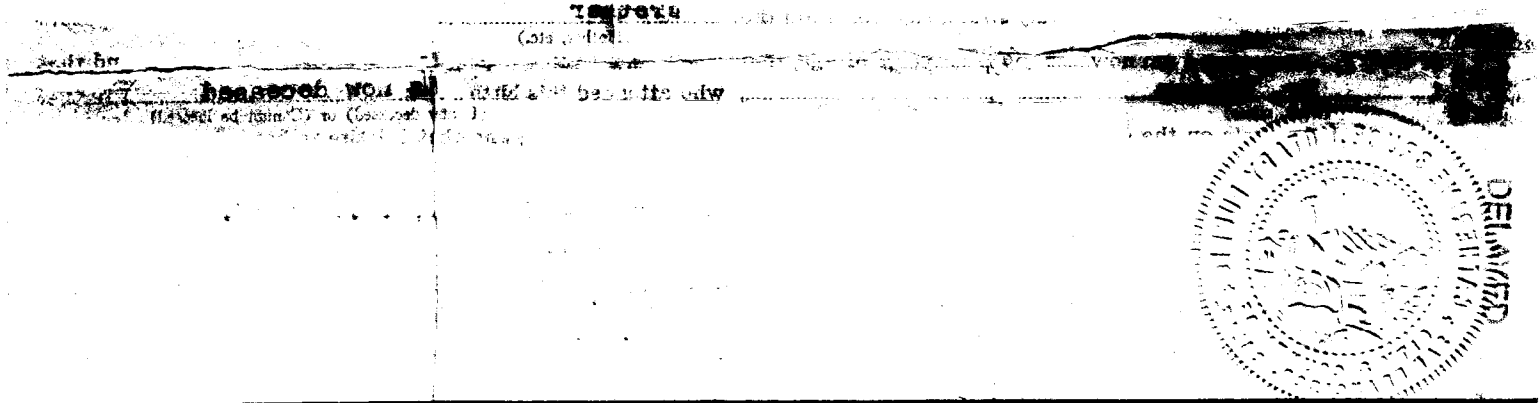
Use only BLACK ink or typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FREE postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



662-206-021-551

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2900
Local Reg. No.
Reg. Dist. No. 540

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gwen Foss
2. Date Of Birth (month) (day) (year): January 6 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Franklin
b. City or Town of Birth: Preston Idaho

FATHER

6. Full Name of Father: Nathan Franklin Foss
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Emily Evans
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gwen Collier
11. Present Address of Registrant: 126 E. 1 N. Preston, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: May 10 1952
12. Signature of Notary: Ted Larsen
13. Notary Commission expires: May 15 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	L. D. S. Church		Feb. 10, 1914

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 6, 1906	Preston, Idaho	Emily Evans	Nathan Franklin Foss

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's birth certificate	Bureau of Vital Statistics State of Utah #7609		Dec. 8, 1947

Date of Birth	Birth Place	Full Name of Mother	Name of Father
41 yrs old	Preston, Idaho		

SUPPORTING RECORD 3.

Class A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	L. D. S. Church	6-5-52	June 1906

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 6, 1906	Preston, Idaho	Emily Evans	Nathan Franklin Foss

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Geer	June 7, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 4900?

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De52-2900
Local Reg. No.
Reg. Dist. No. 640

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible] Ross	2. Date of Birth (month) (day) (year): January 6 1906
	3. Color or Race: [illegible] 4. Sex: [illegible] 5. Place of Birth: Franklin	6. City or Town of Birth: Preston Idaho
FATHER	7. Full Name of Father: Nathan [illegible] Ross	8. State or Country of Father's Birth: Utah
MOTHER	9. Full Maiden Name of Mother: Wally [illegible]	10. State or Country of Mother's Birth: Idaho
APPLICANT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant: 126 E. 1 N. Preston, Idaho
NOTARY	Subscribed and sworn to before me on [illegible] 19 [illegible]	12. Signature of Notary: [illegible] 13. Notary Commission expires: [illegible] 19 [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Baptism	By whom issued and signed: [illegible]	Date Issued: [illegible] Date Orig. Entry: Feb. 10, 1912
	Date of Birth: [illegible] Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: Bible's birth certificate	By whom issued and signed: [illegible]	Date Issued: [illegible] Date Orig. Entry: [illegible]
	Date of Birth: 11 yrs old Birth Place: Preston, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3	Type of Document: Certificate of Blessing	By whom issued and signed: [illegible] Church	Date Issued: 5-[illegible]-52 Date Orig. Entry: June 1906
	Date of Birth: Jan. 6, 1906 Birth Place: Preston, Idaho	Full Name of Mother: Wally [illegible]	Name of Father: Nathan Franklin Ross
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. [illegible]	[illegible]	June [illegible], 1952

Class 1 Records are those [illegible] Registrar [illegible]

841-216-004-418

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2917
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Genevieve Quayle
2. Date Of Birth (month) (day) (year): August 16 1906
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Bear Lake
b. City or Town of Birth: Dingle, Idaho

FATHER

6. Full Name of Father: William Quayle
7. State or Country of Father's Birth: Isle of Man, British Isles

MOTHER

8. Full Maiden Name of Mother: Elizabeth Dayton
9. State or Country of Mother's Birth: Cedar Fort, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Genevieve Quayle Hobbs
11. Present Address of Registrant: 910 Robertson Blvd. Chowchilla, California

NOTARY (Seal)

Subscribed and sworn to before me on: June 10 1952
12. Signature of Notary: Annie M. Milleson
13. Notary Commission expires: _____ 19____

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Certificate of Blessing	By whom issued and signed: Samuel Humphrey, Bishop L.D.S. Church	Date Issued: Nov.4,1906	Date Orig. Entry: Nov. 4,1906	
	Date of Birth: Aug 16,1906	Birth Place: Dingle, Idaho	Full Name of Mother: Elizabeth Dayton	Name of Father: William Quayle	
SUPPORTING RECORD 2. Class B	Type of Document: Certificate of Baptism	By whom issued and signed: C.H.Bridger Jr.Clerk L.D.S. Church	Date Issued: 9-23-1915	Date Orig. Entry: Sept 23,1915	
	Date of Birth: Aug 16,1906	Birth Place: Dingle, Idaho	Full Name of Mother: Elizabeth Dayton	Name of Father: William Quayle	
SUPPORTING RECORD 3. Class	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry	
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Joyce B Folty	6-13-52

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D052-2917
Local Reg. No.
Reg. Dist. No.

JUN 17 1952

FEDERAL CENSUS (perhaps where slight or no registration)

1. Registrant's full name at birth: Genevieve Gourgle

2. Date of Birth: (month) August (day) 16 (year) 1906

3. Color or Race: White

4. Sex: Female

5. Place of Birth (City, Town, or County): Bear Lake

6. City or Town of Birth: Dingle, Idaho

7. State or Country of Birth: Isle of Man, British Isles

8. Full Name of Father: William Gourgle

9. State or Country of Father's Birth: Peel, Isle of Man

10. Full Maiden Name of Mother: Elizabeth Dayton

11. State or Country of Mother's Birth: Ogden, Utah

12. Present Address of Registrant: 910 Robertson Blvd. Chowchilla, California

13. Signature of Registrant: Genevieve Gourgle

14. Subscribed and sworn to before me on: (date)

15. Signature of Notary:

16. Notary Commission expires:

17. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

18. Witness:

19. Witness:

RECORD OF DELAYED REGISTRATION OF BIRTH

Class A

Type of Document: Certificate of Baptism

Date of Birth: August 16, 1906

Birth Place: Dingle, Idaho

Full Name of Mother: Elizabeth Dayton

Name of Father: William Gourgle

Date Issued: 9-23-1915

Date Orig. Entry: Sept 23, 1915

By whom issued and signed: C.J. Ringer Pr. Clerk
C.E. Chargen

Class B

Type of Document: Certificate of Blessing

Date of Birth: Aug. 16, 1906

Birth Place: Dingle, Idaho

Full Name of Mother: Elizabeth Dayton

Name of Father: William Gourgle

Date Issued: Nov. 1, 1906

Date Orig. Entry: Nov. 1, 1906

By whom issued and signed: Samuel Humphrey Bishop
L.D.S. Church

Class C

Type of Document:

Date of Birth:

Birth Place:

Full Name of Mother:

Name of Father:

Date Issued:

Date Orig. Entry:

By whom issued and signed:

Class D

Type of Document:

Date of Birth:

Birth Place:

Full Name of Mother:

Name of Father:

Date Issued:

Date Orig. Entry:

By whom issued and signed:

Registrar's Certificate: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the above statement.

Signature of Registrar: (signature)

Evidence reviewed by:

Date Filed: 6-13-52

*Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 1 years old.

255-203-601-122

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2974
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helen Elizabeth Keener
2. Date of Birth (month) (day) (year): December 3 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Ada
b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: James Marion Keener
7. State or Country of Father's Birth: Rabun Gap Georgia

MOTHER

8. Full Maiden Name of Mother: Mary Bell Abbott
9. State or Country of Mother's Birth: Boliver, Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen E. Austin
11. Present Address of Registrant: R#1 Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: July 2 1952
12. Signature of Notary: Robert Allen
13. Notary Commission expires: Aug. 1 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Bible Record	Family Bible		Dec. 3, 1906
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Dec. 3, 1906	Mary and James Keener		
SUPPORTING RECORD 2. Class B	Affidavit by mother	Mary B. Keener	July 2, 1906	
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Dec. 3, 1906			
SUPPORTING RECORD 3. Class B	Child's birth certificate	Bureau of Vital Statistics Boise, Idaho #163953		Aug. 4, 1928
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	21 yrs old Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		July 2, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 2 1962

JAN 11 1962

DECEASED

236-116-025-359

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2977
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Greencreek
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Greencreek
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Albert Aloysious Stolz

5. Date of Birth of Child (Month, day, year) Nov 16 1906

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Edwin Theodore Stolz
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Chicago (City or town) Illinois (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Angla TerHaar
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace New Munich (City or town) Minn. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11-30P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Rose Terhaar (First name) (Last name) who is related as grandmother of the child (Mother, etc.)

25. Attendant's **OWN** signature Mary Rose Terhaar Midwife Address Cottonwood Idaho Date 6-25-52

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19 .

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 3, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 3 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-215-031-293

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 2980
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ALICE ELIZABETH HARDING
2. Date Of Birth (month) (day) (year): August, 15 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Nez Perce (now Lewis)
b. City or Town of Birth: Nezperce,

FATHER

6. Full Name of Father: Perry Mark Harding
7. State or Country of Father's Birth: Ohio, USA

MOTHER

8. Full Maiden Name of Mother: Maud R. Billow
9. State or Country of Mother's Birth: Missouri USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice Elizabeth Harding Martin
11. Present Address of Registrant: 449-S. Stratford Drive Tucson, Arizona

NOTARY (Seal)

Subscribed and sworn to before me on: June 19 1952
12. Signature of Notary: Christine Chalk
13. Notary Commission expires: Mar. 16, 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by publisher of Nezperce Herald re notice of birth	Earnest A. Conger, Publisher	1/18/52	Aug. 23, 1906

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 15, 1906	Nezperce, Idaho		Mark Harding

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Maud R. Harding	1/18/52	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 15, 1906	NezPerce, Idaho	Maud R. Billow	Perry Mark Harding

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	July 8, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No.

REGISTRANT

1. Registrant's Full Name at Birth: ALICE ELIZABETH HARDING
2. Date of Birth (month) (day) (year): August, 15 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Nez Perce (now Lewis)
6. County
7. City or Town of Birth: Nezperce,

FATHER

8. Name of Father: Perry Mark Harding
9. State or Country of Father's Birth: Ohio, USA

MOTHER

10. Full Name of Mother: Maud R. Billow
11. State or Country of Mother's Birth: Missouri USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

12. Signature of Registrant: [illegible]
13. Present Address of Registrant: [illegible]

SUBSCRIBED

Subscribed and sworn to before me on June 17 1952

14. Signature of Notary: [illegible]
15. Notary Commission Expires: June 16, 1953

SUPPORTING RECORD 1

Type of Document: Affidavit by publisher of Nezperce Herald re notice of birth
Date of Birth | Birth Place
Date Issued | Date Orig. Entry: Aug. 23, 1906
Full Name of Mother
Name of Father

SUPPORTING RECORD 2

Type of Document: Affidavit by mother
Date of Birth | Birth Place: Aug. 15, 1906 Nezperce, Idaho
By whom issued and signed: Maud R. Harding
Full Name of Mother: Maud R. Billow
Date Issued: 1/18/52
Date Orig. Entry
Name of Father: Perry Mark Harding

SUPPORTING RECORD 3

Type of Document
Date of Birth | Birth Place
By whom issued and signed
Full Name of Mother
Date Issued
Date Orig. Entry
Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: [illegible]
Date Filed: July 8, 1952

*Class A Records are those made and [illegible]
Class B Records are those made after the fourth birthday [illegible]

Form [illegible]

367-228-029-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 2982
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Fern Marie Cox
2. Date Of Birth (month) (day) (year): Feb. 28 1906
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Latah, Idaho, U.S.A.
b. City or Town of Birth: Troy.

FATHER

6. Full Name of Father: Robert Hays Cox.
7. State or Country of Father's Birth: Missouri, U.S.A.

MOTHER

8. Full Maiden Name of Mother: Martha Smith.
9. State or Country of Mother's Birth: Missouri, U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fern Marie Fewang nee Cox
11. Present Address of Registrant: High Prairie, Alberta. Canada.

NOTARY (Seal)

Subscribed and sworn to before me on January 4 1952

12. Signature of Notary: [illegible]
13. Notary Commission expires: Dec. 31 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by father	Robert Hays Cox	Feb/ 1952	
Class* B	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb.28, 1906 Troy, Idaho		Robert Hays Cox	
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Affidavit by Aunt	Alice Miller	Feb.16, 1952	
Class B	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb. 28, 1906 Troy, Idaho			
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Census Record	Roy V. Peel, Director	6/2/52	Apr. 15, 1910
Class B	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	4 yrs old		Robert H. Cox	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	July 8, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

State File No. De52-2982
Local Reg. No.
Reg. Dist. No.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRAR (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fern Marie Cox	2. Date of Birth (month) (day) (year): Feb. 28 1906
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth (country): Kansas, Idaho, U.S.A.	6. City or Town of Birth: Troy.
FATHER	6. Full Name of Father: Robert Hays Cox.	7. State or Country of Father's Birth: Missouri, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Martha Smith.	9. State or Country of Mother's Birth: Missouri, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]; 11. Present Address of Registrant: High Prairie, Alberta, Canada.
NOTARY (Seal)	Subscribed and sworn to before me on: [signature] 1954	12. Signature of Notary: [signature]; 13. Notary Commission expires: Dec. 31 1954

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father	By whom issued and signed: Robert Hays Cox	Date Issued: Feb/1952	Date Orig. Entry
Class B	Date of Birth: Feb. 28, 1906; Birth Place: Troy, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt	By whom issued and signed: Alice Miller	Date Issued: Feb. 16, 1952	Date Orig. Entry
Class B	Date of Birth: Feb. 28, 1906; Birth Place: Troy, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: Roy V. Neal, Director	Date Issued: 8/5/52	Date Orig. Entry: Apr. 16, 1910
Class B	Date of Birth: 4 yrs old; Birth Place	Full Name of Mother	Name of Father: Robert H. Cox	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	[signature]	July 8, 1952

*Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form OPH 95057

386-230-001-378

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 3081
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Volneese Martha Thompson
2. Date Of Birth (month) (day) (year): Jan. 30 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Boise Idaho.
b. City or Town of Birth: Boise.

FATHER

6. Full Name of Father: Crozier Thombs Thompson
7. State or Country of Father's Birth: Fayette County Illinois.

MOTHER

8. Full Maiden Name of Mother: Lena Bell Taylor.
9. State or Country of Mother's Birth: Winfield. Cowley County. Kansas.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Volneese Martha Thompson Walter
11. Present Address of Registrant: 202 W. 16th Newton, Ks

NOTARY (Seal)

Subscribed and sworn to before me on: July 12 1952

12. Signature of Notary: Arvo E. Thompson
13. Notary Commission expires: 1-18 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy The Prudential Ins. Co.	Willard I. Hamilton, Sec. Edward D. Duffield, President	Oct. 24, 1927	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
To be 22 on next birthday			

SUPPORTING RECORD 2.

Class B.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Lena Belle Thompson Allen	7/11/52	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 30, 1906	Boise, Idaho	Lena Belle (Taylor) Thompson	Allen

SUPPORTING RECORD 3.

Class A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt	Ruth Sullivan	7/31/52	Aunt was born in 1864

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 30, 1906	Boise, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	Edna Hamilton	August 5, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1952-[illegible]

Reg. No.

Reg. Dist. No.

REGISTRANT

1. Registrant's Full Name at Birth
2. Date of Birth (month) (day) (year)
3. Color or Race
4. Sex
5. Place of Birth
6. Country
7. Date of Town of Birth

FATHER

8. Full Name of Father
9. State or Country of Father's Birth

MOTHER

10. Full Maiden Name of Mother
11. State or Country of Mother's Birth

AFFIDAVIT

I hereby certify that the above and the foregoing statements are true to the best of my knowledge and belief.

12. Signature of Registrant
13. Signature of Notary
14. Present Address of Registrant
15. Notary Commission expires

SUPPORTING RECORD

Type of Document	Date Issued	Date Orig. Entry
The Prudential Ins. Co.	Feb. 24, 1927	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]			

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Lena Nelly Rudgeon-Allen	7/21/52	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 30, 1908	[illegible]	Lena Nelly (Rudgeon) Allen	

Class B

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt	Ruth Sullivan	7/21/52	Aunt was born in 1904

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 30, 1908	Boise, Idaho		

Class A

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	August 6, 1952

Class A Records are those made and [illegible] the Registrar's Birth Certificate.
Class B Records are those made from [illegible] but are at least [illegible] old.

Form CEN 1904

413-216-00-864

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-3084
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Oxford
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: own home
   (e) Mothers stay **BEFORE** delivery: In THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Oxford
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oxford, Ida.

4. **FULL NAME OF CHILD** LENA MAE MALSTROM (Malmstrom)

5. Date of Birth of Child (Month, day, year) Feb. 16, 1906

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elias Willard Malstrom (Malmstrom)
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Springville, Utah (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Hodge
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace North Star, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.) attended by my mother and she has passed on.

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington
County of Grays Harbor } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 42 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Likins Signature
Yountville, California P. O. Address

Subscribed and sworn to before me this 3rd day of July, 19 48

(SEAL) W. M. Hatch, Notary Public, residing at Aberdeen, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on August 5, 1952 by W. W. Benson, Registrar

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAY-D

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52- 3084
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Oxford
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Oxford
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oxford, Ida.

4. **FULL NAME OF CHILD** Lena Mae Malstrom (Malmstrom)

5. Date of Birth of Child (Month, day, year) Feb. 16, 1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elias Willard Malstrom (Malmstrom)
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Springville (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Do

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Hodge
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace North Star (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Do

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) attended by mother (Last name) and she has passed on.

who is related as (Mother, etc.)

25. Attendant's OWN Signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington
County of Grays Harbor } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 63 years of age, that I have known this person for 46 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Likins Signature

Fogartville, California P. O. Address

Subscribed and sworn to before me this 30 day of July, 1948.

(SEAL)

Notary Public, residing at Aberdeen, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on August 5, 1952 by W.W. Benson, Registrar

NOV 30 1967

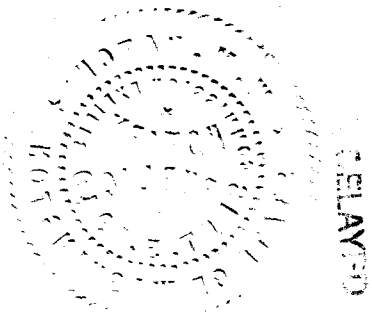
DEC 16 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 6 19[illegible]



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Napa

Certificate No. De52-3084
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or ~~Death~~)
for Lena Mae Malstrom (Malmstrom) (Name on Original Certificate) who Born (Was Born or ~~Died~~) on February 16, 1906 (Date of Event)
in Oxford Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Ins Policy (~~Bible Record~~, Insurance Policy, ~~Etc.~~) prepared on March 31, 1919 (Give Date), are:

FACTS TO BE CORRECTED ("~~Name~~," "Birth Date," "~~Cause of Death~~," ~~Etc.~~)	FROM (As on Original)	TO (The Correct Facts)
The age in 1948.	46	42

Subscribed and sworn to before me this 3rd day of December, 1952

Notary Public, residing at Napa
My commission expires P. V. Traves, - My commission expires January 2, 1953 Notary Public in and for Napa, State of California
(Seal)

Signed x Elizabeth Likins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
x 2151 Creek St Yountville Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Lewis

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

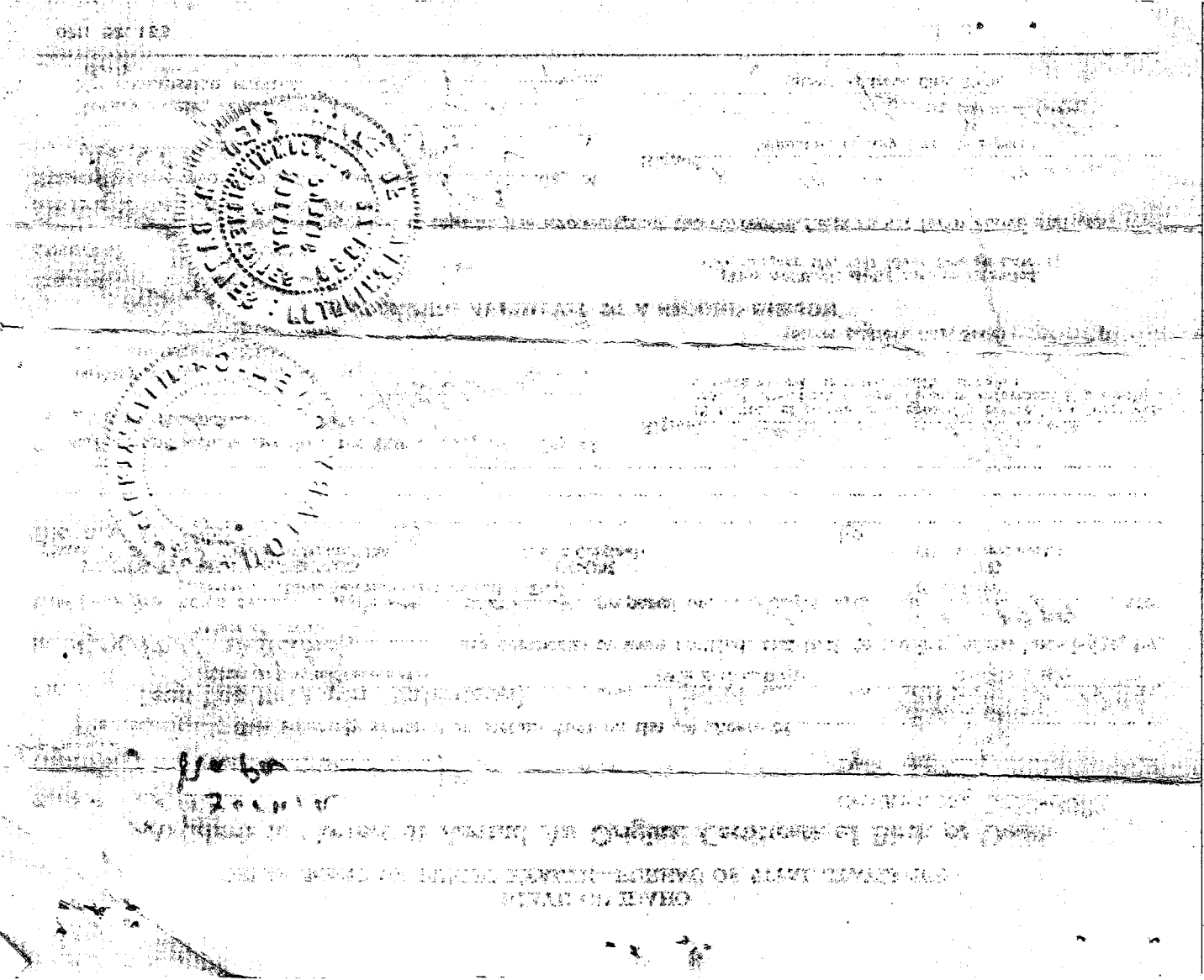
Subscribed and sworn to before me this 8th day of December, 1952

Notary Public, residing at Kosmos
My commission expires 27th Feb 1953
(Seal)

Signed x C. W. Damron
(Signature of Any Credible Person)
Mossyrock Washington ~~Yountville Calif~~
(Street Address, City, State)

DPH 52.155

1 c. pd.



Mossyrock, Wash.
Dec. 8, 1952.

Mr. Benson
State Registrar
Vital Statistics

Dear Sir:

Enclosed is the Affidavit for having my Birth Certificate corrected.

I sent my Insurance Policy to my Mother in California to be used in having the Affidavit filled out. The Policy was issued by the Metropolitan Insurance Co. in March,31, 1919 and my age on Policy is 13 yrs. old. The Policy is still in effect.

Sincerly,

Lena Mae Roberts

RECEIVED
DEC 10 1952
DIVISION OF VITAL STATISTICS

249-202-003-897

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D52-3098
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY JOSEPHINE BURTON		2. Date Of Birth: (month) Sept. (day) 2 (year) 1906	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: a. County: Bannock	b. City or Town of Birth: Virginia Idaho
FATHER	6. Full Name of Father: Michael James Burton		7. State or Country of Father's Birth: Naples, Italy	
MOTHER	8. Full Maiden Name of Mother: Martha Ellen Higsbee		9. State or Country of Mother's Birth: Owensburro, Kentucky	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary J. Larsow	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 7, 1952	12. Signature of Notary: Mabel F. Keefer	13. Notary Commission expires: May 7, 1953	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Samuel Newbold	Date Issued: Oct. 7, 1914	Date Orig. Entry: 10/3/1914
Class* B	Date of Birth: Sept 2, 1906 / Birth Place: Virginia, Idaho	Full Name of Mother: Martha E. Higsbee	Name of Father: Michael Burton	
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend present at birth	By whom issued and signed: Catherine Bennett	Date Issued: 7/30/52	Date Orig. Entry: 7/30/52
Class B	Date of Birth: Sept 2 1906 / Birth Place: Bannock County	Full Name of Mother: Martha Ellen Higsbee	Name of Father: Michael James Burton	
SUPPORTING RECORD 3.	Type of Document: Life Insurance Policy	By whom issued and signed: Beneficial Life Insurance Co. J. W. Richins	Date Issued: 6/23/36	Date Orig. Entry: 6/28/36
Class B	Date of Birth: Sept 2 1906 / Birth Place: Virginia, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Eva Farnes	Date Filed: 8/5/52

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

State File No. 1932- 5038

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Local Reg. No.
Reg. Dist. No.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth
2. Date of Birth (month) (day) (year)
3. Sex
4. Place of Birth a. County
5. City or Town of Birth
6. Full Name of Father
7. State or Country of Father's Birth
8. Full Maiden Name of Mother
9. State or Country of Mother's Birth

FATHER

MOTHER

AFFIDAVIT

I hereby certify upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant
11. Present Address of Registrant

NOTARY (Seal)

Subscribed and sworn to before me on

12. Signature of Notary
13. Notary Commission expires

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class*

SUPPORTING RECORD 2.

Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

SUPPORTING RECORD 3.

Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar | Evidence reviewed by | Date Filed

*Class 1 Records are those made and dated before the Registrant's fourth birthday.
Class 2 Records are those made after the fourth birthday but are at least 3 years old.

Form DPH 4[illegible]

851-208-006-165

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3102
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FAY ALENA YEAMAN		2. Date of Birth (month) Jan (day) 8 (year) 1906	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Palisade Bingham	b. City or Town of Birth: Irwin Idaho
FATHER	6. Full Name of Father: Nathan Thomas Yeaman		7. State or Country of Father's Birth: Downey Idaho	
MOTHER	8. Full Maiden Name of Mother: Dora Jones Yeaman		9. State or Country of Mother's Birth: Weber County Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fay Alena Yeaman	11. Present Address of Registrant: 53 East 2 North Logan, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 1 1952	12. Signature of Notary: [signature]	13. Notary Commission expires: Aug 2 1952	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church record	By whom issued and signed: L.D.S. Church, by Joseph Fielding Smith	Date Issued:	Date Orig. Entry: May 19, 1906
Class* A	Date of Birth: Jan. 8, 1906	Birth Place: Palisade, Idaho	Full Name of Mother: Dora Ardell Jones	Name of Father: Nathan T. Yeaman
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Dora Jones Yeaman	Date Issued: 8/7/52	Date Orig. Entry:
Class B	Date of Birth: Jan 8, 1906	Birth Place: Palisade, Idaho	Full Name of Mother: Dora Jones Yeaman	Name of Father: Nathan T. Yeaman
SUPPORTING RECORD 3.	Type of Document: Affidavit by Father	By whom issued and signed: Nathan T. Yeaman,	Date Issued: 8/7/52	Date Orig. Entry:
Class B,	Date of Birth: Jan 8, 1906	Birth Place: Palisade, Idaho	Full Name of Mother: Dora Jones Yeaman	Name of Father: Nathan T. Yeaman
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	Edna Hamilton	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 1 [illegible]

FEB [illegible]

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State Bureau of Health
Division of Vital Statistics
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name of Birth: FAY ALENA YEAMAN
2. Date of Birth: Jan 8 1906
3. Color or Race: 4. Sex: 5. Place of Birth: 6. County: 7. Town or City: [illegible]

FATHER

6. Full Name of Father: [illegible]
7. Date of Country of Father's Birth: [illegible]

MOTHER

8. Full Maiden Name of Mother: [illegible]
9. State or Country of Mother's Birth: [illegible]

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible]

NOTARY (Seal)

Subscribed and sworn to before me on [illegible]
12. Signature of Notary: [illegible]
13. Notary Commission expires: [illegible]

APPLICATION: DO NOT WRITE ON THIS LINE

SUPPORTING RECORD	Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Class A	Church record	L.D.S. Church, by Joseph Fielding Smith		May 19, 1906
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Jan. 8, 1906 Palisade, Idaho	Lora Arnell Jones		
	Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Class B	Affidavit by Mother	Lora Jones Yeaman	8/7/52	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Jan 8, 1906 Palisade, Idaho	Lora Jones Yeaman	Nathan T. Yeaman	
SUPPORTING RECORD	Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Class B	Affidavit by Father	Nathan T. Yeaman	8/7/52	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Jan 8, 1906 Palisade, Idaho	Lora Jones Yeaman	Nathan T. Yeaman	

AUG 12 1952

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Jenson	[illegible] Hamilton	

*Class A Records are [illegible]
Class B Records are [illegible]

314-128-007-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-3198
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. 2nd Avenue
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay BEFORE delivery: In THIS county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. 2nd Avenue
(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Eugene Edwar d Lamb

5. Date of Birth of Child (Month, day, year) Nov. 28, 1906

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Charles Lamb
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Kent (City or town) Indiana (State or foreign country)
14. Exact Occupation Plas terer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Dorothea Hartung
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Mahanoy City, (City or town) Penn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 6 Am M. on the date and at the place stated above, and that personal particulars were furnished by ✓ (First name) (Last name) who is related as ✓ (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 45 years, and that Dr. John (First name) Plumer (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Dorothea Lamb Signature
Box 213, Orland, Calif P. O. Address

Subscribed and sworn to before me this 25th day of August, 1952.
(SEAL) [signature], Notary Public, residing at Hailey, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES JAN. 25, 1953

Received for filing on August 27, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

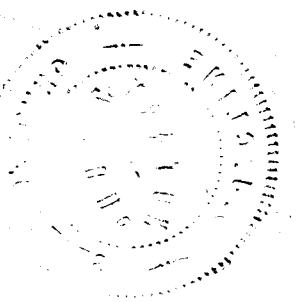
Form DPH-51130

AUG 2 8 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



719-229-035-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3329
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Pearl Gertrude Gaiser
2. Date Of Birth (month) Sept (day) 29 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Nez Perce
b. City or Town of Birth: Waha Idaho

FATHER

6. Full Name of Father: William Gaiser
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Emily Bentz
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Pearl Gertrude Gaiser
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: August 14 1952
12. Signature of Notary: Arlen Ragsdale
13. Notary Commission expires: 12-11 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Ltr from Supt. of Public Instruction, re school record at Flatiron School Dist. No. 63	Beryl E. Clem, Supt.	8/7/52	school year of 1916
	Date of Birth 10 yrs old	**Birth Place**	**Full Name of Mother**	**Name of Father**
SUPPORTING RECORD 2. Class B	Hospital record	St. Joseph's Hospital, Lewiston Sister Mary Esther, Adm.	8/12/52	Admitted on Oct. 8, 1932
	Date of Birth 26 yrs old	**Birth Place** Waha, Idaho	**Full Name of Mother** Emily Bentz	**Name of Father** Wm. Gaiser
SUPPORTING RECORD 3. Class B	Type of Document #207302 Birth certificate of daughter	By whom issued and signed Bureau of Vital Statistics Boise, Idaho	Date Issued Filed 11-8-32	Date Orig. Entry Child born on Oct. 9, 1932
	Date of Birth 26 yrs old	**Birth Place** Waha, Idaho	**Full Name of Mother**	**Name of Father**

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Oct. 8, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: [illegible]
2. Date of Birth (month) (day) (year): [illegible] 29 [illegible]
3. Color or Race: [illegible]
4. Sex: [illegible]
5. Place of Birth: [illegible] County
6. City or Town of Birth: [illegible]

FATHER

6. Full Name of Father: [illegible]
7. State or Country of Father's Birth: [illegible]

MOTHER

8. Full Maiden Name of Mother: [illegible]
9. State or Country of Mother's Birth: [illegible]

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant

NOTARY (Seal)

Subscribed and sworn to before me on: [illegible] 1952
12. Signature of Notary: [illegible]
13. Notary Commission expires: 12 11 1953

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document: Ltr from Supt. of Public Instruction, re school [illegible] Flatiron School Dist. [illegible]
By whom issued and signed: [illegible]
Date Issued: 8/7/52
Date Orig. Entry: school year of 1915
Date of Birth: [illegible]
Birth Place: [illegible]
Full Name of Mother
Name of Father

Class: [illegible]

SUPPORTING RECORD 2

Type of Document: Hospital record
By whom issued and signed: St. Joseph's Hospital, Lewiston, Sister [illegible], Adm.
Date Issued: 8/12/52
Date Orig. Entry: Admitted on Oct. 8, 1952
Date of Birth: 26 yrs old
Birth Place: Wahe, Idaho
Full Name of Mother
Name of Father: [illegible]

Class: B

SUPPORTING RECORD 3

Type of Document: #207302 Birth certificate of [illegible]
By whom issued and signed: Bureau of Vital Statistics, Boise, Idaho
Date Issued: Filed 11-8-52
Date Orig. Entry: Child born on Oct. 2, 1952
Date of Birth: 26 yrs old
Birth Place: Wahe, Idaho
Full Name of Mother
Name of Father

Class: P

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. [illegible]
Evidence reviewed by: [illegible]
Date Filed: Oct. 2, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday, but are at least 6 years old.

418-204-010-236

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D52-3567
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Day.			2. Date of Birth (month) (day) (year): March 4 1906
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Ammon Bonneville	b. City or Town of Birth: Idaho
FATHER	6. Full Name of Father: Abraham J Day			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lucy May Bloxham			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elizabeth D Largilliere		11. Present Address of Registrant: Soda Springs Ida
NOTARY (Seal)	Subscribed and sworn to before me on: December 2nd 1952	12. Signature of Notary: J. W. Thompson		13. Notary Commission expires: July 2nd 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued:	Date Orig. Entry: July 7, 1912
Class* B	Date of Birth: Mch 4, 1906 / Birth Place: Ammond, Idaho	Full Name of Mother: May Bloxham		Name of Father: Abraham J. Day
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: New York Life	Date Issued:	Date Orig. Entry: June 17, 1929
Class B	Date of Birth: March 4, 1906 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: Lucy May Day		Name of Father: Abraham J. Day
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Brigham Young University	Date Issued:	Date Orig. Entry: 1923-25
Class B	Date of Birth: Mch. 4, 1906, / Birth Place:	Full Name of Mother:		Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Dec. 16, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De52-3567
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): March 4 1904	
	3. Color or Race: [illegible]	4. Sex: [illegible]	5. Place of Birth: County: [illegible]
			6. City or Town of Birth: Idaho
FATHER	6. Full Name of Father: Abraham J. Day		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: [illegible]		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	9. Person Declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY	10. Subscribed and sworn to before me on: [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible] 1904	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: Abraham J. Day
Class: [illegible]				
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: New York Life	Date Issued: [illegible]	Date Orig. Entry: June 18, 1922
	Date of Birth: March 4, 1904	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Idaho Lacy Day	Name of Father: Abraham J. Day
Class: [illegible]				
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Abraham [illegible] University	Date Issued:	Date Orig. Entry: [illegible]
	Date of Birth: [illegible] 1906	Birth Place:	Full Name of Mother:	Name of Father:
Class: [illegible]				
CHALLENGE INFORMATION				

REGISTRAR'S CERTIFICATION (Local): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Dec. 10, 1952

*Class A Records are those made and dated before the Registrant's Fourth Birthday.
Class B Records are those made after the Fourth Birthday but not at least 9 years old.

Form [illegible]

765-101-003-795

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JAN 14 1953
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-72
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRANK LEE PONS — FRANK LEE PONS	2. Date Of Birth (month) February (day) 1 (year) 1906
	3. Color or Race: WHITE — 4. Sex: MALE — 5. Place of Birth: IDAHO — a. County: BANNOCK	b. City or Town of Birth: POCATELLO
FATHER	6. Full Name of Father: WILLIAM DAVID PONS	7. State or Country of Father's Birth: OGDEN, UTAH
MOTHER	8. Full Maiden Name of Mother: EMMA NET GREEN	9. State or Country of Mother's Birth: MONTPELIER, IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. — 10. Signature of Registrant: Frank Lee Pons	11. Present Address of Registrant: 1409 S 14th Lamar, Colo
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 30, 1952 — 12. Signature of Notary: Vey J. Hann	13. Notary Commission expires: May 1 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Employment Record	Union Pacific Railroad Co.	11-14-50	May 15, 1925
Class* B	Date of Birth: Feb. 1, 1906 — Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	School Census	Supt. of Schools Rawlins, Wyo.	year	1922
Class B	Date of Birth: 16 yrs old — Birth Place: in 1922	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Affidavit by mother	Emma N. Egan	1-21-53	
Class B	Date of Birth: Feb. 1, 1906, Pocatello, Idaho	Full Name of Mother: Emma N. Egan	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	1-23-53

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

RECEIVED
APR 4 1953
DEPT. OF VITAL
STATISTICS
JAN 23 1953

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE FILE NUMBER 53-000022

1. NAME OF CHILD (First, Middle, Last): Baby Girl Jones
2. SEX: Female
3. THIS BIRTH: Single
4. DATE OF BIRTH (Month, Day, Year): January 23, 1953
5. PLACE OF BIRTH: a. City or Town: Boise; b. County: Ada; c. State: Idaho
6. NAME OF HOSPITAL OR OTHER PLACE: St. Luke's Hospital
7. RESIDENCE OF MOTHER: a. City or Town: Boise; b. County: Ada; c. State: Idaho
8. MOTHER: a. Full Name: Mary Jones; b. Color or Race: White; c. Age at Last Birthday: 28; d. Birthplace (State or Country): Idaho; e. Maiden Name: Smith
9. FATHER: a. Full Name: John Jones; b. Color or Race: White; c. Age at Last Birthday: 30; d. Birthplace (State or Country): Idaho
10. INFORMANT: a. Name: Mary Jones; b. Address: 123 Main St, Boise, Idaho
11. PREPARER: a. Name: Dr. Robert Brown; b. Address: 456 Medical Bldg, Boise, Idaho
12. DATE RECEIVED BY REGISTRAR: January 24, 1953
13. REGISTRAR'S SIGNATURE: Helen M. Clark
14. REGISTRAR'S NUMBER: 53-000022

I hereby certify that the above birth certificate has been prepared from the Record of Vital Statistics for this County and that said documentary evidence has been reviewed, which supplements the facts as set forth in the above certificate.

Date Filed: January 24, 1953

Registrar

RECORD 1.
Type of Document: Original
Date of Birth: January 23, 1953
Place of Birth: St. Luke's Hospital, Boise, Ada, Idaho
Full Name of Mother: Mary Jones
Maiden Name of Mother: Smith
Full Name of Father: John Jones
Date Issued: January 24, 1953
By whom issued and signed: Helen M. Clark, Registrar
Date Order Entered: January 24, 1953

RECORD 2.
Type of Document: Duplicate
Date of Birth: January 23, 1953
Place of Birth: St. Luke's Hospital, Boise, Ada, Idaho
Full Name of Mother: Mary Jones
Maiden Name of Mother: Smith
Full Name of Father: John Jones
Date Issued: January 24, 1953
By whom issued and signed: Helen M. Clark, Registrar
Date Order Entered: January 24, 1953

I hereby certify that the above birth certificate has been prepared from the Record of Vital Statistics for this County and that said documentary evidence has been reviewed, which supplements the facts as set forth in the above certificate.

Date Filed: January 24, 1953

Registrar

314-216-003-365

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De53 112
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Zenneth Campbell		2. Date Of Birth (month) Aug. (day) 16 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Pocatello Bannock; b. City or Town of Birth: Pocatello Idaho
FATHER	6. Full Name of Father: Jared Edward Campbell		7. State or Country of Father's Birth: Bannock Idaho
MOTHER	8. Full Maiden Name of Mother: Lydia May Loveland		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Zenneth Campbell Potter	11. Present Address of Registrant: 727 North Garfield Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 27 1953	12. Signature of Notary: F.E. Tydeman	13. Notary Commission expires: Feb. 16 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record	By whom issued and signed: L.D.S. Church, Clarence Richardson	Date Issued: 1/20/53	Date Orig. Entry: Baptized on Oct. 3, 1914
Class* B	Date of Birth / Birth Place: Aug. 16, 1906 Pocatello, Ida.	Full Name of Mother: Lydia May Loveland	Name of Father: Jared E. Campbell	
SUPPORTING RECORD 2.	Type of Document: Family Record	By whom issued and signed:	Date Issued:	Date Orig. Entry: Aug. 16, 1906
Class A	Date of Birth / Birth Place: Aug. 16, 1906 Pocatello	Full Name of Mother: Lydia May Loveland	Name of Father: Jared Edward Campbell	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Feb. 4, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

APR 2 8 1953

FEB 5 1953

REGISTRANT

1. Full Name of Birth
2. Date of Birth
3. Color or Race
4. Place of Birth
5. City or Town of Birth

FATHER

6. Full Name of Father
7. State or Country of Father's Birth

MOTHER

8. Full Maiden Name of Mother
9. State or Country of Mother's Birth

AFFIDAVIT

1. Present Address of Registrant
2. Signature of Registrant
3. Signature of Notary
4. Notary Commission expires

SUPPORTING RECORD 1.

Type of Document
Date of Birth
Birth Place
Full Name of Mother
Name of Father
Date Issued
Date Orig. Entry

SUPPORTING RECORD 2.

Type of Document
Date of Birth
Birth Place
Full Name of Mother
Name of Father
Date Issued
Date Orig. Entry

QUALIFICATION INFORMATION

CERTIFICATION

Date Filed

315-231-035-663

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-134
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DOROTHY EVELYN LANE			2. Date of Birth (month) (day) (year): January 31 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho — Nez Perce County	b. City or Town of Birth: Kamiah, Idaho
FATHER	6. Full Name of Father: Roy Creed Lane			7. State or Country of Father's Birth: Sumner, Oregon, Coos County
MOTHER	8. Full Maiden Name of Mother: Marion Elizabeth Folmer			9. State or Country of Mother's Birth: Percival, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy Lane Tucker		11. Present Address of Registrant: 29 Holland Place, Hartsdale, New York
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 6th 1953	12. Signature of Notary: Viola M. Hart	VIOLA M. HART Notary Public State of New York State No. 60-1694050 Appointed for Westchester County Commission Expires March 30, 1953	VIOLA M. HART Notary Public State of New York State No. 60-1694050 Appointed for Westchester County Commission Expires March 30, 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Notary Public viewed by John W. Peterson,		Date Issued: 2/4/53	Date Orig. Entry: January of 1906
Class* A	Date of Birth: Jan 31 1906	Birth Place: Kamiah, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Father	By whom issued and signed: Roy C. Lane		Date Issued: 2/4/53	Date Orig. Entry: 2/4/53
Class B	Date of Birth: Jan 31 1906	Birth Place: Kamiah, Idaho	Full Name of Mother:	Name of Father: Roy C. Lane	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:		Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Eva Karnes	Date Filed:

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 10 1964

462-110-036-795

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-172
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Perry Eugene Moss
2. Date of Birth (month) Sept. (day) 10 (year) 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Oneida County, Idaho
b. City or Town of Birth: Woodruff, Idaho

FATHER

6. Full Name of Father: George Riley Moss
7. State or Country of Father's Birth: Davis County, Utah

MOTHER

8. Full Maiden Name of Mother: Ada Ann Green
9. State or Country of Mother's Birth: Davis County, Utah

AFFIDAVIT

I hereby declare upon oath that the abeve statements are true to the best of my knowledge and belief.

10. Signature of Registrant: P. E. Moss
11. Present Address of Registrant: 1475 Michigan Ave Salt Lake City, Utah

NOTARY (Seal)

Subscribed and sworn to before me on Feb 16th 1953

12. Signature of Notary: A B Christensen
13. Notary Commission expires: March 16th 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible		Sept. 10, 1906
Class* A	Date of Birth / Birth Place: Sept. 10, 1906, Woodruff, Idaho	Full Name of Mother: Ada Ann Green	Name of Father: George Riley Moss	
SUPPORTING RECORD 2.	Certificate of Ordination	L. D. S. Church	Jan. 29, 1922	
Class B	Date of Birth / Birth Place: Sept. 10, 1906, Oneida County, Idaho	Full Name of Mother: Ada A. Green	Name of Father: George Riley Moss	
SUPPORTING RECORD 3.				
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	Feb. 18, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health
Division of Vital Statistics
Boise, Idaho

Local Reg. No.
Reg. Dist. No.

CHILD STRAIGHT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Perry Eugene Moss	2. Date of Birth (month) Sept. (day) 10 (year) 1906
	3. Color or Race: White	4. Sex: Male
	5. Place of Birth: Oneida County, Idaho	6. City or Town of Birth: Woodruff, Idaho
FATHER	6. Full Name of Father: George Riley Moss	7. State or Country of Father's Birth: Davis County, Utah
MOTHER	8. Full Maiden Name of Mother: Ada Ann Green	9. State or Country of Mother's Birth: Davis County, Utah
AFFIDAVIT	I hereby declare upon faith that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]
		11. Present Address of Registrant: [illegible]
NOTARY	Sworn and sworn to before me on [illegible]	12. Signature of Notary: [signature]
		13. Notary Commission expires: [illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Ordination	By whom issued and signed: [illegible]	Date Issued: Jan. 29, 1922	Date Orig. Entry: Sept. 10, 1906
	Date of Birth: Sept. 10, 1906	Birth Place: Oneida County, Idaho	Full Name of Mother: Ada Ann Green	Name of Father: George Riley Moss
	Class: [illegible]			
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination	By whom issued and signed: [illegible]	Date Issued: Jan. 29, 1922	Date Orig. Entry:
	Date of Birth: Sept. 10, 1906	Birth Place: Oneida County, Idaho	Full Name of Mother: Ada Ann Green	Name of Father: George Riley Moss
	Class: [illegible]			
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
	Class:			
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. E. Hanson	Evidence reviewed by: [signature]	Date Filed: Feb. 18, 1953

*Class A Records are those made and dated [illegible]
Class B Records are those made after the birth [illegible] at least 5 years [illegible]

815-125-D01-235

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-196
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Calvin Hansen			2. Date Of Birth (month) Oct. (day) 25 (year) 1906
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Boise, Idaho Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Charles Hansen			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Eliza Steele			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William C. Hansen		11. Present Address of Registrant: 2619 Breneman Ave. Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 25 1953	12. Signature of Notary: [signature]		13. Notary Commission expires: April 2 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Birth Certificate of Son		By whom issued and signed: Bureau of Vital Statistics State of Idaho #159717	Date issued: 3/21/28	Date Orig. Entry: Mar. 6 1928
Class* B	Date of Birth: 22 yrs old	Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Metropolitan Life Ins. Co. Whole Life Industrial Policy		By whom issued and signed: Metropolitan Life Ins. Co.	Date issued: 5/1/40	Date Orig. Entry: May 1, 1940
Class B	Date of Birth: 34 yrs old	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge		By whom issued and signed: National Guard of Idaho	Date issued: 3/18/48	Date Orig. Entry: 11/16/46
Class B	Date of Birth: Oct 25 1906	Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Eva Karnes	Feb 25, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Vital Statistics
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: William Calvin Hansen
2. Date of Birth (month) (day) (year): Oct. 28 1900
3. Color or Race: White
4. Sex: Male
5. Place of Birth: Boise, Idaho
6. County: Ada
7. City or Town of Birth: Boise

FATHER

8. Full Name of Father: Charles Hansen
9. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Eliza Steele
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William C. Hansen
11. Present Address of Registrant: 2419 [illegible]

NOTARY (Seal)

Subscribed and sworn to before me on: Feb 25 1953
12. Signature of Notary: [illegible]
13. Notary Commission Expires: [illegible]

FEB 26 1953

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document: Birth Certificate of Son
By whom issued and signed: Bureau of Vital Statistics, State of Idaho #[illegible]
Date Issued: 3/21/28
Date Orig. Entry: Mar. [illegible]/28
Date of Birth: 22 yrs old
Birth Place: Boise, Idaho
Full Name of Mother:
Name of Father:
Class B

SUPPORTING RECORD 2

Type of Document: Metropolitan Life Ins. Co. Whole Life Industrial Policy
By whom issued and signed: Metropolitan Life Ins. Co.
Date Issued: 5/1/40
Date Orig. Entry: May 1, 1940
Date of Birth: 34 yrs old
Birth Place:
Full Name of Mother:
Name of Father:
Class B

SUPPORTING RECORD 3

Type of Document: Honorable Discharge
By whom issued and signed: National Guard of Idaho
Date Issued: 3/18/48
Date Orig. Entry: 11/18/46
Date of Birth: 28 1906
Birth Place: Boise, Idaho
Full Name of Mother:
Name of Father:
Class B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Title Registrar: W. W. Hanson
Evidence reviewed by: Eva Karnes
Date Filed: Feb 25, 1953

*Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least [illegible]

249-209-018-347

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-207
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Matilda Elana Burnett	2. Date Of Birth (month) (day) (year): June 9 1906
	3. Color or Race: White; 4. Sex: F; 5. Place of Birth a. County: Clearwater	b. City or Town of Birth: Orofino, Idaho
FATHER	6. Full Name of Father: G. H. Burnett	7. State or Country of Father's Birth: Wayne County, Kentucky
MOTHER	8. Full Maiden Name of Mother: Mattie Tuggle	9. State or Country of Mother's Birth: Wayne County, Kentucky
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Matilda Elana Lee; 11. Present Address of Registrant: 703 Bloyd Kelso Wash
NOTARY (Seal)	Subscribed and sworn to before me on: February 26, 1953	12. Signature of Notary: L. Alvin Jellefson; 13. Notary Commission expires: Sept. 27 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. Mary's Church	Date Issued: May 29, 1930	Date Orig. Entry:
Class* B	Date of Birth: June 9, 1906; Birth Place: Orofino, Idaho	Full Name of Mother: Mattie Tuggle	Name of Father: G. Harrison Burnett	
SUPPORTING RECORD 2.	Type of Document: Affidavit by	By whom issued and signed: Charlotte Clark, present at time of birth	Date Issued: Feb. 26, 1953	Date Orig. Entry:
Class B	Date of Birth: June 9, 1906; Birth Place: Orofino, Idaho	Full Name of Mother: Mattie Tuggle	Name of Father: G. H. Burnett	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mattie Burnett	Date Issued: Oct. 6, 1952	Date Orig. Entry:
Class B	Date of Birth: June 9, 1906; Birth Place: Orofino, Idaho	Full Name of Mother: Mattie Tuggle	Name of Father: G. H. Burnett	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fleeker	Mch. 2, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. 2855-A
Local Reg. No.
Reg. Dist. No.

REGISTRAR

1. Registered on all items at birth

2. Date of birth: June 9 1906

3. Place of birth: a. County: Clearwater b. City or Town of birth:

4. Usual residence of mother: a. County: Clearwater b. City or Town:

5. Color or race: White

6. Full name of child: Willie Pugle

7. Sex: Male

8. This birth was: Single

9. If not single, was child: born first, second, third, etc.

10. Date of birth: June 9 1906

11. Hour of birth: Not stated

12. Name of father: O. H. Burnett

13. Age at last birthday: 32

14. Birthplace: Kentucky

15. Name of mother: Nellie Pugle

16. Age at last birthday: 30

17. Birthplace: Kentucky

18. Usual residence: Orofino, Idaho

19. Occupation: Housework

20. Informant: Mother

21. Attendant: Midwife

22. Address: Orofino, Idaho

23. Filed: June 29, 1953

24. Registrar: W. T. Barton

25. Remarks: Delayed birth

I hereby certify that the above is a true and correct copy of the original birth record filed with the Division of Vital Statistics.

Witness my hand and seal of the State Department of Public Health this 29th day of June, 1953.

W. T. Barton
State Registrar

Deputy

CERTIFICATE OF DELAYED REGISTRATION OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. 2855-A
Local Reg. No.
Reg. Dist. No.

REGISTRAR

1. Registered on all items at birth

2. Date of birth: June 9 1906

3. Place of birth: a. County: Clearwater b. City or Town of birth:

4. Usual residence of mother: a. County: Clearwater b. City or Town:

5. Color or race: White

6. Full name of child: Willie Pugle

7. Sex: Male

8. This birth was: Single

9. If not single, was child: born first, second, third, etc.

10. Date of birth: June 9 1906

11. Hour of birth: Not stated

12. Name of father: O. H. Burnett

13. Age at last birthday: 32

14. Birthplace: Kentucky

15. Name of mother: Nellie Pugle

16. Age at last birthday: 30

17. Birthplace: Kentucky

18. Usual residence: Orofino, Idaho

19. Occupation: Housework

20. Informant: Mother

21. Attendant: Midwife

22. Address: Orofino, Idaho

23. Filed: June 29, 1953

24. Registrar: W. T. Barton

25. Remarks: Delayed birth

I hereby certify that the above is a true and correct copy of the original birth record filed with the Division of Vital Statistics.

Witness my hand and seal of the State Department of Public Health this 29th day of June, 1953.

W. T. Barton
State Registrar

Deputy

CERTIFICATE OF DELAYED REGISTRATION OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. 2855-A
Local Reg. No.
Reg. Dist. No.

REGISTRAR

1. Registered on all items at birth

2. Date of birth: June 9 1906

3. Place of birth: a. County: Clearwater b. City or Town of birth:

4. Usual residence of mother: a. County: Clearwater b. City or Town:

5. Color or race: White

6. Full name of child: Willie Pugle

7. Sex: Male

8. This birth was: Single

9. If not single, was child: born first, second, third, etc.

10. Date of birth: June 9 1906

11. Hour of birth: Not stated

12. Name of father: O. H. Burnett

13. Age at last birthday: 32

14. Birthplace: Kentucky

15. Name of mother: Nellie Pugle

16. Age at last birthday: 30

17. Birthplace: Kentucky

18. Usual residence: Orofino, Idaho

19. Occupation: Housework

20. Informant: Mother

21. Attendant: Midwife

22. Address: Orofino, Idaho

23. Filed: June 29, 1953

24. Registrar: W. T. Barton

25. Remarks: Delayed birth

I hereby certify that the above is a true and correct copy of the original birth record filed with the Division of Vital Statistics.

Witness my hand and seal of the State Department of Public Health this 29th day of June, 1953.

W. T. Barton
State Registrar

Deputy

413-130-035-436

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53-211
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perc (b) City Lenore
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perc
(c) City Lenore
(d) Street Address or R.F.D. No. One
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Amos Delos Mathews

5. Date of Birth of Child (Month, day, year) Dec 30, 1906

6 Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lee Mathews
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace WEST VIRGINIA (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bernice Elizabeth Mc Fadden
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace ALMOTA WASH (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 46 years, and that Esther McFadden (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x J P McFadden Signature
1315-15th St Clarkston Wash P. O. Address

Subscribed and sworn to before me this 21 day of Feb 1953.
(SEAL) Paul Schermerhorn, Notary Public, residing at Clarkston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 2, 1953 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

331-121-010-614

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 214
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Henry Harold Clark
2. Date of Birth (month) (day) (year): Nov. 21 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bonneville
b. City or Town of Birth: Shelley

FATHER

6. Full Name of Father: Henry Clark
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Lydia Martha Wadsworth
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harold H. Clark
11. Present Address of Registrant

NOTARY (Seal)

Subscribed and sworn to before me on: 27 February 1953
12. Signature of Notary: [signature]
13. Notary Commission expires: Sept. 20 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church record	L.D.S. Church, Joseph Fielding Smith	10/6/52	First recorded on March 1, 1908

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 21, 1906	Shelley, Idaho	Lydia M. Wadsworth	Henry Clark

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School record (Sr. High)	Idaho Falls Senior High School Elmer S. Crowley, Principal	2/20/53	Entered school September 1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
15 yrs old		Lydia Wadsworth Clark	Henry E. Clark

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	March 2, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

CHILD	1. Name of child (If not known, so state)
	2. Sex
	3. Date of birth (Month, day, year)
	4. City or town of birth
	5. Hospital (Name) (If not in hospital, give street address or location)
FATHER	6. Full name of father
	7. Birthplace of father (State or country)
MOTHER	8. Full maiden name of mother
	9. Birthplace of mother (State or country)
AFFIDAVIT	I hereby declare upon oath (or affirmation) that the statements above made are true to the best of my knowledge and belief.
	10. Signature of affiant
	11. Present address of affiant
	Subscribed and sworn to before me on (Date)
	12. Notary Commission expires

Date Issued: [illegible]

Item No.	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
1	School record (Jr. High)	Idaho Falls Senior High School Elmer E. Gentry, Principal	Entered school 1922
2	Birth record	L.D.S. Church, Idaho Falls, Idaho	March 1, 1908

Date of Birth: 12 yrs old
Birth Place: [illegible]
Full Name of Mother: [illegible]
Name of Father: [illegible]

Date of Birth: [illegible]
Birth Place: [illegible]
Type of Document: [illegible]
By whom issued and signed: [illegible]
Date Issued / Date Orig. Entry: [illegible]
Name of Father: [illegible]

Date of Birth: [illegible]
Birth Place: [illegible]
Full Name of Mother: [illegible]

Date of Birth: [illegible]
Birth Place: [illegible]
Type of Document: [illegible]
By whom issued and signed: [illegible]
Date Issued / Date Orig. Entry: [illegible]
Name of Father: [illegible]

Date of Birth: [illegible]
Birth Place: [illegible]
Full Name of Mother: [illegible]

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Registrar	Evidence received by	Date filed
T. F. Tenson	Idaho Facilities	March 2, 1955

Class A Abortion Class B Stillbirth Class C Registered Normal Birth

Class D Abortion Class E Stillbirth Class F Registered Normal Birth

666-108-031-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53-293
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Mohler
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Mohler
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Otto Fowler

5. Date of Birth of Child (Month, day, year) Jan. 8, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William A. Fowler
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Unknown (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary S. Johnson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Nevada (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Rose Wilhite (First name) (Last name) who is related as sister of mother (Mother, etc.)

25. Attendant's **OWN** signature R. E. Dunlap M.D. ~~Midwife~~ Address Craigmont Idaho Date 3/6-53

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 24, 1953 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

MAR 24 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

544-205-040-463

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53-306
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Kellogg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Kellogg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Esther Louise Emmingham

5. Date of Birth of Child (Month, day, year) June 5, 1906

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Stowell Emmingham
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Blue Rapids, Kansas (City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Mercantile

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther May Doty
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Gransburg, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Esther Emmingham (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature T. R. Mason M.D. ~~Midwife~~ Address Kellogg, Idaho Date 3-12-53

AFFIDAVIT

State of Idaho
County of Shoshone } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar

Form DPH-51130

MAR 8 1968

MAR 26 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

231-120-022-294

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-340
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Orrell Nephi Blackburn
2. Date of Birth (month) (day) (year): Jan 20 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Archer Idaho Fremont
b. City or Town of Birth: Archer Idaho

FATHER

6. Full Name of Father: Nephi Lorin Blackburn
7. State or Country of Father's Birth: Bountiful Utah

MOTHER

8. Full Maiden Name of Mother: Mary Ann Nimber
9. State or Country of Mother's Birth: Grouse Creek Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Orrell Nephi Blackburn
11. Present Address of Registrant: Las Vegas Nevada

NOTARY (Seal)

Subscribed and sworn to before me on: March 31 1953
12. Signature of Notary: Lois Craig
13. Notary Commission expires: Feb 27 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Honorable Discharge	United States Army	7-16-24	
Class* B	Date of Birth: 18 yrs 10 months	Birth Place: Archer, Ida.	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Identification Card	Operating Engineer, Captian of the Port		Oct. 12, 1943
Class B	Date of Birth: 37 yrs old	Birth Place: Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Census Record	Department of Commerce Bureau of the Census		1920 Census
Class B	Date of Birth: 12 yrs old	Birth Place: Idaho	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		Apr. 3, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health
Division of Vital Statistics
Boise, Idaho

State Registrar
Local Reg.
Reg. Dist. No.

REGISTRANT Person whose birth is being registered	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)	
	3. Color or Race	4. Sex	5. Place of Birth (county)	6. Birth or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on March 31 1953	12. Signature of Notary	13. Notary Public

APR 3

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class				
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing contract.

Name Registrar	Evidence reviewed by	Date Filed
[illegible]		Apr. 3, 1953

*Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least [illegible] years old.

FORM [illegible]

433-123-001-154

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-362
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Floyd Anderson McClurg		2. Date Of Birth (month) (day) (year): January 23, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Ada b. City or Town of Birth: Eagle
FATHER	6. Full Name of Father: Cameron Webster McClurg		7. State or Country of Father's Birth: Packwood, Iowa,
MOTHER	8. Full Maiden Name of Mother: Myrtle Theresa Anderson		9. State or Country of Mother's Birth: Packwood, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Floyd A McClurg	11. Present Address of Registrant: 8088 Carpenter Road El Paso, Texas
NOTARY (Seal)	Subscribed and sworn to before me on: March 16, 1953	12. Signature of Notary: Mabel Felder	13. Notary Commission expires: May 7 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Penn Mutual Life Ins. Co.	Date issued: Oct. 23, 1933	Date Orig. Entry: 10-23-1933
Class*	Date of Birth: 1906 January 23, 1906 Birth Place: Eagle, Idaho	Full Name of Mother: beneficiary Myrtle T. McClurg	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Class A School Dist. #2 A,a County	Date issued: 1922	Date Orig. Entry: to 1925
Class B	Date of Birth: Jan. 23, 1906 Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: present at birth Affidavit by Aunt	By whom issued and signed: Pearl H. McClurg	Date issued: Apr. 1, 1953	Date Orig. Entry:
Class B	Date of Birth: Jan. 23, 1906, Eagle, Idaho Birth Place:	Full Name of Mother: Myrtle Theresa McLurg	Name of Father: Cameron Webster McClurg	

QUALIFYING INFORMATION

Employment record, Pacific Greyhound Lines, gives the date of employment as March 23, 1931, date of birth given as Jan 23, 1906.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Felder	April 10, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 10 1953

APR 1971

DELAYED CERTIFICATE OF BIRTH

PERSON
1. Full name at birth: Edward Anderson McGlary
2. Date of birth: January 23, 1900
3. Place of birth: a. City: Malo b. County: Adams c. State: Idaho
4. Sex: Male
5. Color or race: White
6. If not white, what race or tribe:

PARENTS
7. Father's full name: Spencer Lorenzo McGlary
8. Father's birthplace: Malo, Idaho
9. Mother's maiden name: Virginia Theresa Anderson
10. Mother's birthplace: Pocatello, Idaho

AFFIDAVIT
11. Person making statement: Spencer Lorenzo McGlary
12. Residence: 8300 Carpenter Road, El Paso, Texas
13. Relationship: Father

I hereby declare that the above statements are true to the best of my knowledge and belief.

NOTARY
Subscribed and sworn to before me on: January 15, 1953
14. Signature of Notary: [illegible]
15. Notary Commission expires: [illegible]

DOCUMENTARY EVIDENCE
16. Document: Insurance Policy
17. Date of document: 1930
18. Birth Place: [illegible]
19. Issued by: Penn Mutual Life Ins. Co.
20. Date issued: Oct. 23, 1933
21. Name of Father: Demi Moriarty

DOCUMENTARY EVIDENCE
16. Document: [illegible]
17. Date of birth: [illegible]
18. Birth Place: [illegible]
19. Issued by: [illegible]
20. Date issued: 10-23-1933
21. Name of Father: [illegible]

DOCUMENTARY EVIDENCE
16. Document: Record of Baptism
17. Date of birth: [illegible]
18. Birth Place: [illegible]
19. Issued by: [illegible]
20. Date issued: [illegible]
21. Name of Father: [illegible]

DOCUMENTARY EVIDENCE
16. Document: Affidavits of Two Persons
17. Date of birth: [illegible]
18. Birth Place: [illegible]
19. Issued by: Pearl H. McGlary
20. Date issued: April 1, 1953
21. Name of Father: Spencer Lorenzo McGlary

Supplemental record: Medical Certificate, Army Induction, Army Separation, Employment as Miner (1)

Date of death [illegible]

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person and that a laboratory examination has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

Registrar: [illegible]

Date filed: April 10, 1953

"Class A Records are those made and dated before the registrant's fifth birthday or those made after the fifth birthday but at least 1 year before registration.

Class B Records are those made after the fifth birthday but at least 1 year before registration.

2362037044-296

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-382
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edna May Stover

2. Date of Birth: October 3 1906

3. Color or Race: White

4. Sex: Female

5. Place of Birth: a. County: Washington; b. City or Town of Birth: Weiser

FATHER

6. Full Name of Father: William Stover

7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Emma Wetherill Brown

9. State or Country of Mother's Birth: Montana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edna May Stover Cavness

11. Present Address of Registrant: Coronado Yacht Club, Coronado, California

NOTARY (Seal)

Subscribed and sworn to before me on: March 12 1953

12. Signature of Notary: Clara T. Hill

13. Notary Commission expires: April 28 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Newspaper Announcement	Weiser Signal	Oct. 6, 1906	
Class* A	Date of Birth / Birth Place: Oct. 3, 1906, Weiser, Idaho	Full Name of Mother	Name of Father: William Stover	
SUPPORTING RECORD 2.	Marriage Record	State of Idaho Washington County	Dec. 25, 1925	
Class B	Date of Birth / Birth Place: 19 yrs old / Weiser, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Child's birth certificate	On file Bureau of Vital Statistics, Boise, Ida. #18169	3-38-30	
Class B	Date of Birth / Birth Place: 23 yrs old / Weiser, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary F. Benson	April 15, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elma May Stover	2. Date of Birth (month) (day) (year): October 3 1906
	4. Color or Race: White; 5. Sex: Female; 6. Place of Birth: Washington; 7. Country of Birth: Weiser	
FATHER	Full Name of Father: William Stover	7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Emma Wetherill Brown	9. State or Country of Mother's Birth: Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: Coronado Yacht Club, Coronado, California
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission expires: [illegible]

APR 15 [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Newspaper [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible] Birth Place: [illegible]	Full Name of Mother: [illegible]	Date Orig. Entry: [illegible]
			Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: Marriage Record	By whom issued and signed: State of Idaho, Washington County	Date Issued: Dec. 25, 1925
	Date of Birth: 19 yrs old; Birth Place: Weiser, Idaho	Full Name of Mother:	Date Orig. Entry:
			Name of Father:
SUPPORTING RECORD 3	Type of Document: Child's Birth Certificate	By whom issued and signed: On file Bureau of Vital Statistics, [illegible]	Date Issued: [illegible] 3-28-30
	Date of Birth: [illegible] old; Birth Place: Weiser, Idaho	Full Name of Mother:	Date Orig. Entry:
			Name of Father:
QUALIFIED INFORMATION			

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible] Jensen	[illegible]	April 15, 1953

*Class A Records are those made and filed before the [illegible] birthday.
Class B Records are those made after the [illegible] birthday [illegible] at least [illegible] years [illegible]

Form OSH [illegible]

391-211-023-343

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-403
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Marie Crawford
2. Date of Birth (month) Feb (day) 11 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Emmett Gem
b. City or Town of Birth: Emmett

FATHER

6. Full Name of Father: Elishia Jerden Crawford
7. State or Country of Father's Birth: Kentucky

MOTHER

8. Full Maiden Name of Mother: Christina Ellen Tuttle
9. State or Country of Mother's Birth: Tenn

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Marie Crawford
11. Present Address of Registrant: Crouch Ida

NOTARY (Seal)

Subscribed and sworn to before me on: March 4th 1953
12. Signature of Notary: Elsie M. Webb
13. Notary Commission expires: Jan. 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	viewed by Elsie Family Bible, M. Webb, Notary Public		Feb. 11, 1906
Class* A	Date of Birth / Birth Place: Feb. 11, 1906, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Roscoe Ward, M. D.	Date Issued: June 12, 1938	Date Orig. Entry
Class B	Date of Birth / Birth Place: Feb. 11, 1906, Emmett, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Christine Ellen Crawford	Date Issued: Apr. 10, 1953	Date Orig. Entry
Class B	Date of Birth / Birth Place: Feb. 11, 1906, Emmett, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Apr. 22, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DECEASED

319 105021-365

Federal Security Agency
U. S. P. H. S.

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
State of Idaho

State File No. De53-429
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Franklin (b) City Preston
   (c) Street address or R.F.D. No. North State
   (d) Name of Hospital or Maternity Home: At residence
   (e) Mother's stay BEFORE delivery:
   In Hospital or Materity Home - - Days
   In THIS County 41 years months days

2. **USUAL RESIDENCE of MOTHER (Always fill in these)**
   (a) State Idaho (b) County Franklin
   (c) City Preston
   (d) Street address or R.F.D. No. North State
   (e) How long has MOTHER lived in Idaho? 41 yrs.
   (f) Mother's mailing address (for registration notice): North State (Street or R.F.D.) Preston (Postoffice)

3. **RESIDENCE OF FATHER** Preston, Idaho (City, State)

4. **FULL NAME OF CHILD** Ronald Allen Larson

5. **DATE OF BIRTH** July 5, 47 (Month, day, year)

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd - -

8. No. months of Pregnancy 9 months

FATHER OF CHILD

10. **FULL NAME** Lee Allen Larson
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Preston, Idaho (City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Condie
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Preston, Idaho (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business - -

22. Was a standard serological test for syphilis performed? Yes ..... No X Approximate date .....
23. Name prophylactic used to prevent Ophthamia Neonatorum Argyrol
24. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
    (c) Born alive and now dead - (d) Stillborn -

25. I HEREBY CERTIFY That I attended the birth of this child, who was April 5, 1947 (Born alive, stillborn) at 4 A M. on the date and at the place stated above, and that personal particulars were furnished by Olive Condie Larson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

27. (a) April 27, 1953 (Date received) (b) W. W. Benson (Registrar's signature)

28. Given name added on ..... by ..... (Registrar's signature)

26. **Attendant's OWN signature** O. R. Cutler, M.D. (D.O., Midwife, etc.)
and address Preston Ida. Date 4-17-53

APR 28 1953

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

299-121-009-235

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 432
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Joseph JAMES Kirkpatrick
2. Date Of Birth (month) May (day) 21 (year) 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bonner Cty
b. City or Town of Birth: Sandpoint Ida

FATHER

6. Full Name of Father: William Kirkpatrick
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Mary Steg
9. State or Country of Mother's Birth: Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Joseph James Kirkpatrick
11. Present Address of Registrant: Coeur d'Alene, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on April 17th 1953
12. Signature of Notary: Benjamin E. Knox
13. Notary Commission expires: May 10th 1953

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom Issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	St. Joseph's Church	Baptized	June 20, 1913

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 21, 1913	Sandpoint, Idaho	Mary Steg	William Kirkpatrick

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School record	Gertrude C. Bower, Supt. of Public Instruction, Sandpoint,	4/24/53	School term Sept, 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 21, 1913			

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	April 27, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

REGISTRANT

1. Registrant's Full Name at Birth

2. Date of Birth (month) (day) (year)

APR 28 1955

(Person whose Birth is being registered)

3. Color or Race 4. Sex 5. Place of Birth 6. County 7. City or Town of Birth

FATHER

8. Full Name of Father

9. State or Country of Birth

MOTHER

8. Full Maiden Name of Mother

9. State or Country of Mother's Birth

APPLICANT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

SOFARM (Seal)

Subscribed and sworn to before me on

12. Signature of Notary

13. Notary Commission expires

19 53

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD	Type of Document: Certificate of Baptism	By whom issued and signed: St. Joseph's Church	Date Issued: Legalized	Date Orig. Entry: [illegible]
	Date of Birth (Birth Place)	Full Name of Mother	Name of Father	
	[illegible]		[illegible]	
SUPPORTING RECORD 2	Type of Document: School record	By whom issued and signed: Gertrude C. Fowler, Supt. of Public Instruction, Sanpoint	Date Issued: 4/24/53	Date Orig. Entry: School [illegible] Sept. 1919
	Date of Birth (Birth Place)	Full Name of Mother	Name of Father	
Class B	Nov 21, 1918			
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth (Birth Place)	Full Name of Mother	Name of Father	
Class				

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics (Bureau) and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar: R. W. [illegible]son	Evidence reviewed by: [illegible]	Date Filed: April 27, 1953

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday, but not at least 5 years ago.

Form [illegible]

168-215-014-799

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-442
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Aueta Emaline Johnson	2. Date Of Birth (month) (day) (year): 1 15 1906	
	3. Color or Race: white; 4. Sex: F.; 5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa, Ida	
FATHER	6. Full Name of Father: James Sam Johnson	7. State or Country of Father's Birth: Athens, Tenn.	
MOTHER	8. Full Maiden Name of Mother: Elizabeth J. Grimes	9. State or Country of Mother's Birth: Cambridge Ohio.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Aueta E. Johnson Buchanan	11. Present Address of Registrant: Route 3 Boise, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: April 30 1953	12. Signature of Notary: G. L. McAfee	13. Notary Commission expires: Notary Public Residing at Boise, Idaho My Commission expires Dec. 31, 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit of Mother	Elizabeth Jane Johnson	4/30/53	4/30/53
Class* B	Date of Birth: Jan 15, 1906 — Birth Place: Nampa, Idaho	Full Name of Mother: Elizabeth Jane Johnson	Name of Father:	
SUPPORTING RECORD 2.	Birth Certificate of Son	Bureau of Vital Statistics State of Idaho #256511	7/2/37	5/6/37
Class B	Date of Birth: 31 yrs old — Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Life Insurance Policy	A. O. U. W. of North Dakota	4/6/27	4/6/27
Class B	Date of Birth: 21 yrs old — Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Eva Karnes	Apr. 30, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DUPLICATE CERTIFICATE OF BIRTH

STATE OF IDAHO

Class B

Birth Certificate of Son

Date of Birth: [illegible]

Name of Mother: Elizabeth Jane Johnson

Name of Father: [illegible]

Type of Document: 21 yrs old Idaho

By whom Issued and signed: Department of Vital Statistics, State of Idaho

Date Issued: 12/27

Date Orig. Entry: 5/6/27

Class B

Date of birth: [illegible]

Full name of Mother: [illegible]

Type of Document: Life Insurance Policy

By whom Issued and signed: A. O. U. W. of North Dakota

Date Issued: [illegible]

Date Orig. Entry: 1/16/27

Class B

21 yrs old

Date of birth: [illegible]

Full name of Mother: [illegible]

Name of Father: [illegible]

Date Issued: 12/27

Date Orig. Entry: 5/6/27

Class B

Birth Certificate of Son

Date of Birth: [illegible]

Full name of Mother: Elizabeth Jane Johnson

Name of Father: [illegible]

Date Issued: 12/27

Date Orig. Entry: 5/6/27

Class B

Date of birth: [illegible]

Full name of Mother: Elizabeth Jane Johnson

Name of Father: [illegible]

Date Issued: 1/20/27

Date Orig. Entry: 1/20/27

Class B

21 yrs old

Date of birth: [illegible]

Full name of Mother: [illegible]

Name of Father: [illegible]

Date Issued: [illegible]

Date Orig. Entry: [illegible]

Class B

Birth Certificate of Son

Date of Birth: [illegible]

Full name of Mother: [illegible]

Name of Father: [illegible]

Date Issued: [illegible]

Date Orig. Entry: [illegible]

Class B

Date of birth: [illegible]

Full name of Mother: [illegible]

Name of Father: [illegible]

Date Issued: [illegible]

Date Orig. Entry: [illegible]

663-201-036-595

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-455
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Blanche Thelma Wold
2. Date of Birth (month) (day) (year): July 1 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Preston Idaho, Oneida
b. City or Town of Birth: Preston, Idaho

FATHER

6. Full Name of Father: Christian O. Wold
7. State or Country of Father's Birth: Christiana (Oslo) Norway

MOTHER

8. Full Maiden Name of Mother: Annie Nielsen
9. State or Country of Mother's Birth: Milton, Morgan County, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Blanche T. Wold Minson
11. Present Address of Registrant: Station 1- Box 436 Provo, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: May 4 1953
12. Signature of Notary: John C Hayes
13. Notary Commission expires: Jan 12 1957

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record	L. D. S. Church	Blessed	Sept. 9, 1906
Class* A	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 1, 1906, Preston, Idaho	Annie Nielsen	Christian O. Wold	
SUPPORTING RECORD 2.	Church Record	L. D. S. Church	Baptised	July 1, 1914
Class B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 1, 1906, Preston, Idaho	Annie Nielsen	Christian O. Wold	
SUPPORTING RECORD 3.	Affidavit by sister	Marion Wold Bishop	Apr. 29, 1953	
Class B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 1, 1906, Preston, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Freeman	May 6, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF NEVADA

MAY 21 1957

MAY 1958

238-223-014-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-464
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: GRACE ERNESTINE SCHRECONGOST
2. Date of Birth (month) October (day) 23 (year) 1906
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Idaho Canyon County
b. City or Town of Birth: Emmett, Idaho

FATHER

6. Full Name of Father: Anderson Martin Schrecongost
7. State or Country of Father's Birth: Pennsylvania

MOTHER

8. Full Maiden Name of Mother: Anna Agusta Schnable
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Grace E. Buck
11. Present Address of Registrant: Route No. 2—Emmett, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: May 7 1953
12. Signature of Notary: Mabel Fielder
13. Notary Commission expires: May 7 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit of Mother	Anna Agusta Schrecongost	5/1/53	5/1/53
Class* B	Date of Birth / Birth Place: Oct 23, 1906 Emmett, Idaho	Full Name of Mother: Anna Agusta Schrecongost	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Birth Certificate of Son	By whom issued and signed: Bureau of Vital Statistics State of Idaho #158595	Date Issued: 2/11/28	Date Orig. Entry: 1/4/28
Class B	Date of Birth / Birth Place: 21 yrs old Emmett, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit of	By whom issued and signed: Samuel D. Riggs	Date Issued: 1/27/53	Date Orig. Entry: 1/27/53
Class B	Date of Birth / Birth Place: Oct 23, 1906 Emmett, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Eva Karnes	May 7, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GRACE ERNESTINE SCHRECONGOST	2. Date of Birth (month) October (day) 23 (year) 1906	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Idaho; a. County: Canyon County; b. City or Town of Birth: Emmett, Idaho
FATHER	6. Full Name of Father: Anderson Martin Schrecongost	7. State or Country of Father's Birth: Pennsylvania	
MOTHER	8. Full Maiden Name of Mother: Anna Agusta Schnable	9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	10. Signature of Registrant: [signature]	11. Present Address of Registrant: Route No. 2—Emmett, Idaho	
NOTARY (Town)	12. Signature of Notary: [signature]	13. Notary Commission expires: May 7 19 57	

Subscribed and sworn to before me on May 7 19 53

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit of Mother	By whom issued and signed: Anna Agusta Schrecongost	Date Issued: 5/4/53	Date Orig. Entry: 5/1/53
Class* B	Date of Birth: Oct 23, 1906; Birth Place: Emmett, Idaho	Full Name of Mother: Anna Agusta Schrecongost	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Birth Certificate of Son	By whom issued and signed: Bureau of Vital Statistics, State of Idaho #158595	Date Issued: 2/11/23	Date Orig. Entry: 2/4/28
Class B	Date of Birth: 21 yrs old; Birth Place: Emmett, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit of	By whom issued and signed: Samuel L. Higgs	Date Issued: 1/27/53	Date Orig. Entry: 1/27/53
Class B	Date of Birth: Oct 23, 1906; Birth Place: Emmett, Idaho	Full Name of Mother	Name of Father	

ADDITIONAL INFORMATION

REGISTRAR'S CERTIFICATE (Class 1) I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Eva Karnes	May 7, 1953

*Class 4 Records are those made and dated before [illegible] birthday.
Class 5 Records are those made after [illegible] years old.

Emmett Idaho May 1st 1953

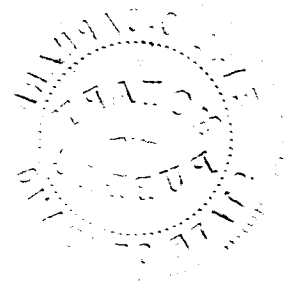
This is to Certify that Grace Ernestine Schreeongost Buck was born at Emmett Idaho Oct. 23rd 1906

Anna Agusta Schreeongost Mother

State of Idaho
County of Gem

On this 1st day of May 1953 personally appeared before me Earl C. Barnard a Notary Public in and for said county and state, Anna Agusta Schrecongost known to me to be the person whose name is subscribed to the above statement.

Earl C. Barnard
Notary Public
Residing at Emmett, Idaho
My. Com. Exp. 3-3-56



Emmett, Idaho Jan 27th 1953

Re-Grace Shrecongost Buck.

Gentlemen:

This is to certify that Grace Shrecongost Buck was born at Emmett, Idaho Oct. 23rd 1906. It is my pleasure to have known the parents of Mrs. Buck, and all her brothers and Sisters.

Signed,

Samuel D. Riggs

STATE OF IDAHO)
)SS
COUNTY OF GEM)

On this 27th day of January, in the year 1953, before me, BERNARD F. GRATTON, a Notary Public in and for said State, personally appeared, SAM D. RIGGS, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.

Bernard F. Gratton

Notary Public for Idaho
Residing at Emmett, Idaho

MAY 8 1959

STATE OF IDAHO)
)SS
COUNTY OF GEM)

On this 27th day of January, in the year 1958, before me, BERNARD F. GRATTON, a Notary Public in and for said State, personally appeared, SAM D. RIGGS, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

[illegible] WHEREOF, I have hereunto set [illegible] official seal, the day and year in this certificate first above written.

Notary Public for Idaho
Residing at Emmett, Idaho

BERNARD F. GRATTON
NOTARY PUBLIC
STATE OF IDAHO

617-217-014-65 5

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-494
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HAZEL MARY WAGONER
2. Date Of Birth: (month) 7 (day) 17 (year) 1906
3. Color or Race: white
4. Sex: f
5. Place of Birth: a. County: IDAHO
   b. City or Town of Birth: Nampa

FATHER

6. Full Name of Father: Woodford Gaines Wagoner
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Lilly Bell Weeks
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hazel Wagoner Baldwin
11. Present Address of Registrant: 8872 - 50th N E Seattle

NOTARY (Seal)

Subscribed and sworn to before me on May 12 1953

12. Signature of Notary: K. Wright
13. Notary Commission expires: December 15 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Child's birth certificate	Aurora Hospital Aurora, Illinois	Mch 6, 1929	
Class* B	**Date of Birth / Birth Place:** July 17, 1906, Nampa, Idaho	**Full Name of Mother**	**Name of Father**	
SUPPORTING RECORD 2.	Hospital Record	The Swedish Hospital Seattle, Washington		10-5-1939
Class B	**Date of Birth:** 33 yrs old / **Birth Place:** Idaho	**Full Name of Mother**	**Name of Father**	
SUPPORTING RECORD 3.	Insurance Policy	West Coast Life Insurance Co.		Oct. 3, 1934
Class B	**Date of Birth / Birth Place:** July 17, 1906, Idaho	**Full Name of Mother**	**Name of Father**	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Hedden	May 15, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 17 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa, Idaho

4. **FULL NAME OF CHILD** Hazel Mary Wagoner

5. Date of Birth of Child (Month, day, year) 7-17-1906

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Leg

FATHER OF CHILD

10. **FULL NAME** Woodford Gaines Wagoner
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Indianopolis, (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lilly Bell Weeks
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Nevada, (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Yakima. } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 44 years, and that Hazel ~~Mary~~ ~~Wagoner~~ (First name) (Last name), who attended this birth Mid Wife unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie Bell Wagoner Signature

606 S Wasco Ave Wapato. P. O. Address

Subscribed and sworn to before me this 25 day of November., 19 50

(SEAL) [signature], Notary Public, residing at Wapato.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by, Registrar.

MAY 15 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

626-122-029-383

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-503
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Otto Raymond Oswalt			2. Date Of Birth (month) January (day) 22 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Latah	b. City or Town of Birth: Moscow	
FATHER	6. Full Name of Father: Thomas Berton Oswalt			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Rosy Ellen Lyle			9. State or Country of Mother's Birth: Washington	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Otto R Oswalt	11. Present Address of Registrant: Zillah, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: May 12 19 53		12. Signature of Notary	13. Notary Commission expires: Feb. 14 19 56	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Elsie Mae Jones	Date Issued: May 13, 1953	Date Orig. Entry
Class* B	Date of Birth: Jan. 22, 1906 Birth Place: Moscow, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit of father	By whom issued and signed: Thomas B. Oswalt	Date Issued: May 11, 1953	Date Orig. Entry
Class B	Date of Birth: Jan. 22, 1906 Birth Place: Moscow, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: St. Ignatius Hospital	Date Issued: July 5, 1946	Date Orig. Entry
Class B	Date of Birth: Jan. 22, 1906 Birth Place: Moscow, Idaho	Full Name of Mother Colfax, Wn.	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Felder	May 18, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Full Name at Birth: Otto Raymond Gewalt
2. Date of Birth (month) (day) (year): January 22 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth: Idaho County: Latah
6. City or Town of Birth: Moscow

FATHER

7. Full Name of Father: Thomas Berton Gewalt
8. State or Country of Father's Birth: Iowa

MOTHER

9. Maiden Name of Mother: [illegible] Ellen Lyle
10. State or Country of Mother's Birth: Washington

AFFIDAVIT

11. Present Address of Registrant: Zillah, Washington
12. Signature of Registrant: [signature]
13. Notary Commission Expires: Feb. 14 19 56

NOTARY (Seal)

Subscribed and sworn to before me on 12 19 53

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by Sister
By whom issued and signed: [illegible]
Date Issued: May 13, 1953
Date Orig. Entry:
Date of Birth | Birth Place
Full Name of Mother
Name of Father

SUPPORTING RECORD 2.

Type of Document: Affidavit of Father
By whom issued and signed: Thomas B. Gewalt
Date Issued: May 11, 1953
Date Orig. Entry:
Date of Birth | Birth Place: Jan. 22, 1906, Moscow, Idaho
Full Name of Mother
Name of Father

SUPPORTING RECORD 3.

Type of Document: Child's Birth Certificate
By whom issued and signed: [illegible] Hospital
Date Issued: July 5, 1956
Date Orig. Entry:
Date of Birth | Birth Place: Jan. 22, 1906, Moscow, Idaho
Full Name of Mother: Wolfax, Wm.
Name of Father

QUALIFIED INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Chief Registrar: W. W. Hodson
Evidence reviewed by: [signature]
Date Filed: May 18, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

668-128-014-267

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-616
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Paul Benjamin Woyak
2. Date Of Birth (month) (day) (year): March 28 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Nampa Idaho
b. City or Town of Birth: Nampa

FATHER

6. Full Name of Father: Benedykt Woyak
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Alexandra Bogusiewich
9. State or Country of Mother's Birth: Poland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Paul Benjamin Woyak
11. Present Address of Registrant: 223 Spruce Kingston Washington

NOTARY (Seal)

Subscribed and sworn to before me on: april 16 1952
12. Signature of Notary: Louise Greenstreet
13. Notary Commission expires: aug 10 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Application for Insurance
By whom issued and signed: Mutual Benefit Health Assoc.
Date Issued:
Date Orig. Entry: Aug. 1, 1942
Date of Birth: 1908 36 years
Birth Place: Idaho
Full Name of Mother:
Name of Father:
Class*: B

SUPPORTING RECORD 2.

Type of Document: Census record
By whom issued and signed: Department of Commerce Bureau of the Census
Date Issued: Census of 1930
Date Orig. Entry:
Date of Birth: 24 yrs old
Birth Place: Idaho
Full Name of Mother:
Name of Father:
Class: B

SUPPORTING RECORD 3.

Type of Document: Application for
By whom issued and signed: Social Security
Date Issued:
Date Orig. Entry: Dec. 2, 1936
Date of Birth: Mch. 28, 1906
Birth Place: Nampa, Idaho
Full Name of Mother: Alice Bogusiewitz
Name of Father: Ben Benedykt Woyak
Class: B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Mabel Keeler
Date Filed: June 17, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Hosp. Clerk No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): March 22 1906
	3. Color or Race: [illegible]	4. Sex: [illegible]
	5. Place of Birth: [illegible] County: [illegible]	6. City or Town of Birth: Wayne
FATHER	6. Full Name of Father: [illegible] Woyak	7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: Poland
AFFIDAVIT	I hereby certify that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 19[illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission expires: [illegible] 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Insurance	By whom issued and signed: Mutual Benefit Health Assoc.	Date Issued:	Date Orig. Entry: Aug. 1, 1942
Class: A	Date of Birth: 1906 / 35 years	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Census record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued:	Date Orig. Entry: Census of 1930
Class: B	Date of Birth: 24 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Application for	By whom issued and signed: Social Security	Date Issued:	Date Orig. Entry: Dec. 2, 1936
Class:	Date of Birth: Feb. 28, 1906	Birth Place: Hampa, Idaho	Full Name of Mother: Alice Bogusiewitz	Name of Father: Ben Benedykt Woyak

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Place Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	June 17, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form [illegible]

8/9-225-035-241

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-648
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Elizabeth Hartung			2. Date Of Birth (month) July (day) 25th, (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Cameron, Idaho.
FATHER	6. Full Name of Father: Carl Hartung			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Emilie Kujavski			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Bertha Elizabeth Hartung	11. Present Address of Registrant: Kendrick, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: March 30th, 1953		12. Signature of Notary	13. Notary Commission expires: January 11th, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Ev. Luth. Church	Date Issued: Baptized	Date Orig. Entry: Sept. 9, 1906
Class* B	Date of Birth / Birth Place: July 25, 1906, Nez Perce County,	Full Name of Mother: Emilie Kujavski	Name of Father: Carl Hartung	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Carl Hartung	Date Issued: April 21, 1953	Date Orig. Entry:
Class B	Date of Birth / Birth Place: July 25, 1906, Cameron, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Breeden	Date Filed: June 24, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Local Reg. No.

Reg. Dist. No.

REGISTRANT

1. Registrant's Full Name of Birth: Bertha Elizabeth Hartung

2. Date of Birth: July 25th, 1906

3. Sex: Female

4. Place of Birth: Ben Bergen

5. City or Town of Birth: Cameron, Idaho.

6. Full Name of Father: Carl Hartung

7. State or Country of Father's Birth: Germany

8. Full Maiden Name of Mother: Willie Kujavski

9. State or Country of Mother's Birth: Germany

AFFIDAVIT

1. I hereby certify that the above statements are true to the best of my knowledge and belief.

2. Signature of Registrant: [illegible]

3. Present Address of Registrant: Kendrick, Idaho.

4. Subscribed and sworn to before me: March 30th, 1953

5. Signature of Notary: [illegible]

6. Notary Commission expires: January 11th, 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Ev. Luth. Church	Baptized	Sept. 9, 1906

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	Carl Hartung

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit of Father	Carl Hartung	April 21, 1953	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 25, 1906	Cameron, Idaho		

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Hanson

Evidence reviewed by: [illegible]

Date Filed: June 24, 1953

Class 1 Records are those made and dated before the Registration Month of Birth.
Class 2 Records are those made after the Month of Birth, but are at least 1 year

819-204-022-215

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De53-678
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LYDIA EVA S. HARRIS
2. Date of Birth (month) March (day) 4, (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Salem

FATHER

6. Full Name of Father: George H. B. Harris
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Victoria Sandgreen
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs J. V. Redford
11. Present Address of Registrant: #10 Rockwood Court, San Francisco, California

NOTARY (Seal)

Subscribed and sworn to before me on June 29 1953

12. Signature of Notary: Dorothy D Edmundson
13. Notary Commission expires: November 20 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Certificate of Baptism	L. D. S. Church	Baptized	July 25, 1914
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	March 4, 1906, Salem, Idaho	Victoria J. Sandgreen	Geo. H. B. Harris	
SUPPORTING RECORD 2. Class A	Family Record	Family L. D. S. Record		Mch. 4, 1906
	Mch 4, 1906, Salem, Idaho	Victoria J. Sandgreen	Geo. H. B. Harris	
SUPPORTING RECORD 3. Class B	Affidavit by father	George H. B. Harris	June 17, 1953	
	Mch. 4, 1906, Salem, Idaho		Geo. H. B. Harris	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary Helen	July 8, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 8 1953

397-207-040-113

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-679
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clara Maria Lippa
2. Date of Birth (month) (day) (year): March 7, 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Wallace, Idaho Shoshone
b. City or Town of Birth: Wallace, Idaho

FATHER

6. Full Name of Father: Nichola Lippa At Home - Maple St.
7. State or Country of Father's Birth: Italy

MOTHER

8. Full Maiden Name of Mother: Eleonora Jacometti
9. State or Country of Mother's Birth: Italy

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clara M. Lippa Sawyer
11. Present Address of Registrant: 2090 Lincoln St Paul 5, Minn

NOTARY (Seal)

Subscribed and sworn to before me on: July 7 1953
12. Signature of Notary: Minnette P. Hulsiek
13. Notary Commission expires: MINNETTE P. HULSIEK, Notary Public, Ramsey Co., Minn. My commission expires Sept. 14, 1985

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Certificate of Baptism	Roman Catholic Church	Baptized	Oct. 14, 1906
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	March 7, 1906, Wallace, Idaho	Eleonora Jacometti	Nichola Lippa	
SUPPORTING RECORD 2. Class B	Insurance Policy Record	Mutual Life Insurance Co.		1934
	March 7, 1906, Wallace, Idaho			
SUPPORTING RECORD 3. Class B	School Record	Class A School District #393 Wallace, Idaho		1912 to 1924
	March 7, 1906, Wallace, Idaho			
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary Keeler	July 10, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

CERTIFICATE OF BIRTH
STATE OF IDAHO

Registrar	1. Registrant's Full Name at Birth: Clara Clark [illegible]	2. Date of Birth: Month [illegible] Day [illegible] Year 1902	
Person whose birth is being registered	3. Color or Race: [illegible]	4. Sex: [illegible]	5. Place of Birth: [illegible]
	6. Place of Birth: [illegible]	7. Country of Father's Birth: Italy	
Mother	8. Full Maiden Name of Mother: Eleonora Jacometti	9. State or Country of Mother's Birth: Italy	
Applicant	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]	
	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]	

Subscribed and sworn to before me on [illegible]

Supporting Record 1	Type of Document: Certificate of Baptism	By whom issued and signed: Roman Catholic Church	Date Issued: Baptizen	Date Orig. Entry: Oct. 14, 1906
	Date of Birth: Birth Place: March 7, 1906, Wallace, Idaho	Full name of Mother: Eleonora Jacometti	Name of Father: Nicholas Tippa	
Supporting Record 2	Type of Document: Insurance Policy Record	By whom issued and signed: Mutual Life Insurance Co.	Date Issued:	Date Orig. Entry: 1934
	Date of Birth: Birth Place: March 7, 1906, Wallace, Idaho	Full name of Mother:	Name of Father:	
Supporting Record 3	Type of Document: School Record	By whom issued and signed: Clara A. [illegible] Wallace, Idaho	Date Issued:	Date Orig. Entry: 1912 to 1924
	Date of Birth: Birth Place: March 7, 1906, Wallace, Idaho	Full name of Mother:	Name of Father:	

Qualifying Information

Certificate: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been [illegible], which substantiates the facts as set forth in the [illegible] registrant.

Signature of Registrar	Evidence reviewed by	Date Filed
[illegible] W. Benson	[illegible]	July 10, 1952

[illegible]

613-228-022-695

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 694
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GRACE LOUISE WALZ			2. Date of Birth (month) NOV (day) 28 (year) 1906	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: BURTON EREMONT	b. City or Town of Birth: REXBURG	
FATHER	6. Full Name of Father: CONRAD WALZ			7. State or Country of Father's Birth: GERMANY	
MOTHER	8. Full Maiden Name of Mother: LENA WIETER			9. State or Country of Mother's Birth: GERMANY	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Grace Louise Walz	11. Present Address of Registrant: REXBURG, IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: JULY 13 1953		12. Signature of Notary: John Lewis	13. Notary Commission expires: JANUARY 5 1957	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church, by B. F. Gwilliam, Clerk	Date Issued:	Date Orig. Entry: Blessed on Feb. 3, 1907
	Date of Birth: Nov. 28, 1906 / Birth Place: Burton, Idaho	Full Name of Mother: Lena Wieter Walz	Name of Father: Conrad Walz	
SUPPORTING RECORD 2. Class B	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church, by Chas. G. Thomason, Bishop	Date Issued: 7/12/53	Date Orig. Entry: Baptized on Nov. 28, 1914
	Date of Birth: Nov. 28, 1906 / Birth Place: Burton, Idaho	Full Name of Mother: Lena Weiter	Name of Father: Conrad Walz	
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	July 14, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Local Reg. Dist. No.

JUN 15 1953

JUN 27 1956

REGISTRANT	1. Registrant's Full Name of Birth GRACE LOUISE WALZ	2. Date of Birth (month) NOV (day) 28 (year) 1906	
Person whose birth is being registered	3. Sex of Person WHITE F	4. Place of Birth BURTON EREMONT	5. City or Town of Birth REXBURG
FATHER	6. Full Name of Father CONRAD WALZ	7. State or Country of Father's Birth GERMANY	
MOTHER	8. Full Maiden Name of Mother LENA WIETER	9. State or Country of Mother's Birth GERMANY	
AFFIDAVIT	10. Sworn before me upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant REXBURG, IDAHO
NOTARY (Seal)	13. Subscribed and sworn to before me on JULY 15 1953	14. Signature of Notary	15. Notary Commission expires JANUARY 5 1957

APPLICATION TO BE WRITTEN BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document Certificate of Baptism	By whom issued and signed [illegible]	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class				
SUPPORTING RECORD 2	Type of Document Certificate of Baptism	By whom issued and signed [illegible]	Date Issued 7/19/53	Date Orig. Entry Nov. 28, 1956
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class				
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class				

CERTIFICATE INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] registrant.

Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible] 1953

*Class A-Records [illegible] those made and [illegible] the Registrar's Courts [illegible]
*Class B-Records [illegible] those made after the [illegible] at least 5 years old.

413-209-028-419

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 725
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WINNIFRED GEORGIAN MACK	2. Date Of Birth (month) Aug. (day) 9 (year) 1906
	3. Color or Race: WHITE; 4. Sex: FEMALE; 5. Place of Birth a. County: IDAHO KOOTENAI	b. City or Town of Birth: RATHDRUM IDAHO
FATHER	6. Full Name of Father: GEORGE ALBERT MACK	7. State or Country of Father's Birth: Rock Co. Illinois
MOTHER	8. Full Maiden Name of Mother: MARTHA (EMMA) KIZIAH MARTIN	9. State or Country of Mother's Birth: McDONALD Co. MISSOURI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Winnifred G. Haines; 11. Present Address of Registrant: So 2401 Havana
NOTARY (Seal)	Subscribed and sworn to before me on: July 23 1953	12. Signature of Notary: C. Kraiger; 13. Notary Commission expires: 11/15 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible record of family births		By whom issued and signed	Date issued	Date Orig. Entry: Aug. 9, 1906
Class* A	Date of Birth: Aug. 9, 1906	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Census record		By whom issued and signed: Bureau of the Census	Date issued: 7/1/53	Date Orig. Entry: Census of April 15, 1910
Class A	Date of Birth: 4 yrs old	Birth Place: Idaho	Full Name of Mother: Emma Mack	Name of Father: George A. Mack	
SUPPORTING RECORD 3.	Type of Document: No. 84 Birth certificate of child		By whom issued and signed: Washington State Board of Health	Date issued: Filed on 3/20/26	Date Orig. Entry: Child born on March 20, 1926
Class B	Date of Birth: 19 yrs old	Birth Place: Rathdrum, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Edna Hamilton	July 28, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): Aug. 9, 1906
	3. Color or Race: [illegible]	4. Place of Birth (Ward, Country): [illegible]
	5. Sex: Female	6. City or Town of Birth: Rathdrum, Idaho
FATHER	6. Full Name of Father: George A. Bert Mack	7. State or Country of Father's Birth: Rock Co., Illinois
MOTHER	8. Full Maiden Name of Mother: Kiziah Martin	9. State or Country of Mother's Birth: McDonald Co. Missouri
AFFIDAVIT	9. Affiliate declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: [illegible]
MOTARY	10. Subscribed and sworn to before me on [illegible] 19[illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission expires: [illegible] 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed:	Date Issued:	Date Orig. Entry: [illegible]
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
Class:				
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: 7/1/[illegible]	Date Orig. Entry: [illegible]
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
Class:				
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
Class:				

REGISTRATION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which does substantiate the facts as set forth in the foregoing Abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

*Class A Records are those made and dated before the applicant's fourth birthday.
Class B Records are those made after the fourth birthday, but are at least 1 year old.

866405102 3-942

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 823
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Glen Ronald Hood
2. Date of Birth (month) Oct. (day) 5 (year) 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Gem
b. City or Town of Birth: Emmett

FATHER

6. Full Name of Father: James Hood
7. State or Country of Father's Birth: Scotland

MOTHER

8. Full Maiden Name of Mother: Jemima Russell
9. State or Country of Mother's Birth: Scotland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Glen Ronald Hood
11. Present Address of Registrant: 2869 Ivanhoe St Denver Colorado.

NOTARY (Seal)

Subscribed and sworn to before me on August 25 1953

12. Signature of Notary: Samuel Ramick
13. Notary Commission expires: My Commission expires October 22, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	L. D. S. Church, by Ella D. Jack, Custodian	8/18/53	Blessed on Oct. 5, 1906
Class* A	Date of Birth / Birth Place: October 5, 1906 Emmett, Ida.	Full Name of Mother: Jemima Russell	Name of Father: James Hood	
SUPPORTING RECORD 2.	Certificate of Baptism	L. D. S. Church, by Ella D. Jack, Custodian	8/18/53	Baptized on Oct. 5, 1914
Class B	Date of Birth / Birth Place: Oct. 5, 1906 Emmett, Idaho	Full Name of Mother: Jemima Russell	Name of Father: James Hood	
SUPPORTING RECORD 3.	Affidavit by brother	Gordon Hood	8/21/53	
Class B	Date of Birth / Birth Place: Oct. 5, 1906 Emmett, Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Edna Hamilton	Aug. 27, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics

Local Reg. No.
Reg. Dist. No.

REGISTRANT — 1. Registered Full Name at Birth: Glenn Leonard Flood

2. Date of Birth: Oct. 5, 1906

3. Color or Race: White

4. Sex: Male

5. Place of Birth: Emmett, Idaho

6. City or Town of Birth

FATHER — 7. Full Name of Father: Glenn Flood

8. State or Country of Father's Birth: Idaho

MOTHER — 9. Full Maiden Name of Mother: Jemima Russell

10. State or Country of Mother's Birth: Idaho

AFFIANT — I hereby declare upon oath that the statements are true to the best of my knowledge and belief.

11. Personal Address of Registrant: Emmett, Idaho

12. Signature of Registrant: Glenn Flood

13. Date Signed: Aug. 27, 1959

Subscribed and sworn to before me on Aug. 27, 1959

14. Signature of Notary: W. W. Watson

15. Notary Commission expires: Sept. 20, 1959

EVIDENCE — (Type of Document)

16. Certificate of Baptism

Date of Birth: Oct. 5, 1906 Emmett, Idaho

Name of Person Where Filed: Catholic Church

Date Filed: 8/25/53

Name of Father: Gordon Flood

Full Name of Mother: Jemima Russell

By Whom Issued and Signed: I. D. Church, by Ila D. Jack, Custodian

Date Issued: 8/26/53

Name of Father: James Flood

Full Name of Mother: Jemima Russell

By Whom Issued and Signed: I. D. Church, by Ila D. Jack, Custodian

Date Issued: 8/26/53

Baptized on Oct. 5, 1906

735-210-038-853

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-837
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bessie Agnes Glennon
2. Date of Birth (month) (day) (year): March 10 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho Payette
b. City or Town of Birth: Emmett

FATHER

6. Full Name of Father: Lawrence Edward Glennon
7. State or Country of Father's Birth: Clark County, Mo.

MOTHER

8. Full Maiden Name of Mother: Virginia Ellen Hecox
9. State or Country of Mother's Birth: Clark County, Mo.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bessie G. Wunnenberg
11. Present Address of Registrant: 4009 Carson Rd., St. Louis 21, Mo.

NOTARY (Seal)

Subscribed and sworn to before me on: August 28 1953
12. Signature of Notary: Virginia L Florence
13. Notary Commission expires: My Commission Expires May 5, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School Record	Board of Education City of St. Louis	entered	Sept. 7, 1915
Class* B	Date of Birth / Birth Place: Mch 10, 1906, Idaho	Full Name of Mother: Virginia Glennon	Name of Father:	
SUPPORTING RECORD 2.	Application to	Aid Association for Lutherans		July 12, 1931
Class B	Date of Birth / Birth Place: Mch. 10, 1906,	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Record of Baptism	St. Jacobi Lutheran Church	Baptized	1930
Class B	Date of Birth / Birth Place: Mch. 10, 1906,	Full Name of Mother Jennings, Mo. Virginia Hecox	Name of Father: Lawrence Glennon	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Mabel F Elder	Sept. 2, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

SEP 2 1960

1. Registrant's full name at birth: Angelo Amigo Cifarrone
2. Color or race (W, Negro, etc.): W
3. Place of birth (City, county, and State): Preston, Franklin County, Idaho
4. Date of birth (month, day, year): March 10, 1906
5. Sex: M
6. Present residence (Number and street, or R. F. D. route, city or town, county, and State): 1009 Carson Rd., Twin Falls, Idaho
7. Mailing address: Same
8. Present occupation (Kind of work done, name of employer): Farmer
9. Name and address of person who will always know your address: Virginia Hoggan, 1009 Carson Rd., Twin Falls, Idaho
10. Married, single, widowed, or divorced: Married
11. Name of wife or husband: Virginia Hoggan
12. Have you ever served in the armed forces of the United States? (Yes or no): No
13. Have you ever been rejected for military service? (Yes or no): No
14. Are you now a member of the organized Reserves, National Guard, Naval Militia, or Naval Reserve? (Yes or no): No
15. Do you claim exemption from training and service because of conscientious objections? (Yes or no): No
16. Do you claim deferment because of dependency? (Yes or no): Yes
17. Have you ever been deferred from training and service because of dependency? (Yes or no): No
18. Are you now employed at an industrial establishment? (Yes or no): No
19. Are you now employed at an agricultural establishment? (Yes or no): Yes
20. Are you now employed at a nonagricultural establishment? (Yes or no): No
21. Are you now employed at a recognized publicly paid vocation? (Yes or no): No
22. Are you now employed at a recognized privately paid vocation? (Yes or no): No
23. Are you now employed at a recognized part-time paid vocation? (Yes or no): No
24. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
25. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
26. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
27. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
28. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
29. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
30. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
31. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
32. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
33. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
34. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
35. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
36. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
37. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
38. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
39. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
40. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
41. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
42. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
43. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
44. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
45. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
46. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
47. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
48. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
49. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No
50. Are you now employed at a recognized part-time unpaid vocation? (Yes or no): No

I, Angelo Amigo Cifarrone, do solemnly swear that the statements are true to the best of my knowledge and belief.

Angelo Amigo Cifarrone

Subscribed and sworn to before me this 2nd day of September, 1960

Virginia L. Hoggan
Notary Public

My Commission Expires May 5, 1962

NOTARIAL SEAL
PUBLIC

761-224-025-133

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-841
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GLADYS ETHEL GOAN		2. Date Of Birth: (month) July (day) 24 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Grangeville
FATHER	6. Full Name of Father: Charles Henry Goan		7. State or Country of Father's Birth: Stanislaus, Co., California	
MOTHER	8. Full Maiden Name of Mother: Mabel Lee Allen		9. State or Country of Mother's Birth: Soldier, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys E. Brammer	11. Present Address of Registrant: Chesapeake, Ohio	
NOTARY (Seal)	Subscribed and sworn to before me on: aug. 6 1953	12. Signature of Notary: Eva R. Earles	13. Notary Commission expires: May 18, 1954	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record		By whom issued and signed: Family Bible viewed by F. A. Ware, County Clerk	Date Issued:	Date Orig. Entry: July 24, 1906
Class* A	Date of Birth: July 24, 1906	Birth Place: W. Virginia	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Census Record		By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: census	Date Orig. Entry: 1920
Class B	Date of Birth: 13 yrs old	Birth Place: Idaho	Full Name of Mother: Mabel L. and	Name of Father: Charles H. Goan	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson		Evidence reviewed by: Mary Reeder	Date Filed: Sept. 3, 1953	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 2 1953

214-12-030-234

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 859
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Otto Bauman
2. Date Of Birth: (month) October (day) 21 (year) 1906
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Idaho — b. City or Town of Birth: Lemhi — Sandy Creek, Lemhi County, Idaho

FATHER

6. Full Name of Father: John Jacob Bauman
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Celia Blumer
9. State or Country of Mother's Birth: Switzerland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Otto Bauman
11. Present Address of Registrant: Tendoy, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: September 4, 1953
12. Signature of Notary: Charles Herndon — Charles Herndon
13. Notary Commission expires: February 14, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Midwife	Mrs. Lucy Grey (was Mrs. Harry Hover at time of birth)	4-13-53	

Class* A

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 21, 1906	Sandy Creek, Ida.	Celia Blumer Bauman	John Jacob Bauman

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	John Jacob Bauman	2/23/53	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 21, 1906	Sandy Creek, Ida.	Celia Blumer Bauman	John Jacob Bauman

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School enrollment record	County Board of Education, Salmon, Maemie R. Ellis, Supt.	9/2/53	School term of 1919 - 1920

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
October 21,	1906		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Sept. 10, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1953 [illegible]

Local Reg. No.

Reg. Dist. No.

Name of Public Health Division of Vital Statistics Boise, Idaho

REGISTRAR: 1. Registrant's Full Name of Birth [illegible]

2. Date of Birth (month) (day) (year) October 21 [illegible]

3. Color or Race [illegible] 4. Place of Birth [illegible] Idaho

5. City or Town of Birth Sandy Creek, Lemhi County, Idaho

FATHER: 6. Full Name of Father [illegible]

7. State or Country of Father's Birth Iowa

MOTHER: 8. Full Maiden Name of Mother [illegible]

9. State or Country of Mother's Birth [illegible]

AFFIDAVIT: [illegible] upon oath that the [illegible] are true to the best of my knowledge and belief.

10. Signature of Registrant [illegible]

11. Present Address of Registrant Tendoy, Idaho

NOTARY: Subscribed and sworn to before me on September 4, 19[illegible]

12. Signature of Notary [illegible] Charles Ferndon

13. Notary Commission expires February 14, 1955

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Midwife	Mrs. Lucy Grey (was Mrs. this Mary Hover at time of birth)	4-13-53	

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class A Oct. 21, 1906 Sandy Creek, Ida. Celia Blumer Bauman John Jacob Bauman

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	John Jacob Bauman	2/23/53	

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class B Oct. 21, 1906 Sandy Creek, Ida. Celia Blumer Bauman John Jacob Bauman

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School enrollment record	County Board of Education Salmon, Jennie S. Ellis, Supt.	2/2/53	School term of 1919 - 1920

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class C October 21, 1906

QUALIFYING INFORMATION

FOR AFFIDAVIT - [illegible] certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature of Registrar	Evidence reviewed by	Date Filed
[illegible] W. Benson	Edna Hamilton	Sept. 10, 1953

Class A [illegible] Class B [illegible]

755-131-020-944

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-873
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Douglas Geerhart
2. Date Of Birth (month) 12 (day) 31 (year) 1906
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: ELMORE County
b. City or Town of Birth: ATLANTA IDAHO

FATHER

6. Full Name of Father: CHARLES SHERMAN GEERHART
7. State or Country of Father's Birth: CHAMPAIGN - ILLINOIS

MOTHER

8. Full Maiden Name of Mother: MARY JANE RUDISILL
9. State or Country of Mother's Birth: POTOWATAMIE IOWA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George D. Geerhart
11. Present Address of Registrant: 409 archer Ave - Boise

NOTARY (Seal)

Subscribed and sworn to before me on August 1 — 1953

12. Signature of Notary: Charles A Rogge
13. Notary Commission expires: 5 — 15 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Honorable Discharge	United States Navy	Dec. 19, 1928	
Class* B	Date of Birth / Birth Place: Dec. 31, 1906, Atlanta, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Employment Record	War Department Army Air Force at Large	Nov. 26, 1942	
Class B	Date of Birth / Birth Place: Dec. 31, 1906, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Insurance Policy	United Benefit Life Insurance Co.	Apr. 8, 1930	
Class B	Date of Birth / Birth Place: Dec. 31, 1906, Atlanta, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Mabel Hedin	Sept. 14, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 8 1963

SEP 16 1963

SEP 15 1963

559-101-040-849

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-886
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William Joseph Vermillion
2. Date of Birth (month) (day) (year): July 1, 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Shoshone
b. City or Town of Birth: Gem

FATHER

6. Full Name of Father: William Fugate Vermillion
7. State or Country of Father's Birth: Near Gates City Scott County, Virginia

MOTHER

8. Full Maiden Name of Mother: Nancy Ann Hartsock
9. State or Country of Mother's Birth: Near Gates City Scott County, Virginia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William Joseph Vermillion
11. Present Address of Registrant: 7 Westside Ave. Wallace, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 8 1953
12. Signature of Notary: W. J. C. Kane
13. Notary Commission expires: May 17 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Insurance	Metropolitan Life Insurance Co.	Oct. 17,	1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 1, 1906	Wallace, Idaho		

SUPPORTING RECORD 2.

Class BB

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Sup't of Instruction Shoshone County, Idaho		Sept. 1916

Date of Birth	Birth Place	Full Name of Mother	Name of Father
10 yrs old			

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	Department of Commerce Bureau of the Census	Census of	1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
13 yrs old	Idaho	Nannie Vermillion	William F. Vermillion

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Reeves	Sept. 18, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Local Reg. No.

Reg. Dist. No.

Department of Health
Division of Vital Statistics
Boise, Idaho

SEP 18 1953

MAR 18 1953

REGISTRANT (Person whose Birth is being registered)	1. Legal Name at Birth: William Joseph Vermillion	2. Date of Birth (month) (day) (year): July 1, 1906
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: Shoshone County	6. City or Town of Birth: Gem
FATHER	8. Full Name of Father: William Eugene Vermillion	7. State or Country of Father's Birth: Near Gates City, Virginia
MOTHER	10. Full Maiden Name of Mother: Nancy Ann Hartsook	9. State or Country of Mother's Birth: Near Gates City, Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Present address of Registrant: Westside Ave. Wallace, Idaho
SIGNATURE (Seal)	Subscribed and sworn to before me on 10-[illegible]	12. Signature of Notary; 13. Notary Commission expires

APPLICATION — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORDS 1	Type of Document: Application for Insurance	By whom issued and signed: Metropolitan Life Insurance Co.	Date Issued: Oct. 17, 1930	Date Orig. Entry
	Date of Birth: July 1, 1906	Birth Place: Wallace, Idaho	Full Name of Mother	Name of Father
Class: [illegible]				
SUPPORTING RECORDS 2	Type of Document: School Record	By whom issued and signed: Superintendent Shoshone County, Idaho	Date Issued	Date Orig. Entry: Sept. 1916
	Date of Birth: 10 yrs old	Birth Place	Full Name of Mother	Name of Father
Class: [illegible]				
SUPPORTING RECORDS 3	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: Census of 1920	Date Orig. Entry
	Date of Birth: 13 yrs old	Birth Place: Idaho	Full Name of Mother: Nannie Vermillion	Name of Father: William F. Vermillion
Class: B				
QUALIFYING INFORMATION				

CERTIFICATE OF REGISTRAR (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the following abstract.

State Registrar: [illegible] Benson	Evidence reviewed by: [illegible]	Date Filed: Sept. 18, 1953

[illegible]

791-22033-362

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 6 1953

State File No. De53 942
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edgar Tanner Pratt		2. Date of Birth (month) (day) (year): November 22 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Rexburg Idaho
FATHER	6. Full Name of Father: Zenos Tanner Pratt		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Emma LeMyra Losser		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edgar Tanner Pratt	11. Present Address of Registrant: 228 Pierce St. Barstow, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: September 3 1953	12. Signature of Notary: San Bernardino County, California Glenn S. Caldwell	13. Notary Commission expires: May 13 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Pamela L. Southwick	Date Issued: Aug. 10, 1953	Date Orig. Entry
Class* B	Date of Birth / Birth Place: Nov. 22, 1906, Rexburg, Idaho	Full Name of Mother: Emma Lemyra Losser	Name of Father: Zenos Tanner Pratt	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: United States Army	Date Issued: Aug. 31, 1945	Date Orig. Entry
Class B	Date of Birth / Birth Place: Nov. 22, 1906 Rexburg, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: #828267 Letter re Insurance Policy and Application	By whom issued and signed: Bankers Life Company, by R. G. Stuart, Supervisor, Records Dept.	Date Issued: Oct. 1, 1953	Date Orig. Entry: Application on Feb. 26, 1929
Class B	Date of Birth / Birth Place: Nov. 22, 1906 Rexburg, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Oct 6, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 7 1953

666-216-025-443

Department of Public Health
Division of Vital Statistics
Boise, Idaho

OCT 22 1953

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ~~De53-982~~
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Inez Lorain Woodworth	2. Date of Birth (month) July (day) 16 (year) 1906
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: a. County Ferdinand Idaho	b. City or Town of Birth
FATHER	6. Full Name of Father: Albert D Woodworth	7. State or Country of Father's Birth: New York (Im sure)
MOTHER	8. Full Maiden Name of Mother: Nora Dutro	9. State or Country of Mother's Birth: S. Decota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Inez Krasselt; 11. Present Address of Registrant: 306 Lane at Mt View
NOTARY (Seal)	Subscribed and sworn to before me on: 18th July 1953	12. Signature of Notary: Norman G Lange; 13. Notary Commission expires: Nov. 1, 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Albert D. Woodworth	Date issued: July 7, 1953	Date Orig. Entry
Class* B	Date of Birth: July 16, 1906; Birth Place: Ferdinand, Idaho	Full Name of Mother: Nora E. Woodworth	Name of Father: Albert D. Woodworth	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Nora E. Woodworth	Date issued: July 7, 1953	Date Orig. Entry
Class B	Date of Birth: July 16, 1906; Birth Place: Ferdinand, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: Washington State Board of Health, Bureau of Vital Statistics	Date issued: (filed 2-3-26	Date Orig. Entry: Child born on Jan. 20, 1926
Class B	Date of Birth: 19 yrs old; Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Edna Hamilton	Oct. 22, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 962
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible] 1906	
	3. Color or Race: N. Sex: [illegible]	5. Place of Birth: [illegible] County	6. City or Town of Birth:
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]	
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 19[illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

OCT 23 1953

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: Albert L. Woodworth	Date Issued: [illegible]	Date Orig. Entry:
	Date of Birth / Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: Affidavit by mother	By whom issued and signed: [illegible] L. Woodworth	Date Issued: [illegible] 1958	Date Orig. Entry:
	Date of Birth / Birth Place: Jul. 15, 1906, Ferdinand, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3	Type of Document: Child's birth certificate	By whom issued and signed: Washington State Board of Health, Bureau of Vital Statistics	Date Issued: [illegible] 2-[illegible]	Date Orig. Entry: Child born on Jan. 20, 1928
	Date of Birth / Birth Place: 19 yrs old	Full Name of Mother: Idaho	Name of Father:	
QUALIFYING INFORMATION				

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible] Benson	Edna Hamilton	Oct. 22, 1953

Date of Birth: [illegible] Class [illegible] are those made [illegible] Class [illegible] are those made [illegible] but are at least [illegible]

632-206-035-845

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

OCT 23 1953

STATE OF IDAHO

State File No. De53 986
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anna Adelia Olsen		2. Date Of Birth (month) Oct. (day) 6 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: ~~Clearwater~~ Nez Perce	b. City or Town of Birth: Russell
FATHER	6. Full Name of Father: Martin Olsen		7. State or Country of Father's Birth: Denmark	
MOTHER	8. Full Maiden Name of Mother: Hattie Huntley		9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anna Olsen Mueller	11. Present Address of Registrant: Orofino, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: October 20 1953	12. Signature of Notary: Gayle Hayden Clerk of the District Court	13. Notary Commission expires: _____ 19____	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School enrollment record		By whom issued and signed: Gayle Hayden, Clerk, District Court, Clearwater County, Orofino	Date Issued: 10/20/53	Date Orig. Entry: Census of Sept. 4, 1916
Class* B	Date of Birth: 9 yrs old	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit		By whom issued and signed: Mary Grimm	Date Issued: 10/20/53	Date Orig. Entry:
Class B	Date of Birth: Oct. 6, 1906	Birth Place: Russell, Idaho	Full Name of Mother: Hattie Huntley Olsen	Name of Father: Martin Olsen	
SUPPORTING RECORD 3.	Type of Document: Affidavit		By whom issued and signed: Frank Grimm	Date Issued: Oct. 20, 1953	Date Orig. Entry:
Class B	Date of Birth: Oct. 6, 1906	Birth Place: Russell, Idaho	Full Name of Mother: Hattie Huntley Olsen	Name of Father: Martin Olsen	

QUALIFYING INFORMATION

Also School Census records of September 15, 1917 and September 19, 1918 show ages as 10 years and 11 years respectively.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Oct. 23, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 23 1963

Also Marlin Olsen

Martin Olsen

Gayle Hansen, Clerk, District Court, Oklahoma County, Oklahoma

Oct. 6, 1918

Africavitz

Mary Grimm

Oct. 6, 1908 Russell, Idaho Nettie Huntley Olsen

Martin Olsen

Africavitz

Frank Grimm

Oct. 6, 1908 Russell, Idaho Nettie Huntley Olsen

Martin Olsen

Also School Census records of December 16, 1917 and September 19, 1918 show ages of 10 years and 11 years respectively.

W. R. Benson

Nona Hamilton

Oct. 23, 1963

289-218-00[illegible]

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
DEC 16 1953

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-1033
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant: Amy Clarice Shipman			2. Date of Birth (month) July (day) 18 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho; a. County: Bonner	b. City or Town of Birth: Glengary	
FATHER	6. Full Name of Father: Jasper Hill Shipman			7. State or Country of Father's Birth: Minnesota	
MOTHER	8. Full Maiden Name of Mother: Clara Augusta Cochennette			9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Amy C. Fennett		11. Present Address of Registrant: W. 514 Dalton Avenue Spokane, Washington.	
NOTARY (Seal)	Subscribed and sworn to before me on: December 3, 1953	12. Signature of Notary: Dave A. Shipp Jr.		13. Notary Commission expires: Nov. 14, 1957	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Census Record	By whom issued and signed: Bonner County Class A School Dist #82, Gertrude Bower, Asst. Supt.	Date Issued: 11-9-53	Date Orig. Entry: Census of Sept. 4, 1917	
Class* B	Date of Birth / Birth Place: 11 yrs old	Full Name of Mother	Name of Father: Jasper Shipman		
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #112777	By whom issued and signed: Metropolitian Life Ins. Co.	Date Issued: June 1, 1931	Date Orig. Entry	
Class B	Date of Birth / Birth Place: 25 yrs old	Full Name of Mother	Name of Father		
SUPPORTING RECORD 3.	Type of Document: Marriage License	By whom issued and signed: R. E. Wise, Auditor Benton County, Wash.	Date Issued: Apr. 29, 1939	Date Orig. Entry	
Class B	Date of Birth / Birth Place: 32 yrs old / Glengary, Idaho	Full Name of Mother: Clara A. Cochennette	Name of Father: J. H. Shipman		
QUALIFYING INFORMATION	Social Security record gives date of birth as July 18, 1906 in Glengary, Idaho				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Nov. 12, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 1033
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Amy Clarice Shipman		2. Date of Birth (month) July (day) 6 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Glengary
FATHER	6. Full Name of Father: Jasper Hill Shipman		7. State or Country of Father's Birth: Minnesota	
MOTHER	8. Full Maiden Name of Mother: Clara Augusta Cochennette		9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Amy C. Kennett	11. Present Address of Registrant: W. 514 Dalton Avenue Spokane, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: November 6, 19 53	12. Signature of Notary: Dave N. Shipp J.	13. Notary Commission expires: November 14, 1953	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Census record	By whom issued and signed: Bonner County Class A. School Dist. 82 Gertrude C. Bower, Asst. Supt.	Date Issued: 11/9/53	Date Orig. Entry: School year of Sept. 4, 1917
Class* B	Date of Birth: 11 yrs old	Birth Place:	Full Name of Mother:	Name of Father: Jasper Shipman
SUPPORTING RECORD 2.	Type of Document: Insurance Policy No. 112777 ml	By whom issued and signed: Metropolican Life Ins. Co.	Date Issued: June 1, 1931	Date Orig. Entry:
Class B	Date of Birth: 25 yrs old	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Marriage License record	By whom issued and signed: R. E. Wise, Auditor Benton County, Washington	Date Issued: License issued Apr. 29, 1939	Date Orig. Entry:
Class B	Date of Birth: 32 yrs old	Birth Place: Glengary, Idaho	Full Name of Mother: Clara A. Cochennette	Name of Father: J. H. Shipman
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Nov. 12, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Date Filed: DEC 1 1953
Local Reg. No.
Vital Stat. No.

REGISTRATION
1. Registrant's Full Name at Birth: Amy Clarice Shipman
2. Date of Birth: July 6 1906
3. Place of Birth: Bonner
4. Sex: Female
5. Place of Birth: Glengary
6. Full Name of Father: Jasper Hill Shipman
7. State or Country of Father's Birth: Minnesota
8. Maiden Name of Mother: Clara Augusta Cochenette
9. State or Country of Mother's Birth: Wisconsin

APR 14 1971

NOV 12 1953

AFFIDAVIT
10. Signature of Registrant
11. Present Address of Registrant: W. 514 Dalton Avenue, Spokane, Washington
12. Signature of Notary
13. Notary Commission expires: November 14, 1953

NOTARY
Subscribed and sworn to before me on: November 6, 1953

SUPPORTING RECORD 1
Type of Document: School Owners record
By whom issued and signed: Bowen County Class A. School Dist. 82
Date Issued: 11/9/53
Date Orig. Entry: School year of Sept. 4, 1917
Date of Birth: 26 yrs old
Birth Place
Full Name of Mother: Gertrude G. Power, Asst. Supt.
Name of Father

SUPPORTING RECORD 2
Type of Document: Insurance Policy No. 112977 [illegible]
By whom issued and signed: Metropolitan Life Ins. Co.
Date Issued: June 1, 1951
Date Orig. Entry
Date of Birth: 26 yrs old
Birth Place
Full Name of Mother
Name of Father

SUPPORTING RECORD 3
Type of Document: Marriage License record
By whom issued and signed: [illegible] Benton County, Washington
Date Issued: Apr. 29, 1969
Date Orig. Entry
Date of Birth: 32 yrs old
Birth Place: Glengary, Idaho
Full Name of Mother: Clara A. [illegible]
Name of Father: [illegible] Shipman

QUALIFYING INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed which substantiates the facts as set forth in the [illegible] abstract.

Registrar: [illegible] Hanson
Evidence Reviewed by: Edna [illegible]
Date Filed: Nov. 12, 1953

566-202-001-445

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-1053
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Laverd Voorhees		2. Date Of Birth (month) (day) (year): Jan. 2 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada; b. City or Town of Birth: Meridian
FATHER	6. Full Name of Father: John Ervin Voorhees		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Helen Edith Dunkin		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Bowers	11. Present Address of Registrant: R. I. Meridian
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 19 1953	12. Signature of Notary: Mabel Fielder	13. Notary Commission expires: May 7 - 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: Jan. 2, 1906	Date Orig. Entry
	Date of Birth / Birth Place: Jan 2, 1906	Full Name of Mother: Helen Edith Voorhees	Name of Father: John Ervin Voorhees	
SUPPORTING RECORD 2. Class B	Type of Document: Application for Membership	By whom issued and signed: Royal Neighbors of America	Date Issued: 1-26-26	Date Orig. Entry
	Date of Birth / Birth Place: Jan. 2, 1906, Meridian, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class B	Type of Document: Child's birth certificate	By whom issued and signed: On file with the #173557 Bureau of Vital Statistics,	Date Issued: Boise	Date Orig. Entry: Aug. 4, 1929
	Date of Birth / Birth Place: 23 yrs old / Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Mabel Fielder	Nov. 19, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED [illegible] OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Stat. File No. [illegible]
Local Reg. No.
Reg. Dist. No.

NOV 20 1953

CHILD	1. Registrant's Full Name of Birth		
Person whose birth is being registered	2. Sex	3. Place of Birth	4. Birth
			5. Duty or Town of Birth
FATHER	6. Full Name of Father		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon path that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Expiration Expires

SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

[illegible] Certificate has been found in the Division of Vital Statistics for this [illegible] and that [illegible] has been reviewed, which substantiates the facts as set forth in the [illegible]

Registrar	Evidence reviewed by	Date Filed
[illegible]		Nov. 19, 1953

493-109-038-693

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De53-1085
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Pogue Milligan		2. Date of Birth (month) August (day) 9, (year) 1906
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Payette County; b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: Jesse William Milligan		7. State or Country of Father's Birth: Arkansas
MOTHER	8. Full Maiden Name of Mother: Mary Belle Willburn		9. State or Country of Mother's Birth: Nevada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Pogue Milligan	11. Present Address of Registrant: Weiser, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 27 1953	12. Signature of Notary: Jessie M. Fraser	13. Notary Commission expires: Notary Public for Oregon March 7, 1957

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit to Establish Birth Record by mother		By whom issued and signed: Mary Belle Dymoke	Date Issued: Nov. 27, 1953	Date Orig. Entry
	Date of Birth: Aug. 9, 1906	Birth Place: Payette, Idaho	Full Name of Mother: Mary Belle Willburn	Name of Father: Jesse William Milligan	
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit to Establish Birth Record by uncle		By whom issued and signed: Ernest C. Milligan	Date Issued: Nov. 30, 1953	Date Orig. Entry
	Date of Birth: Aug. 9, 1906	Birth Place: Payette, Idaho	Full Name of Mother: Mary Belle Willburn	Name of Father: Jesse William Milligan	
SUPPORTING RECORD 3. Class B	Type of Document: Bible Record		By whom issued and signed: Jessie M. Fraser Notary Public	Date Issued: Nov. 30, 1953	Date Orig. Entry
	Date of Birth: Aug. 9, 1906	Birth Place: Payette, Idaho	Full Name of Mother: Mary Belle Willburn	Name of Father: Jesse William Milligan	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson		Evidence reviewed by: Opal Peterson	Date Filed: Nov. 30, 1953	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

318-104.014-81 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DEC 2 - 1953
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-1089
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VICTOR ROY TAYLOR			2. Date Of Birth: (month) Jan (day) 4 (year) 1906	
	3. Color or Race: White	4. Sex: M	5. Place of Birth: a. County: Idaho — Canyon	b. City or Town of Birth: Nampa	
FATHER	6. Full Name of Father: John Jonathan Taylor			7. State or Country of Father's Birth: MISSOURI	
MOTHER	8. Full Maiden Name of Mother: Flora Haskins			9. State or Country of Mother's Birth: MISSOURI	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Victor R. Taylor	11. Present Address of Registrant: 1913 Riverview Dr Pasco, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: 22 October 1953		12. Signature of Notary: Francis A. Curtin 1st Lt MSC Asst. Adj.	13. Notary Commission expires: 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Extract from Service Record, U. S. Army	By whom issued and signed: Francis A. Curtin, 1st Lt., MSC Asst. Adjutant, F.L. Watts, Maj. PC	Date Issued: Adjutant	Date Orig. Entry: Aug. 19, 1947	
	Date of Birth: Jan. 1906	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: Application for Insurance	By whom issued and signed: The Penn Mutual Life Insurance Company	Date Issued:	Date Orig. Entry: Sept. 21, 1932	
	Date of Birth: Jan. 4, 1906	Birth Place: Nampa, Idaho	Full Name of Mother: Flora H. Taylor	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: School Record	By whom issued and signed: North Pacific College of Oregon	Date Issued:	Date Orig. Entry: 1927-1928	
	Date of Birth: Jan. 4, 1906	Birth Place: Nampa, Idaho	Full Name of Mother: Flora H. Taylor	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Ebeler	Date Filed*: Dec. 2, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 2 1963

1. Name of child (If not yet named, so state)		2. Sex	3. Date of birth (Month, day, year)
			Dec. 1, 1963
4. Place of birth (If not in hospital, give street address or location)		5. Name of hospital or institution	6. If born outside hospital or institution, was birth attended by a physician?
7. City or town of birth	8. County of birth	9. State or foreign country of birth	
Nampa	Canyon	Idaho	

MOTHER

10. Full name of mother		11. Maiden name	
Flora Belle Taylor			
12. Residence of mother (State and county)		13. City or town	14. Is residence inside corporate limits?
Idaho, Canyon		Nampa	Yes
15. Mother's mailing address			
Nampa, Idaho			
16. Date of birth (Month, day, year)	17. Age at last birthday (In years)	18. Birthplace (State or foreign country)	
Jan. 1, 1909	54	Idaho	
19. Number of children born alive to this mother including present birth	20. Number of children now living including those born in this birth	21. Number of other births (Fetal deaths, stillbirths, miscarriages)	
2	2	0	

FATHER

22. Full name of father		23. Age at last birthday (In years)	
Harry Taylor		54	
24. Birthplace (State or foreign country)		25. Usual occupation (Give kind of work done during most of working life, even if not now employed)	
Idaho		Farmer	
26. Industry or business			
Farming			

CERTIFICATE OF ATTENDANT

27. I attended the birth of this child who was born alive at the time and date stated above.			
28. Signature and title		29. Date signed (Month, day, year)	
Dr. E. Peterson		Dec. 3, 1963	
30. Address			
Nampa, Idaho			

CERTIFICATE OF PERSON IN CHARGE OF BIRTH

31. I hereby certify that this child was born alive at the time and date stated above.			
32. Signature and title		33. Date signed (Month, day, year)	
34. Address			

REGISTRAR'S CERTIFICATE

35. Date received by local registrar (Month, day, year)	36. Registered number	37. Signature of local registrar	
Dec. 5, 1963			

38. Remarks

Items 1 through 37 are true and correct according to the best of my knowledge and belief.

39. Signature of informant

Flora B. Taylor

40. Address of informant

Nampa, Idaho

41. Date signed (Month, day, year)

Dec. 5, 1963

433-223-014-493

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
APR 13 1952
DIVISION OF VITAL STATISTICS

State File No. De54-22
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lola Alice Mc Clure			2. Date Of Birth (month) 4 (day) 23 (year) 1906	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Notus Ida. Canyon	b. City or Town of Birth: Lowa — Fremont County	
FATHER	6. Full Name of Father: John Fremont Mc Clure			7. State or Country of Father's Birth: Ohio —	
MOTHER	8. Full Maiden Name of Mother: Ada Mae Miller Mc Clure			9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lola Alice Mc Clure Moore	11. Present Address of Registrant: 1402 Arlington St Caldwell, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: 3-13 1952		12. Signature of Notary: M M Benson	13. Notary Commission expires: 3-16 1954	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Birth #42 - Oregon		By whom issued and signed: J. F. Hosch, Physician	Date Issued: 3/6/30	Date Orig. Entry: 3/6/30
Class* B	Date of Birth: 23 years	Birth Place: of age at last birthday	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Life Insurance Policy		By whom issued and signed: Idaho Mutual Benefit Assn.	Date Issued: 5/18/48	Date Orig. Entry: 5/18/48
Class B	Date of Birth: Apr. 23, 1906	Birth Place: Notus, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit - mother		By whom issued and signed: Ada McClure	Date Issued: 1/6/54	Date Orig. Entry:
Class B	Date of Birth: Apr. 23, 1906	Birth Place: Notus, Idaho	Full Name of Mother: Ada McClure	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Opal Peterson	Date Filed: 1/12/54

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 Copy

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth
2. Date of Birth (month) (day) (year)
3. Color or Race
4. Sex
5. Place of Birth
6. County
7. City or Town of Birth

FATHER

6. Full Name of Father
7. State or Country of Father's Birth

MOTHER

8. Full Maiden Name of Mother
9. State or Country of Mother's Birth

APPLICANT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant
11. Present Address of Registrant

ATTACH CITIES

Subscribed and sworn to before me on

12. Signature of Notary
13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Birth	J. F. Moser, Physician	3/6/40	3/6/40
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
22 years of age at last birthday			

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Life Insurance Policy	Idaho Mutual Benefit Assn.	5/18/48	5/18/48
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Apr. 23, 1906 / Notus, Idaho			

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit - Mother	Ada McClure	1/6/54	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Apr. 23, 1906 / Notus, Idaho	Ada McClure		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible] Benson	Opal Peterson	1/12/54

Class A Records are those made and entry before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least [illegible] years old.

FORM DPH [illegible]

693-106-029 REGISTERED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

JAN 13 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 24
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kirk David Wilson		2. Date of Birth (month) Feb. (day) 6 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kendrick Latah	b. City or Town of Birth: Kendrick
FATHER	6. Full Name of Father: Alexander Grace Wilson		7. State or Country of Father's Birth: Scotland	
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Burns		9. State or Country of Mother's Birth: Prince Edward Island	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kirk David Wilson	11. Present Address of Registrant: Kendrick Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 5 1954	12. Signature of Notary: [illegible]	13. Notary Commission expires: June 27 1956	

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Census Record	Department of Commerce Bureau of the Census	census of	1920
Class* B	Date of Birth: 13 yrs 11 mo. Birth Place: Idaho	Full Name of Mother: Mary E. Wilson	Name of Father: Alexander G. Wilson	
SUPPORTING RECORD 2.	Social Security Record	Social Security Board	6-9-37	
Class B	Date of Birth: Feb. 6, 1906 Birth Place: Kendrick, Idaho	Full Name of Mother: Mary Ellen Burns	Name of Father: Alexander Grace Wilson	
SUPPORTING RECORD 3.	Application for Insurance	Idaho Mutual Benefit Association	June 3,	1941
Class B	Date of Birth: Feb. 6, 1906 Birth Place: Kendrick, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Jan. 13, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible] 24

Local Reg. No.

Reg. Dist. No.

REGISTRANT

1. Date of Birth

2. Date of Birth (month) (day) (year)

3. Date of Birth

4. Place of Birth (Country)

5. Place of Birth (City or Town of Birth)

FATHER

6. Full Name of Father

7. State or Country of Father's Birth

MOTHER

8. Full Maiden Name of Mother

9. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

FOTARY (Seal)

Subscribed and sworn to before me on

12. Signature of Notary

13. Notary Commission expires

APPLICANT

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD

Type of Document: Census Record

By whom issued and signed: Bureau of Immigration

Date Issued: Census of 1920

Date Orig. Entry

Date of Birth / Birth Place

Full Name of Mother

Name of Father

Class

SUPPORTING RECORD

Type of Document: Social Security Record

By whom issued and signed: Social Security Board

Date Issued

Date Orig. Entry

Date of Birth / Birth Place: Feb. 6, 1906, Kenorick, Idaho

Full Name of Mother

Name of Father: Alexander Grace Wilson

Class

SUPPORTING RECORD

Type of Document: Application for Insurance

By whom issued and signed: [illegible]

Date Issued: June 3, 1941

Date of Birth / Birth Place: Feb. 6, 1906 Kenorick, Idaho

Full Name of Mother

Name of Father

Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar: [illegible] Gibson

Evidence reviewed by: [illegible]

Date Filed: Jan. 24, 1954

Class I [illegible] Class II [illegible]

962-227.044-285

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
FEB 26 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 152
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Name: Jenny Robertson
2. Date of Birth: (month) Oct (day) 27 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Fruitvale Ida Washington (then) Adams (now) b. City or Town of Birth: Fruitvale

FATHER

6. Full Name of Father: Albert Robertson
7. State or Country of Father's Birth: Idaho - U.S.A

MOTHER

8. Full Maiden Name of Mother: May Mitchell Shearer
9. State or Country of Mother's Birth: Kansas - U.S.A

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jeanne Robertson Ogden
11. Present Address of Registrant: 1115 - 5th Ave No. Seattle

NOTARY (Seal)

Subscribed and sworn to before me on February 24 19 54

12. Signature of Notary: [signature]
Notary Public in and for the State of Washington, Residing at Winslow.
13. Notary Commission expires: COMMISSION EXPIRES JAN. 10, 1955 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Census Record	Bureau of the Census	2/12/54	Census of April 15, 1910
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	3 yrs old / Idaho	May M. Robertson	Albert Robertson	
SUPPORTING RECORD 2. Class B	Affidavit for Marriage License	Robert A. Morris, Auditor, King County, Washington	12/9/53	License secured Jan. 3, 1931
	24 yrs old			
SUPPORTING RECORD 3. Class B	Hospital record	The King County Hospital System, by K. K. Sherwood, M. D., Medical Dir.	12/23/53	Oct. 18, 1931
	Oct. 27, 1906 / Idaho	May Shearer	Albert Robertson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Feb. 26, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 1 1954

SUPPORTING RECORD 1.

Type of Document: (Census) (Family Record)

Date of Birth: Birth Place

Date Issued: 2/12/54

Name of Father

SUPPORTING RECORD 2.

Type of Document:

Date of Birth: Birth Place

Date Issued: 12/9/53

Name of Father

SUPPORTING RECORD 3.

Type of Document: Parental Record

Date of Birth: Birth Place: Oct. 27, 1906

Date Issued: Dec. 31, 1931

Name of Father: Albert Robertson

QUALIFYING INFORMATION

Type of Document

Date of Birth: Birth Place

Name of Father

Date Issued

Date of Birth: Birth Place

Name of Father

Date Issued

Date of Birth: Birth Place

Name of Father

Date Issued

753-109-010 1879

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED MAR 1 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-160
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Morton Petersen			2. Date Of Birth (month) June (day) 9 th (year) 1906
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Providence Hospital	b. City or Town of Birth: Wallace, Idaho
FATHER	6. Full Name of Father: Hans Morton Petersen			7. State or Country of Father's Birth: Bornholm, Denmark
MOTHER	8. Full Maiden Name of Mother: Mattie Christina Larson			9. State or Country of Mother's Birth: Luzerne, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James M. Petersen		11. Present Address of Registrant: 203 Pine Street Wallace, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 26 1954	12. Signature of Notary: Dale L Cornell		13. Notary Commission expires: Jan 3 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Hospital Record	By whom issued and signed: Providence Hospital, Wallace Idaho	Date Issued:	Date Orig. Entry: June 9, 1906
	Date of Birth: June 9, 1906	Birth Place: Wallace, Idaho	Full Name of Mother: Mattie Christina Larson	Name of Father: Hans Morton Peterson
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. M. C. Peterson	Date Issued: Feb. 22, 1954	Date Orig. Entry:
	Date of Birth: June 9, 1906	Birth Place: Wallace, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Freeze		Date Filed: 3-1-54

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

MAR 1 1958

REGISTRANT	1. Registrant's Full Name at Birth: James Morton Petersen	2. Date of Birth (month) June (day) 9 th (year) 1906
(Section whose Birth is being registered)	3. Color or Race: White; 4. Sex: M; 5. Place of Birth: Providence Hospital; 6. County:	7. City or Town of Birth: Wallace, Idaho
FATHER	8. Full Name of Father: Hans Morton Petersen	9. State or Country of Father's Birth: Sornholm, Denmark
MOTHER	10. Full Maiden Name of Mother: Mattie Christina Larson	11. State or Country of Mother's Birth: Luzerne, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [illegible]
		13. Present Address of Registrant: 203 Pine Street, Wallace, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 19[illegible]	14. Signature of Notary: [illegible]
		15. Notary Commission expires: [illegible] 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Hospital Record	By whom issued and signed: Providence Hospital, Wallace	Date Issued	Date Orig. Entry: June 9, 1906
	Date of Birth: June 9, 1906; Birth Place: Wallace, Idaho	Full Name of Mother: Mattie Christina Larson	Name of Father: Hans Morton Petersen	
SUPPORTING RECORD 2	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. M. C. Petersen	Date Issued: Feb. 22, 1906	Date Orig. Entry
	Date of Birth: June 9, 1906; Birth Place: Wallace, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth; Birth Place	Full Name of Mother	Name of Father	
Class				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that accompanying evidence has been reviewed, which substantiates the facts as set forth in the accompanying abstract.

Name Registrar	Evidence Reviewed by	Date Filed
[illegible] W. Benson	[illegible]	3-1-[illegible]

Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday, but are at least 3 years old.

Form [illegible]

866230-001-366

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 177
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elena May Noward
2. Date of Birth (month) October (day) 30 (year) 1906
3. Color or Race: White
4. Sex: Fem.
5. Place of Birth: a. County Boise Ida Ada; b. City or Town of Birth Boise

FATHER

6. Full Name of Father: Guy Payne Noward
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Mary Ethel Cooper
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Robt B Garside
11. Present Address of Registrant: 106 W Indiana

NOTARY (Seal)

Subscribed and sworn to before me on May 8 1953

12. Signature of Notary: E R Garside Notary Public in and for the State of Washington residing at Spokane
13. My Notary Commission expires: Dec 17 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Social Security	Social Security Administration		8-18-47

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 30, 1906	Boise, Idaho		

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital Record	St. Luke's Hospital, Spokane, Wn.		April 1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
25 yrs old			

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Employment	Singer Sewing Machine Company	Sept. 1, 1947	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 30, 1906			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W, W. Benson	Edna Hamilton	March 8, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Registration No.

REGISTRANT

Person whose birth is being registered

1. Registrant's Full Name of Birth

2. Date of Birth

3. Sex

4. Place of Birth

5. County of Town of Birth

MAR 9 1964

FATHER

6. Full Name of Father

7. State or Country of Father's Birth

8. Maiden Name of Mother

9. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

Subscribed and sworn to before me on

12. Signature of Notary

13. Notary Commission expires

APPLICATION — DO NOT WRITE BEYOND THIS LINE

SUPPORTING RECORD 1.

Type of Document

By whom issued and signed

Date Issued

Date Orig. Entry

Date of Birth

Birth Place

Full Name of Mother

Name of Father

SUPPORTING RECORD 2.

Type of Document

By whom issued and signed

Date Issued

Date Orig. Entry

Date of Birth

Birth Place

Full Name of Mother

Name of Father

Class

SUPPORTING RECORD 3.

Type of Document

By whom issued and signed

Date Issued

Date Orig. Entry

Date of Birth

Birth Place

Full Name of Mother

Name of Father

Class B

Oct. 10, 1906

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Date Filed

Registrar

Evidence reviewed

March 9, 1964

*Class A [illegible] are those made and [illegible] before the registrant's fourth birthday.
Class B [illegible] fourth birthday but [illegible] least 5 years old.

389-219-036-231

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-248
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elizabeth Helen Christensen
2. Date of Birth (month) Feb. (day) 19 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Oneida; b. City or Town of Birth: Malad

FATHER

6. Full Name of Father: John Martin Christensen
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Ida L. Scarper
9. State or Country of Mother's Birth: New York.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elizabeth H. Zimmerman
11. Present Address of Registrant: Vale Oregon R.2.

NOTARY (Seal)

Subscribed and sworn to before me on March 31 1954
12. Signature of Notary: Mabel Fyeder
13. Notary Commission expires: May 7 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Family Record	Mother	2/25/1906	2/25/1906

Class* A

Date of Birth	Birth Place	Full Name of Mother	Name of Father
2/19/1906	Malad, Idaho	Ida L. Scarper	John M. Christensen

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Daughters Birth Cert. #147139	V. C. Belknap, M.D.	7/30/1926	7/30/1926

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
20 years of age at time of this birth.	Idaho		

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry

Class

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Opal Peterson	March 31, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

MAR 30 1954

962-210-040-719

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 2 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 262
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Mildred Ross	2. Date of Birth (month) (day) (year): February 10, 1906.
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Gem
FATHER	6. Full Name of Father: Charles Clarence Ross	7. State or Country of Father's Birth: Missouri. (Joplin)
MOTHER	8. Full Maiden Name of Mother: Gracie Ann Parker	9. State or Country of Mother's Birth: Kansas. (Galena)
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Mildred Ross; 11. Present Address of Registrant: Gilvie, Wallace Idaho 64767
NOTARY (Seal)	Subscribed and sworn to before me on: March 30 1954	12. Signature of Notary: KK Bailey; 13. Notary Commission expires: Jan 1 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Census Record, Gem Precinct		By whom issued and signed: Bureau of the Census	Date issued: 3/3/54	Date Orig. Entry: Census of April 15, 1910
	Date of Birth: 4 yrs old	Birth Place: Idaho	Full Name of Mother: Grace Ross	Name of Father: Charles Ross	
SUPPORTING RECORD 2. Class B	Type of Document: School record of age		By whom issued and signed: Mildred S. Badgley, Supt. School Dist. 16, Shoshone Co.	Date issued: 12/17/53	Date Orig. Entry: School census of Sept. 1916- 1917
	Date of Birth: 10 yrs old	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Application for membership		By whom issued and signed: Woman's Benefit Association Eleanor E. Schwikert, Notary Public	Date issued: Jan. 11, 1954	Date Orig. Entry: Application on Apr. 20, 1931
	Date of Birth: Feb. 10, 1906	Birth Place: Gem, Idaho	Full Name of Mother: Grace Parker	Name of Father: Charles C. Ross	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	April 2, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

APR 5 1954

Registrar's Full Name of Birth: Gladys Mildred Ross	Date of Birth: February 10, 1906.
Color or Race: White Female	Place of Birth: Shoshone	Birth of Town of Birth: Gem
Father: Charles Clarence Ross	State or Country of Father's Birth: Missouri. (Joplin)
Mother: Maiden Name of Mother: Grace Ann Parker	State or Country of Mother's Birth: Kansas. (Galena)
Affidavit: Sworn before upon oath that the above statements are true to the best of my knowledge and belief.	Signature of Registrant:
Notary (Seal): Subscribed and sworn to before me on 19	Signature of Notary:
Present Address of Registrant:	Notary Commission expires: 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

Supporting Record A	Type of Document: Census Record, Gem Precinct	By whom issued and signed: Bureau of the Census	Date Issued: 3/5/54	Date Orig. Entry: Census of April 15, 1910
Class: A	Date of Birth: 4 yrs old	Birth Place: Idaho	Full Name of Mother: Grace Ross	Name of Father: Charles Ross
Supporting Record B	Type of Document: School record of age	By whom issued and signed: Mildred S. Tarpley, Supt. School Dist. 16, Shoshone Co.	Date Issued: 12/17/53	Date Orig. Entry: School census of Sept. 1916-1917
Class: B	Date of Birth: 10 yrs old	Birth Place:	Full Name of Mother:	Name of Father:
Supporting Record C	Type of Document: Application for membership	By whom issued and signed: Woman's Benefit Association Eleanor E. Schwikert, Notary Public	Date Issued: Jan. 11, 1954	Date Orig. Entry: Application on Apr. 20, 1932
Class: C	Date of Birth: Feb. 10, 1906	Birth Place: Gem, Idaho	Full Name of Mother: Grace Parker	Name of Father: Charles S. Ross
Qualifying Information				

Reviewed and Certified: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the following abstract.

State Registrar: W. A. Hansen	Evidence reviewed by: Edna Hamilton	Date Filed: April 2, 1954

Note: A Recovery are those made and dated before the Registrant's fourth (4) Bday.
Change of Record are those made after the fourth birthday but are at least 1 year old.

236-214
014-864

RECEIVED APR 17 1954 Division of Vital Statistics

United States Department of Commerce Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De54 311
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. PLACE OF BIRTH:
   (a) County Canyon (b) City Nampa
   (c) Street address or R. F. D. No. Rural
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home ____ Days
   In THIS County 7 years ____ months ____ days

2. USUAL RESIDENCE of MOTHER (Always fill in these)
   (a) State Ida (b) County Canyon
   (c) City Nampa
   (d) Street address or R. F. D. No.
   (e) How long has MOTHER lived in Idaho? 7 yrs.
   (f) Mother's mailing address (for registration notice):
   (Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ira Loyd Stahl

5. DATE OF BIRTH (Month, day, year) June 14 1906

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fredrick Russell Stahl

11. Color or Race White

12. Age at time of THIS birth 23 yrs.

13. Birthplace Elwood Ill
(City or Town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Neoma Yount

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Derby Iowa
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Was a standard serological test for syphilis performed? Yes ____ No X Approximate date ____

23. Name prophylactic used to prevent Ophthalmia Neonatorum Sol. ag nit.

24. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn none

25. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by Neoma Stahl (First name) (Last name), who is related to this child as Mother (Mother, etc.).

27. (a) April 19, 1954 (Date received) (b) W. W. Benson (Registrar's signature)

28. Given name added on ____ by ____ (Registrar's signature)

26. Attendant's OWN signature J. H. Murray, M. D. (D.O., Midwife, etc.)
and address Nampa Ida Date April 15 1954

APR 16 1969

APR 19 1954

LOCAL REGISTRATION OF BIRTHS

MAR 2 1971

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, **within 10 days after the date of birth; and if there** be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? None

Describe:

(2) Birth Injury? None

Describe:

(e) Signature of Physician:

J. H. Mabry

DELAYED

753-103-021-813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De54-338
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Fairview
(c) Street Address or R.F.D. No. Fairview
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Fairview
(d) Street Address or R.F.D. No. Fairview
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Arnold Eugene Peck

5. Date of Birth of Child (Month, day, year) Sep. 3, 1906

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Eugene Peck
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Pleasant Valley Utah (City or town) (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zina Hall
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Fairview Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum yes
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by Zina (Hall) Peck (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Lucy Kent ~~M.D.~~ Midwife Address Eagle Idaho % D.C. Weaver Date 4-26-54

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this 26th day of April 1954

(SEAL) Norval T. Cottrell, Notary Public, residing at Eagle (Ada) Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 27, 1954 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-212-041-335

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAY 5 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-363
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ANNE WALKER		2. Date of Birth (month) DEC. (day) 12 (year) 1906
	3. Color or Race	4. Sex	5. Place of Birth: Idaho; a. County: Teton; b. City or Town of Birth: ~~Boise~~ Driggs
FATHER	6. Full Name of Father: FRANK WALKER		7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: SARAH ELIZABETH CLEMENTS		9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anne Walker Pape	11. Present Address of Registrant: 1509 Boise Ave. Boise Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: March 11 1954	12. Signature of Notary: Charles Ransom	13. Notary Commission expires: Sept. 3, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. Johns Cathedral	Date Issued: Baptized	Date Orig. Entry: Dec. 17, 192[illegible]
Class* B	Date of Birth: Dec. 12, 1906,	Birth Place: Boise, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics Boise, Idaho #187739	Date Issued: Jan. 15, 1931	Date Orig. Entry
Class B	Date of Birth: 24 yrs old	Birth Place: Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: Statement by mother	By whom issued and signed: Sarah Elizabeth Clements	Date Issued: no date	Date Orig. Entry
Class B	Date of Birth: Dec. 12, 1906,	Birth Place: Driggs, Idaho	Full Name of Mother: Walker Sarah Elizabeth Clements	Name of Father: Frank Walker
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Reed	May 5, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 25 1972

MAY 5 - 1964

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State Filing No.
Local Reg. No.
Regd. Birth No.

Registrar
Person whose Birth is being registered

Full Name of Birth
Date of Birth
Sex
Place of Birth
Idaho
Teton
Town of Birth
Driggs

FATHER
Full Name of Father
State or Country of Father's Birth

Mother
Mother's Birth Place
State or Country of Mother's Birth

AFFIDAVIT
Sworn and subscribed to this date
Signature of Registrant
Present Address of Registrant

NOTARY SEAL
Subscribed and sworn to Registrar
Signature of Notary
Notary Commission expires

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1
Type of Document: Certificate of Baptism
By whom issued and signed: St. John's Cathedral
Date Issued: Baptized
Date Orig. Entry: Dec. 12, 1906
Date of Birth / Birth Place: Dec. 12, 1906
Full Name of Mother: Boise, Idaho
Name of Father
Class: B

SUPPORTING RECORD 2
Type of Document: Child's birth certificate
By whom issued and signed: Bureau of Vital Statistics, Boise, Idaho 83733
Date Issued: Jan. 15, 1931
Date of Birth / Birth Place: 24 yrs old Idaho
Full Name of Mother
Name of Father
Class: B

SUPPORTING RECORD 3
Type of Document: Statement by Mother
By whom issued and signed: Sarah Elizabeth Clements
Date Issued: No date
Date Orig. Entry
Date of Birth / Birth Place: Dec. 12, 1906, Driggs, Idaho
Full Name of Mother: Sarah Elizabeth Clements
Name of Father: Frank Walker
Class: B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)
I hereby certify that no prior birth certificate has been found in the division of vital statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: R. W. Benson
Evidence reviewed by
Date Filed: May 5, 1964

Class A Records are those made and dated as are the Registrant's fourth birthday.
Class B Records are those made after the Registrant's fourth birthday, but are at least 5 years old.

DCH-9007

693-213-003

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 29 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-415
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pearl Elizabeth Wilding		2. Date Of Birth (month) June (day) 13 (year) 1906	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Downey Idaho
FATHER	6. Full Name of Father: Heber J. Wilding		7. State or Country of Father's Birth: Salt Lake County, Ut.	
MOTHER	8. Full Maiden Name of Mother: Effie Rozella Bybee		9. State or Country of Mother's Birth: Downey, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl E. McBeth	11. Present Address of Registrant: 624 Palm Ave. Modesto, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: 4/26 1954	12. Signature of Notary: Dan G. Bowen	13. Notary Commission expires: 11/1 1956	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued: Blessed	Date Orig. Entry: Aug. 5, 1906
Class* A	Date of Birth / Birth Place: June 13, 1906, Downey, Idaho	Full Name of Mother: Effie R. Bybee	Name of Father: Heber J. Wilding	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: Baptized	Date Orig. Entry: July 4, 1915
Class B	Date of Birth / Birth Place: June 13, 1906, Downey, Idaho	Full Name of Mother: Rosezillah Bybee	Name of Father: Heber Wilding	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by:	Date Filed: May 24, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF CALIFORNIA,

COUNTY OF Stanislaus } SS.

ON THIS 17th day of May, 19 54, before me, the undersigned

a Notary Public in and for said County and State, personally appeared Pearl W. McBeth, known to me to be the person whose name is subscribed to the within Instrument, and acknowledged to me that she executed the same.

WITNESS my hand and official seal.

Doris E. Hamelton

Notary Public in and for said County and State.

ACKNOWLEDGMENT—General—Form 988
Misc. 147 (G.S.) 9-18-51 2,500

STATE OF CALIFORNIA

COUNTY OF _____

ON THIS _____ day of _____

_____

_____

_

719-226-042-483

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAY 27 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-441
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Mae Parish		2. Date Of Birth (month) June (day) 26 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: Twin Falls, Idaho
FATHER	6. Full Name of Father: Walter Stuart Parish		7. State or Country of Father's Birth: Brown County, Ohio
MOTHER	8. Full Maiden Name of Mother: Nora Belle McCartney		9. State or Country of Mother's Birth: Piatt County, Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel M. Bucklin	11. Present Address of Registrant: 1674 9th Ave East, Twin Falls, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: April 30 1954	12. Signature of Notary: T. W. Stivers	13. Notary Commission expires: CLERK OF COURT 11th JUD. DIST. 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

TWIN FALLS COUNTY

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible viewed by T. W. Stivers, Clerk & Recorder	TWIN FALLS, IDAHO	June 26, 1906
Class* A	Date of Birth: June 26, 1906 / Birth Place: Twin Falls, Id	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Arfidavit by father	Walter S. Parish	Apr. 30, 1954	
Class B	Date of Birth: June 26, 1906 / Birth Place: Twin Falls County	Full Name of Mother: Nora Belle McCartney	Name of Father: Walter S. Parish	
SUPPORTING RECORD 3.	School Record	By whom issued and signed: Supt. of Schools, County of Twin Falls, Idaho	Date Issued: census of	Date Orig. Entry: Oct. , 1914
Class B	Date of Birth: 8 yrs old / Birth Place	Full Name of Mother	Name of Father: W. S. Parish	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary Helen	May 27, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

RECEIVED
STATE OF IDAHO
MAY 27 1954

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT Person whose birth is being registered	1. Registrant's Full Name at Birth Hazel Mae Parish	2. Date of Birth (month) (day) (year) June 26 1906
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Twin Falls	6. City or Town of Birth Twin Falls, Idaho
FATHER	6. Full Name of Father Walter Stuart Parish	7. State or Country of Father's Birth Brown County, Ohio
MOTHER	8. Full Maiden Name of Mother Nora Belle McCartney	9. State or Country of Mother's Birth Piatt County, Illinois
AFFIDAVIT	10. Signature of Registrant [signature]	11. Present Address of Registrant 1624 9th Ave East Twin Falls, Idaho.
	12. Signature of Mother [signature]	13. Notary Commission expires [illegible] 19
	April 30 19 54	

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Bible Record	By whom issued and signed Family Bible Viewed by [illegible]	Date Issued / Date Orig. Entry June 26, 1906
	Date of Birth / Birth Place June 26, 1906	Full Name of Mother [illegible]	Name of Father [illegible]
SUPPORTING RECORD 2.	Type of Document Affidavit by Father	By whom issued and signed Walter S. Parish	Date Issued / Date Orig. Entry Apr. 25, 1954
Class B	Date of Birth / Birth Place June 26, 1906, Twin Falls County	Full Name of Mother Nora Belle McCartney	Name of Father Walter S. Parish
SUPPORTING RECORD 3.	Type of Document School Record	By whom issued and signed [illegible] Twin Falls, Idaho	Date Issued / Date Orig. Entry [illegible] 1954
Class B	Date of Birth / Birth Place 8 yrs old	Full Name of Mother	Name of Father W. S. Parish
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (Recall)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Sign Registrar	Evidence reviewed by	Date Filed
[illegible]	[signature]	May 27, 1954

Class A Records are those made and dated before the registrant's [illegible]
Class B Records are those made and dated [illegible]

216-223-044-769

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAY 26 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-512
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hattie Cleo Sawtelle			2. Date Of Birth (month) Feb (day) 23 (year) 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Weiser, Idaho, Washington	b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: Frederick Garfield Sawtelle			7. State or Country of Father's Birth: Buffalo Meadows, Nevada
MOTHER	8. Full Maiden Name of Mother: Addie May Farrier			9. State or Country of Mother's Birth: Hardman, Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hattie Cleo (Bennett) Sawtelle		11. Present Address of Registrant: 633 East Main, Burley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 1st 1953	12. Signature of Notary: Mary Burgess N.P. for State of Idaho, residing at Burley Idaho		13. Notary Commission expires: Dec. 23 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by midwife	By whom issued and signed: Mrs. Carrie Kuhnley	Date Issued: Sept. 21, 1950	Date Orig. Entry
Class* A	Date of Birth / Birth Place: Feb. 23, 1906, Weiser, Idaho	Full Name of Mother: Addie May Farrier	Name of Father: Frederick Garfield Sawtelle	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt	By whom issued and signed: Etta P. Smith	Date Issued: May 24, 1954	Date Orig. Entry 116
Class B	Date of Birth / Birth Place: Feb. 23, 1906, Weiser, Idaho	Full Name of Mother: [illegible]	Name of Father: Frederick Garfield Sawtelle	
SUPPORTING RECORD 3.	Type of Document: Application for Social Security	By whom issued and signed: Social Security Adm.	Date Issued: 4-29-44	Date Orig. Entry
Class B	Date of Birth / Birth Place: Feb. 23, 1906, Weiser, Idaho	Full Name of Mother: Addie Mae Farrier	Name of Father: Fred Sawtelle	
QUALIFYING INFORMATION				

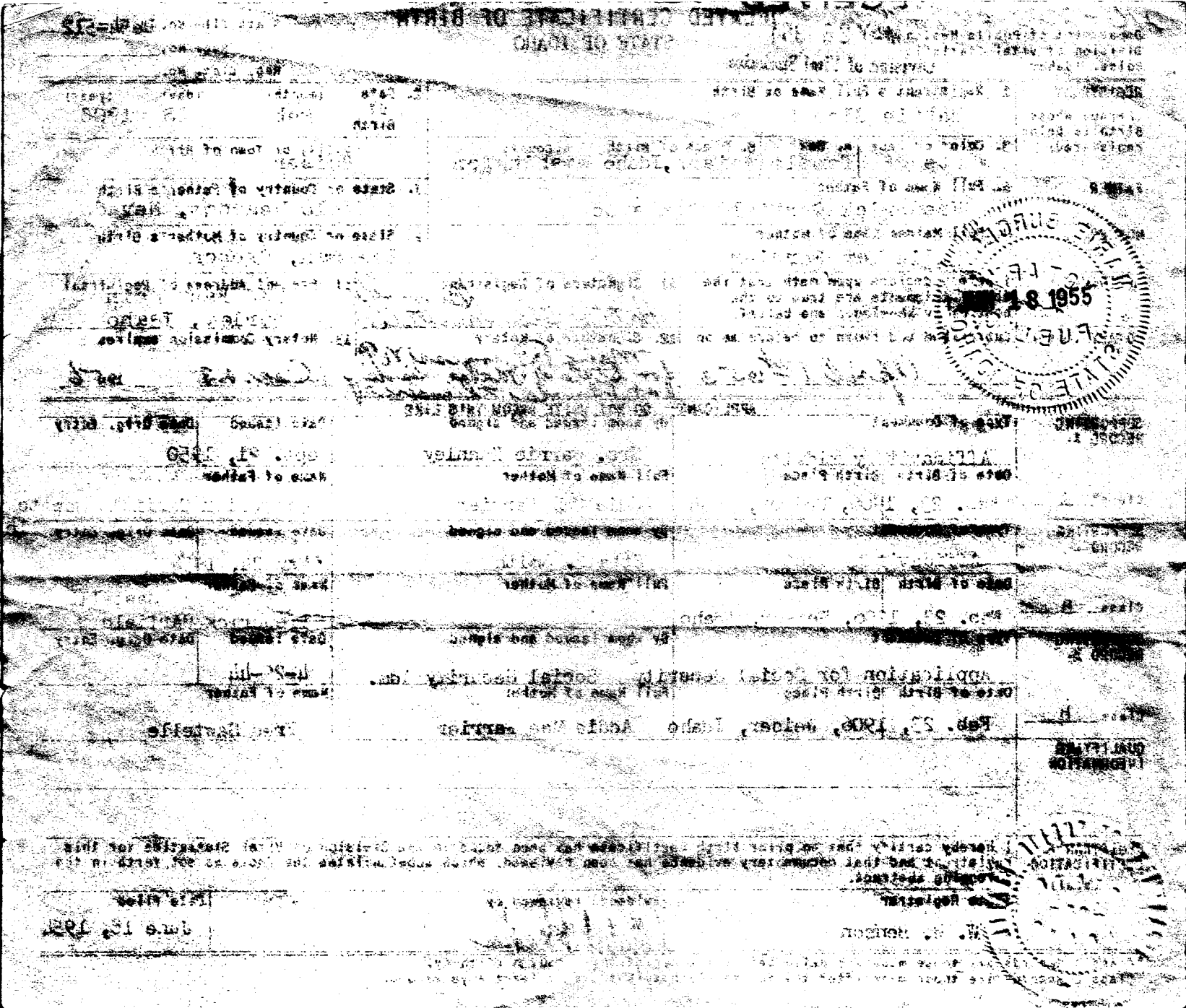
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keeler	June 18, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



443-22-0278-469 (Be sure the information is complete and accurate)

State File No. De54 517

Local Reg. No.

Reg. Dist. No.

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): De Smet, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Home -- Rural

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): De Smet - Rural
d. STREET ADDRESS (If rural, give location): Rural

3. CHILD'S NAME (Type or print)
a. (First): LULU
b. (Middle): ENGERBER
c. (Last): DULL

4. SEX: female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): January 22 1906

FATHER OF CHILD

7. FULL NAME
a. (First): Joseph
b. (Middle): Daniel
c. (Last): Dull

8. COLOR OR RACE: White

9. AGE (At time of this birth): 36 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Waterloo, Iowa

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Kathryn
b. (Middle): (none)
c. (Last): Montanus

13. COLOR OR RACE: White

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Elk Horn, Iowa

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? none
c. How many children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. A. Nelson

18c. ADDRESS: Kellogg Wash

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED: March 26 - 1954

19. DATE REC'D BY LOCAL REG.: June 21, 1954

20. REGISTRAR'S SIGNATURE: W. W. Benson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: WEEKS

22b. WEIGHT AT BIRTH: LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [X]

Approximate date:

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum: Argyrol 5%

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Form DPH-48001

JUN 2 2 1954

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of NO

(b) Labor: Complication NO

— Induced? —

(c) State all operations for delivery none

(d) Did baby have any:

(1) Congenital Malformation? NO

Describe: —

(2) Birth Injury? NO

Describe: —

(e) Signature of Physician:

J. A. Nelson

437-216-028-454

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUN 11 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-573
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name at Birth: Mamie McGlone	2. Date of Birth (month) (day) (year): August 16 1906
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Spirit Lake	b. City or Town of Birth: Idaho, U.S.A.
FATHER	6. Full Name of Father: Herman McGlone	7. State or Country of Father's Birth: Kentucky U.A.S.
MOTHER	8. Full Maiden Name of Mother: Sylvia Meddings	9. State or Country of Mother's Birth: Kentucky U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mamie Haight nee McGlone; 11. Present Address of Registrant: 10112- 89th Street Edmonton, Alta. Canada
NOTARY (Seal)	Subscribed and sworn to before me on: May 28th 19 54	12. Signature of Notary: [signature] nee McGlone; 13. Notary Commission expires: At Pleasure

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: 148947 Certificate of Canadian Citizenship Government of Canada	By whom issued and signed:	Date issued: Sept. 25, 1953	Date Orig. Entry: Naturalization on 10/4/15
Class* B	Date of Birth: Aug. 16, 1906	Birth Place: Spirit Lake, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Affidavit by older brother	By whom issued and signed: Leroy McGlone	Date issued: May 28, 1954	Date Orig. Entry:
Class B	Date of Birth: Aug. 16, 1906	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date issued: 1910 Census	Date Orig. Entry:
Class B	Date of Birth: 3 yrs old	Birth Place: Idaho	Full Name of Mother: Sylvia A. McGlone	Name of Father: Herman A. McGlone
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	July 6, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

JUL 7 1954

REGISTRANT	1. Registration No.
	2. Date of Birth (Month, Day, Year) — August 16, 1905
	3. Place of Birth (City or County, State or Foreign Country) — Idaho, U.S.A.
	4. Usual Residence — Kenilworth
	5. Race — White
	6. Full Name of Registrant — Marie McGlone
FATHER	7. Name — Herman McGlone
	8. Birthplace (State or Foreign Country) — Kentucky U.S.A.
MOTHER	9. Full Maiden Name — Sylvia Meddings
	10. Birthplace (State or Foreign Country) — Idaho U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief
	11. Signature of Registrant — Marie McGlone
NOTARY (Seal)	Subscribed and sworn to before me on — May 26th, 1954
	12. Signature of Notary — [illegible]
	13. Notary Commission Expires — [illegible]

REGISTRAR'S RECORD	1. Registration No.
	2. Date of Birth (Month, Day, Year) — August 16, 1905
	3. Place of Birth — Idaho, U.S.A.
	4. Usual Residence — Kenilworth
	5. Race — White
	6. Full Name of Registrant — Marie McGlone
	7. Name of Father — Herman McGlone
	8. Birthplace of Father — Kentucky U.S.A.
	9. Maiden Name of Mother — Sylvia Meddings
	10. Birthplace of Mother — Idaho U.S.A.
	11. Present Address of Registrant — 4011 E. 57th Street, Kenilworth, Illinois
	12. Name and Address of Employer — [illegible]
	13. Notary Commission Expires — [illegible]

REGISTRANT'S RECORD	Type of Document — Certificate of Canadian Citizenship Issued by Government of Canada
	Date of Birth — Aug. 25, 1953
	Birth Place — Idaho
	Full Name of Mother — Sylvia A. McGlone
	Name of Father — Herman A. McGlone
	Date Issued — Jan. 25, 1955
	Date Orig. Entry — [illegible]
	When Issued and Signed — [illegible]
	Class — B

REGISTRANT'S RECORD	Type of Document — Canadian Citizenship Certificate
	Date of Birth — Aug. 25, 1953
	Birth Place — Idaho
	Full Name of Mother — Sylvia A. McGlone
	Name of Father — Herman A. McGlone
	Date Issued — July 26, 1954
	Date Orig. Entry — [illegible]
	When Issued and Signed — [illegible]
	Class — B

REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.
	State Registrar — W. W. Benson
	Evidence received by — [illegible]
	Date Filed — July 7, 1954

269-205-001-155

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-598
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anna Varenus Borup	2. Date Of Birth (month) (day) (year): March 5 1906
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Idaho ADA	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: David John Borup	7. State or Country of Father's Birth: Goshen Utah
MOTHER	8. Full Maiden Name of Mother: Minnie Jensen	9. State or Country of Mother's Birth: Manti Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anna V Kennedy; 11. Present Address of Registrant: 4820 Roberts Rd Boise Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 15 1954	12. Signature of Notary: [signature]; 13. Notary Commission expires: May 7, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date issued: Baptized	Date Orig. Entry: May 15, 1914
Class* B	Date of Birth: Mch 5, 1906; Birth Place: Boise, Idaho	Full Name of Mother: Minnie Jensen	Name of Father: David John Borup	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics Boise, Idaho #155444	Date issued:	Date Orig. Entry: July 28, 1927
Class B	Date of Birth: 21 yrs old; Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Minnie Jensen Borup	Date issued: July 15, 1954	Date Orig. Entry:
Class B	Date of Birth: Mch 5, 1906; Birth Place: Boise, Idaho	Full Name of Mother: Minnie J. Borup	Name of Father: David John Borup	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	July 15, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

JUL 16 1954

REGISTRAR (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): March 3 1954
	3. Color or Race: a. Sex; 5. Place of Birth: a. County	6. City or Town of Birth: Boise
FATHER	5. Full Name of Father: David John Borup	7. State or Country of Father's Birth: Boston Utah
MOTHER	8. Full Maiden Name of Mother: Minnie Jensen	9. State or Country of Mother's Birth: Manti Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: [illegible] Boise
NOTARY (Seal)	Subscribed and sworn to before me on: [illegible] 19 [illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission expires: May 4, 19 [illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: Applied	Date Orig. Entry: May 15, 1914
	Date of Birth: Mch 5, 1908	Birth Place: Boise, Idaho	Full Name of Mother: Minnie Jensen	Name of Father: David John Borup
Class: B				
SUPPORTING RECORD 2.	Type of Document: Cecil's birth certificate	By whom issued and signed: Bureau of Vital Statistics Boise, Idaho #15444	Date Issued:	Date Orig. Entry: July 28, 1927
	Date of Birth: 21 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father:
Class: B				
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Minnie Jensen Borup	Date Issued: July 15, 1954	Date Orig. Entry:
	Date of Birth: Mch 5, 1908	Birth Place: Boise, Idaho	Full Name of Mother: Minnie J. Borup	Name of Father: David John Borup
Class: B				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Date Registrar: [illegible] Benson	Evidence reviewed by: [illegible]	Date Filed: July 15, [illegible]

Registrar's Signature: [illegible] Registrar's Signature: [illegible]
Clerk's Signature: [illegible] Clerk's Signature: [illegible]

745-209-003-719

RECEIVED
JUL 20 1954
Division of Vital Statistics

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De54-611
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Central.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county years 14 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Central
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 51 yrs.
(f) Mother's mailing address Grace Idaho.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Essie Parke Gunnell

5. Date of Birth (Month, day, year) Jan, 9, 1906

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Archibald Baxter Gunnell

11. Color or Race Am

12. Age at time of THIS birth 28 yrs.

13. Birthplace Wellsville (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Parke

17. Color or Race Am

18. Age at time of THIS birth 27 yrs.

19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nutrat of Silver

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living ____ (c) Born alive and now dead (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) July 20, 1954 (Date received) (b) W. W. Benson (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.) and address Sade Springs Ida Date 5-6-41

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19__

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 21 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

231-223-014-455

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 23 1954
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-628
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARGARET MARIE STATES			2. Date of Birth (month) May (day) 23 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa Idaho
FATHER	6. Full Name of Father: Silas J. States			7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Elizabeth Jane Meece			9. State or Country of Mother's Birth: Kentucky
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Marie States Block		11. Present Address of Registrant: 1146 Beech Street Reno, Nevada
NOTARY (Seal)	Subscribed and sworn to before me on: June 17, 1954.	12. Signature of Notary: A. Anne Murphy		13. Notary Commission expires: January 14, 1958.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Voting Registration	By whom issued and signed: County of Washoe, State of Nevada	Date Issued: Sept. 19,	Date Orig. Entry: 1946
Class* B	Date of Birth / Birth Place: 40 yrs old Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Family Record	By whom issued and signed: viewed by Silas J. States A. Murphy, Notary	Date Issued:	Date Orig. Entry: May 23, 1906
Class A	Date of Birth / Birth Place: May 23, 1906, Nampa, Ida.	Full Name of Mother: Lizzie J. States	Name of Father: Silas J. States	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Mae Nichols	Date Issued: July 15,	Date Orig. Entry: 1954
Class B	Date of Birth / Birth Place: May 23, 1906, Nampa, Idaho	Full Name of Mother: Elizabeth Jane States	Name of Father: Silas J. States	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel H Feeler	Date Filed: July 23, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 26 1954

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) May (day) 23 (year) 1906	
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Canyon; 6. County:	7. City or Town of Birth: Nampa, Idaho	
FATHER	8. Full Name of Father: Silas J. States	9. State or Country of Father's Birth: Pennsylvania	
MOTHER	10. Full Maiden Name of Mother: Elizabeth Jane Meece	11. State or Country of Mother's Birth: Kentucky	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [signature]	13. Present Address of Registrant: 1[illegible] Beach Street, Nevada
NOTARY	Subscribed and sworn to before me on [illegible] 17, 19 54.	14. Signature of Notary: [signature]	15. Notary Commission expires: January 14, 19 58.

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Voting Registration	By whom issued and signed: County of Nampa, State of Nevada	Date Issued: Sept. 19, 1950	Date Orig. Entry
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother	Name of Father
SUPPORTING RECORD 2	Type of Document: Family Record	By whom issued and signed: Silas J. States A. Murphy, Novato, Nev.	Date Issued: May 23, 1950	Date Orig. Entry
	Date of Birth: May 23, 1906	Birth Place: Nampa, Ida.	Full Name of Mother: Elizabeth J. States	Name of Father: Silas J. States
SUPPORTING RECORD 3	Type of Document: Affidavit by sister	By whom issued and signed: Mae Nichols	Date Issued: July 16, 1954	Date Orig. Entry
	Date of Birth: May 23, 1906	Birth Place: Nampa, Idaho	Full Name of Mother: Elizabeth Jane States	Name of Father: Silas J. States

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Signature of Registrar	Evidence Reviewed by	Date Filed
W. Henson	[signature]	July 23, 1954

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 3 years old.

713-206-006-281

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 653
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VERNAL RUTH PATE			2. Date of Birth: (month) March (day) 6 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Bingham	b. City or Town of Birth: Goshen	
FATHER	6. Full Name of Father: Ezra Greenwood Pate			7. State or Country of Father's Birth: Utah, U. S. A.	
MOTHER	8. Full Maiden Name of Mother: Ada Rosella Sharp			9. State or Country of Mother's Birth: Utah, U. S. A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Vernal Ruth Pate	11. Present Address of Registrant: 1610 M Avenue, LaGrande, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: August 2, 1954		12. Signature of Notary: M. Jeannette Baum	13. Notary Commission expires: MY COMMISSION EXPIRES DEC. 10, 1957. 19	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record		By whom issued and signed: L. D. S. Church, by Joseph Fielding Smith	Date Issued: 11/20/53	Date Orig. Entry: Entered on record May 6, 1906
Class* A	Date of Birth: Mar. 6, 1906	Birth Place: Goshen, Idaho	Full Name of Mother: Ada Rosella Sharp	Name of Father: Ezra G. Pate	
SUPPORTING RECORD 2.	Type of Document: Baptismal Record		By whom issued and signed: L. D. S. Church, by Walter A. Bean, Bishop	Date Issued: 11/15/53	Date Orig. Entry: Baptized on Aug. 2, 1914
Class B	Date of Birth: Mar. 6, 1906	Birth Place: Goshen, Idaho	Full Name of Mother: Ada R. Sharp	Name of Father: Ezra Pate	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Aug. 5, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 17 1970
AUG 6 1970
OCT 8 1971

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.
Reg. Dist. No.

1. Registrant's Full Name at Birth: [illegible]
2. Date of Birth (Month) (Day) (Year): March 6 1906
3. Sex: Male
4. Place of Birth (Country): Durham
5. City or Town of Birth: Goshen
6. Full Name of Father: [illegible] Greenwood Fate
7. State or Country of Father's Birth: Utah, U. S. A.
8. Maiden Name of Mother: [illegible] Rosella Sharp
9. State or Country of Mother's Birth: Utah, U. S. A.

AFFIDAVIT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: 1010 N Avenue, Lafrande, Oregon
12. Signature of Father: [illegible]
13. Notary Commission Expires: [illegible]

APPLICATION: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church, by Joseph Fielding Smith	Date Issued: 11/20/53	Date Orig. Entry: Entered on record May 2, 1906
	Date of Birth / Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible] Fate	
SUPPORTING RECORD 2.	Type of Document: Baptismal Record	By whom issued and signed: [illegible] Church, by Walter A. Dean, Bishop	Date Issued: 11/15/53	Date Orig. Entry: Baptized on Aug. 2, 1914
	Date of Birth / Birth Place: Mar. 6, 1906 Goshen, Idaho	Full Name of Mother: Ada R. Sharp	Name of Father: Tara Fate	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth / Birth Place:	Full Name of Mother:	Name of Father:	

Class B

QUALIFYING INFORMATION

SEC. 1 DEC. 8 CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible] Hamilton	Aug. [illegible], 1970

*Class A [illegible] are those made and [illegible] before the Registrar's Fourth Birthday.
Class B [illegible] those made after the [illegible] at least [illegible]

235-226-031-154

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 687
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ada Hazel Stellmon
2. Date of Birth (month) July (day) 26 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Lewis (Then Nezperce)
b. City or Town of Birth: near Nezperce, Idaho

FATHER

6. Full Name of Father: Jacob Andrew Stellmon
7. State or Country of Father's Birth: Tennessee (Greene County)

MOTHER

8. Full Maiden Name of Mother: Mary Frances Anderson
9. State or Country of Mother's Birth: Arkansas (Benton County)

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ida Hazel Stellmon
11. Present Address of Registrant: Lapwai, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 15, 1954
12. Signature of Notary: E O Stellmon
13. Notary Commission expires: Dec. 17, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible record of family births			July 26, 1906

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 26, 1906			

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Census records	Nezperce Public Schools	4/19/54	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 26, 1906	Nezperce, Idaho		

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Aug. 19, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Local Reg. No.

Reg. Dist. No.

JUN 1 1962

MAY 15 1970

SEP 13 1976

REGISTRAR (Person whose birth is registered)	1. Registrar	2. Full Name of Birth	3. Date of Birth (month) (day) (year)
	4. Color or Race	5. Place of Birth (County)	6. City or Town of Birth
FATHER	6. Full Name of Father		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother		9. State or Country of Mother's Birth
APPLICATION	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
ADDRESS	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Bible record of family [illegible]			July 26, 1906
Class A	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	School Census records	Nezperce Public Schools	1/19/64	
Class B	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	July 26, 1906 Nezperce, Idaho			
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal) I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Aug. 20, 1964

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49007

279-117-022-443

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 726
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROSS E. SPRAGUE		2. Date of Birth: (month) March (day) 17 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Fremont	b. City or Town of Birth: Marysville
FATHER	6. Full Name of Father: Festus Franklin Sprague		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Anna M. Multrie		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ross E Sprague	11. Present Address of Registrant: 510 E. 39th St. Vancouver, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: August 31 1954	12. Signature of Notary: W W Benson	13. Notary Commission expires: July 31 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Sister	By whom issued and signed: Mrs. Ray Croft	Date Issued: October 13, 1953	Date Orig. Entry
Class* B	Date of Birth / Birth Place: March 17, 1906 Marysville, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Application for Insurance	By whom issued and signed: Gem State Mutual Life Ins. Co.	Date Issued: December	Date Orig. Entry: 4, 1943
Class B	Date of Birth / Birth Place: Mar. 17, 1906 Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Family record of births	By whom issued and signed	Date Issued	Date Orig. Entry: Mar. 17, 1906
Class A	Date of Birth / Birth Place: Mar. 17, 1906	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Aug. 31, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Reg. No.

File No. 756

Local Reg. No.

Reg. Dist. No.

CHILD	1. Registered Full Name at Birth		2. Date of Birth (Month) (Day) (Year)	
			March 17 1906	
	3. Sex	4. Color or Race	5. Place of Birth (County)	
	Male	White	Bingham	
				6. Duration of Residence in State of Birth
				Lifetime
FATHER	7a. Full Name of Father		7b. Birthplace of Father (State or Country)	
	Sperry Franklin Burgess		Utah	
MOTHER	8a. Full Maiden Name of Mother		8b. Birthplace of Mother (State or Country)	
	Nora Ila Jaynes		Utah	
AFFIDAVIT	9. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10a. Signature of Registrant	10b. Present Address of Registrant	
	Subscribed and sworn to before me on	11. Signature of Notary	12. Notary Seal Below Expires	
	September 21 1954	W. W. Benson	January 31 1958	
SUPPORTING RECORD A	Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
	Notice by Father	Sperry Franklin Burgess	Sept. 21, 1954	Mar. 17, 1906
SUPPORTING RECORD B	Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD C	Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
QUALIFYING INFORMATION	Date of Birth Birth Place	Full Name of Mother	Place of Father	
	Mar. 17, 1906	Nora Ila Jaynes	Utah	

I hereby certify that no prior birth certificate has been found in the City also of Vital Statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing abstract.

Date Registered	Evidence received by	Date Filed
Sept. 21, 1954	W. W. Benson	Sept. 21, 1954

Change A Certificate Done Made After One Year (Name) Is Affected. Change Attached.
Affidavit Made (Date) (Where) (Name) Is Attached & Made A Part Hereof.

234-215-029-442

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 9 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 743
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earlen Stump		2. Date of Birth (month) (day) (year): May 15 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Latah; b. City or Town of Birth: Kendrick Idaho
FATHER	6. Full Name of Father: William Herbie Stump		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Effie Bell Mustoe		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earlen Stump Taylor	11. Present Address of Registrant: Juliaetta Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 2nd 1954	12. Signature of Notary: [signature]	13. Notary Commission expires: Jan. 11th 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible record of births		By whom issued and signed:	Date Issued:	Date Orig. Entry: May 15, 1906
Class* A	Date of Birth: May 15, 1906	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother		By whom issued and signed: Effie Bell Mustoe Stump	Date Issued: August 31, 1954	Date Orig. Entry:
Class B	Date of Birth: May 15, 1906	Birth Place: Kendrick, Idaho	Full Name of Mother: Effie Bell Mustoe Stump	Name of Father: William Herbie Stump	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Sept. 3, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Exempt

SEP 7 1954

363-225-001-455

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 770
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Estelle Coleman			2. Date Of Birth (month) March (day) 25 (year) 1906
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: ~~Boise~~, Ada	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: William Riley Coleman			7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Stella May Dennis			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Estelle Welch		11. Present Address of Registrant: 711 2nd St. Lewiston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 30 1954	12. Signature of Notary: John A. Brandt		13. Notary Commission expires: Feb 17, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt	By whom issued and signed: Ada A. Dennis	Date Issued: Aug 30,1954	Date Orig. Entry: Aug 30, 1954
Class* B	Date of Birth: Mar 25,1906 / Birth Place: Boise, Idaho	Full Name of Mother: Stella May Dennis Coleman	Name of Father: William Riley Coleman	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Great West. Mutual Ass'N	Date Issued: May 22,1948	Date Orig. Entry: May 22, 1948
Class B	Date of Birth: Mar 25,1906 / Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Child's Birth Certificate	By whom issued and signed: State of Idaho	Date Issued:	Date Orig. Entry: Sep 11, 1933
Class B	Date of Birth: 27 yrs / Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Pat Shields	Sept. 13, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 2 1962

238-227-035-819

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 824
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: DORA META MARIE Scheele
2. Date Of Birth (month) (day) (year): July 27 - 1906
3. Color or Race: White
4. Sex: FEMALE
5. Place of Birth a. County: LELAND NES PERZ
b. City or Town of Birth: LELAND

FATHER

6. Full Name of Father: John FREDRICK Scheele
7. State or Country of Father's Birth: GERMANY

MOTHER

8. Full Maiden Name of Mother: BERTHA ANNA HARMS
9. State or Country of Mother's Birth: NEBRASKA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dora Meta Marie Scheele
now Dora Meta M. Arnold
11. Present Address of Registrant: 8808 E VALLEY WAY SPOKANE 62 WASH.

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 30 1954

12. Signature of Notary: [signature]
13. Notary Commission expires: Notary Public for the State of Washington, Residing at Spokane, Washington 19 My Commission Expires Jan. 22, 1958.

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Certificate of Baptism	Geo. Finke, Pastor		Baptized on Sept. 2, 1906
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	July 27, 1906 Leland, Idaho	Bertha Ann Harms	J. H. F. Scheele	
SUPPORTING RECORD 2. Class B	Affidavit by Mother	Mrs. Bertha Scheele	May 27, 1952	
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	July 27, 1906 Leland, Idaho	Bertha Scheele	J. F. Shceele	
SUPPORTING RECORD 3. Class				
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Oct. 6, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

OCT. 6, 1954

MAY 26 [illegible]

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)	
3. Color or Race	4. Sex	5. Place of Birth
6. County of Town of Birth		
FATHER	7. Name of Father	8. State or Country of Father's Birth
MOTHER	9. Maiden Name of Mother	10. State or Country of Mother's Birth
11. Present Address of Registrant	12. Signature of Registrant	13. Present Address of Registrant
14. Notary Commission Expires	15. Signature of Notary	

STATE OF WASHINGTON
L. OTHE
NOTARY PUBLIC

SUPPORTING RECORD 1	Type of Document: Certificate of Baptism	By whom issued and signed: Geo. Pirke, Pastor	Date Issued / Date Orig. Entry: Received on Oct. 2, [illegible]
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
Class			
SUPPORTING RECORD 2	Type of Document: Affidavit by Mother	By whom issued and signed: Mrs. Bertha Scheele	Date Issued / Date Orig. Entry: May 27, 1952
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
Class	May 27, 1950 Lewiston, Idaho	Bertha Scheele	J. [illegible] Scheele
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
Class			
BULLETIN INFORMATION			

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Jensen	[illegible]	Oct. 6, 1954

Note: Data are those made and dated before the registrant's fourth birthday.
Class 1 are those made after the fourth birthday but are at least [illegible]

236-123-004-363

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 831
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GLENN J. STOCK			2. Date of Birth (month) JULY (day) 23 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Fish Haven,
FATHER	6. Full Name of Father: JOSEPH PIERCE STOCK			7. State or Country of Father's Birth: Bear Lake Co. Idaho
MOTHER	8. Full Maiden Name of Mother: ANNIE JANE COTTLE			9. State or Country of Mother's Birth: Weber Co. Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Glenn J. Stock		11. Present Address of Registrant: FISH HAVEN, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 5, 1954	12. Signature of Notary: Jed L. Price		13. Notary Commission expires: Oct. 1, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Affidavit by Attending Physician	By whom issued and signed: J. W. Hayward, M.D.	Date Issued: 9-23-54	Date Orig. Entry: July 23, 1906	
	Date of Birth: July 23, 1906	Birth Place: Fish Haven, Idaho	Full Name of Mother: Annie Cottle	Name of Father: Joseph P. Stock	
SUPPORTING RECORD 2. Class B	Type of Document: Certificate of Baptism & Confirmation	By whom issued and signed: LDS Church, N.A.Booth, Clerk	Date Issued: 9-6-1914	Date Orig. Entry: Sept 6, 1914	
	Date of Birth: July 23, 1906	Birth Place: Fish Haven, Idaho	Full Name of Mother: Annie J. Cottle	Name of Father: Joseph P. Stock	
SUPPORTING RECORD 3. Class	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry	
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: October 7, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

State File No. L064 881
Local Reg. No.
Reg. Dist. No.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

OCT 7 1954

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: GLENN J. [illegible]	2. Date of Birth (month) (day) (year): JULY 23 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: County: Bear Lake
	6. City or Town of Birth: Fish Haven,		
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: Bear Lake Co, Idaho	
MOTHER	8. Full Maiden Name of Mother: ANNIE JANE [illegible]	9. State or Country of Mother's Birth: Weber Co. Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: [illegible] Idaho
NOTARY	Subscribed and sworn to before me on: October 5, 1954	12. Signature of Notary	13. Notary Commission expires: Oct. 1, 1958

IMPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by Attending Physician	By whom issued and signed: L. W. Hayward, M.D.	Date Issued: 9-23-64	Date Orig. Entry: July 23, 1906
	Date of Birth: Birth Place: July 23, 1906 Fish Haven, Idaho	Full Name of Mother: Annie [illegible]	Name of Father: Joseph P. Stock	
SUPPORTING RECORD 2	Type of Document: Certificate of Baptism & Confirmation	By whom issued and signed: LDS Church, M.A. Booth, Clerk	Date Issued: 9-6-1914	Date Orig. Entry: Sept 6, 1914
	Date of Birth: Birth Place: July 23, 1906 Fish Haven, Idaho	Full Name of Mother: Annie J. Cottle	Name of Father: Joseph P. Stock	
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Sign. Registrar	Evidence reviewed by	Date Filed
[illegible]	Joyce B. Foltz	October 7, 1954

Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least [illegible] years old.

253-105-009-217

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 839
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elwood Ray Pelton
2. Date of Birth (month) (day) (year): July 5 1906
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Sand Point Bonner
b. City or Town of Birth: Sand Point

FATHER

6. Full Name of Father: Bertrand Nelson Pelton
7. State or Country of Father's Birth: Anson-Maine

MOTHER

8. Full Maiden Name of Mother: Lizzie Alice Baxter
9. State or Country of Mother's Birth: Plymouth Indiana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elwood R. Pelton
11. Present Address of Registrant: 9462 Aloha Seattle

NOTARY (Seal)

Subscribed and sworn to before me on: August 27 1954
12. Signature of Notary: Verna Burdin
13. Notary Commission expires: March 5 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	United States Coast Guard Identification	United States Coast Guard	July 17, 1942	
Class* B	Date of Birth / Birth Place: July 5, 1906 Sandpoint, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Application for Insurance	John Hancock Mutual Life Insurance Company	November 26, 1951	
Class B	Date of Birth / Birth Place: July 5, 1906 Sandpoint, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Employment record	Puget Sound Power & Light Co.	9/29/54	1926-1928 1936-1951
Class B	Date of Birth / Birth Place: July 5, 1906 Sandpoint, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Oct. 11, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Sol

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

OCT 12 1954

REGISTRANT (Person who, Birth is being registered)	1. Registrant's Full Name of Birth [illegible]	2. Date of Birth (month) (day) (year) [illegible]
	3. Color or Race 4. Sex 5. Place of Birth 6. County [illegible]	7. City or Town of Birth [illegible]
FACTS	8. Full Name of Father [illegible]	9. State or Country of Father's Birth [illegible]
MOTHER	10. Maiden Name of Mother [illegible]	11. State or Country of Mother's Birth [illegible]
AFFIDAVIT	12. Undersigned are upon oath that the above statements are true to the best of my knowledge and belief.	13. Signature of Registrant [illegible]
	14. Signature of Notary [illegible]	15. Present Address of Registrant [illegible]
NOTARY SEAL	16. Subscribed and sworn to before me on [illegible]	17. Notary Commission expires [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: United States Coast Guard Identification	By whom issued and signed: United States Coast Guard	Date Issued: July 17, 1942
	Date of Birth: July 5, 1906	Birth Place: Sandpoint, Idaho	Full Name of Mother:
Class B			Name of Father:
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: November [illegible]
	Date of Birth: July 5, 1906	Birth Place: Sandpoint, Idaho	Full Name of Mother:
Class B			Name of Father:
SUPPORTING RECORD 3.	Type of Document: Employment record	By whom issued and signed: Puget Sound Power & Light Co.	Date Issued: 1926-1928 1936-1951
	Date of Birth: July 5, 1906	Birth Place: Sandpoint, Idaho	Full Name of Mother:
Class B			Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal) I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Street Registrar	Evidence reviewed by	Date filed
[illegible]	Edna Hamilton	Oct. 11, 1954

Class A Records [illegible] made [illegible] Registrar's [illegible] birthday.
Class B Records [illegible] the fourth birthday but [illegible] at least [illegible] years old.

562-25-037-749

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De- 54-847

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Everett Noble			2. Date Of Birth (month) November (day) 25 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Owyhee	b. City or Town of Birth: Bruneau
FATHER	6. Full Name of Father: John Francis Noble			7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Dollie Purjue			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John E. Noble		11. Present Address of Registrant: Grand View, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: February 19 1957	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Dollie Noble	Date Issued: 2-19-57	Date Orig. Entry:
	Date of Birth: November 25, 1906 / Birth Place: Bruneau, Idaho	Full Name of Mother: Dollie Purjue	Name of Father: John F. Noble	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho - 163969	Date Issued:	Date Orig. Entry: Child born Aug. 2, 1928
	Date of Birth: Age 21 / Birth Place: Id aho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: School record	By whom issued and signed: Idaho School Dist. #6, Bruneau	Date Issued: March 14, 1957	Date Orig. Entry: 1922
	Date of Birth: Age 15 / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. E. Broom	sc Hazel L. Hurlbert	August 26, 1957

FORM BH 56067

AUG 28 1957

168-113-029-389

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 27 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 847
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PAUL ELMER JOHNSON			2. Date Of Birth (month) Feb. (day) 13 (year) 1898	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Moscow, Idaho	b. City or Town of Birth: Latah County	
FATHER	6. Full Name of Father: JOHN H. JOHNSON			7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: LOUISE CHRISTINE			9. State or Country of Mother's Birth: Wassico, Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Paul Elmer Johnson	11. Present Address of Registrant: 527 Harvard North	
NOTARY (Seal)	Subscribed and sworn to before me on: 22nd July 1954		12. Signature of Notary: Russell Jones	13. Notary Commission expires: FEB 7 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Certificate of Baptism		By whom issued and signed: J. Sallstrom, Pastor	Date Issued: Baptized	Date Orig. Entry: Mch. 18, 1898
	Date of Birth: Feb. 13,	Birth Place: 1898, Moscow, Idaho	Full Name of Mother: L. Christine Johnson	Name of Father: John Johnson	
SUPPORTING RECORD 2. Class A	Type of Document: Census reoord of 1900		By whom issued and signed: Bureau of the Census	Date Issued: 10/2/54	Date Orig. Entry: Census of June 1, 1900
	Date of Birth: 2 yrs old Feb. 1898	Birth Place: Idaho	Full Name of Mother: Louise Johnson	Name of Father: John Johnson	
SUPPORTING RECORD 3. Class	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Oct. 15, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 14 1974

OCT 25 1954

265-209-229-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUN 23 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-818
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hazel Violet Soniville.
2. Date of Birth (month) Aug. (day) 9 (year) 1906
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Princeton, Latah; b. City or Town of Birth: Princeton

FATHER

6. Full Name of Father: Tony A, Soniville
7. State or Country of Father's Birth: New Y ork state in 1878

MOTHER

8. Full Maiden Name of Mother: Christina Sch midt
9. State or Country of Mother's Birth: Russia in 1883

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Hazel Violet Soniville by marriage - Hazel Throop
11. Present Address of Registrant: Palouse, Washington

NOTARY (Seal)

Subscribed and sworn to before me on June 21- 1954.
12. Signature of Notary: E. H. Rest.
13. Notary Commission expires: Oct. 17. 1957.

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Christina Soniville Spencer	June 18, 1954	
Class* B	Date of Birth / Birth Place: Aug. 9, 1906, Princeton, Idaho	Full Name of Mother: Christina Schmidt	Name of Father: Tony A. Soniville	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Northern Life Insurance Co.	Date Issued	Date Orig. Entry: June 12, 1933
Class B	Date of Birth / Birth Place: Aug. 9, 1906, Princeton, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Application for Insurance	By whom issued and signed: The Mutual Life Ins. Co.	Date Issued	Date Orig. Entry: Aug. 1, 1947
Class B	Date of Birth / Birth Place: Aug. 9, 1906 Princeton, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Oct. 15, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 1 1954

Registrar's Full Name of Birth	Hazel Violet Sonivilla	2. Date of Birth (month) (day) (year) Aug. 0 1906
Registrar's Sex	3. Color or Race: White	4. Place of Birth: Princeton, Latah — 5. City or Town of Birth: Princeton
FATHER	6. Full Name of Father: Tony A. Sonivilla	7. State or Country of Father's Birth: New York state in 1878
MOTHER	8. Full Maiden Name of Mother: Christina Schmidt	9. State or Country of Mother's Birth: Russia in 1879
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant: Palouse, Washington
	12. Signature of Notary	13. Notary Commission expires

APPLICATION — DO NOT WRITE BELOW THIS LINE

SUPPORTING EVIDENCE	Type of Document: Affidavit by mother	By whom issued and signed: Christina Sonivilla	Date Issued / Date Orig. Entry: June 23, 1956
	Date of Birth / Birth Place: Aug. 9, 1906, Princeton, Latah	Full Name of Mother: Christina Schmidt	Name of Father: Tony A. Sonivilla
	Date of Birth / Birth Place: Aug. 9, 1906, Princeton, Latah	Full Name of Mother: Christina Schmidt	Name of Father: Tony A. Sonivilla
SUPPORTING RECORD	Type of Document: Application for Insurance	By whom issued and signed: The Mutual Life Ins. Co.	Date Issued / Date Orig. Entry: Aug. 1, 1957
	Date of Birth / Birth Place: Aug. 9, 1906, Princeton, Latah	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION			

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence Reviewed by	Date Filed
[illegible]	[illegible]	Oct. 1, 1954

Date A Registrar's Notice made and dated [illegible] Registration Fourth Birthday.
[illegible]

248-210-031-414

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-937
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Katheryne Kuhnen		2. Date Of Birth (month) (day) (year): (3) March 10 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Lewis County; b. City or Town of Birth: Fletcher Ridge, Idaho.
FATHER	6. Full Name of Father: Andriese Kuhnen		7. State or Country of Father's Birth: Germany, Europe
MOTHER	8. Full Maiden Name of Mother: Catherine Mauer		9. State or Country of Mother's Birth: Luxemburg, Europe
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Katheryne Kight	11. Present Address of Registrant: 306-16th Ave., Lewiston, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 26th 1954	12. Signature of Notary: John W. Hall	13. Notary Commission expires: Jan. 1, 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by mother	By whom issued and signed: Catherine Kuhnen	Date Issued: October 26, 1954	Date Orig. Entry:
	Date of Birth / Birth Place: Mar. 10, 1906 Fletcher, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: School Census record	By whom issued and signed: Lewiston High School Kenneth Hill, Principal	Date Issued: 10/14/54	Date Orig. Entry:
	Date of Birth / Birth Place: March 10, 1906	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Hospital Record	By whom issued and signed: St. Joseph's Hospital	Date Issued: May 1935	Date Orig. Entry:
	Date of Birth / Birth Place: 29 yrs old Idaho	Full Name of Mother: Lewiston Catherine Mauer	Name of Father: Kuhnen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	eh Mabel Fielder	Nov. 23, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.
Reg. Class No.

NOV 23 1954

APR 1 1969

MAR 13 1997

REGISTRANT

1. Registrant's Full Name at Birth
2. Date of Birth (month) (day) (year)
3. Place of Birth
4. Sex
5. Place of Birth
6. Parity or Town of Birth

FATHER

7. Name of Father
8. State or Country of Father's Birth

MOTHER

9. Full Name of Mother
10. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief

10. Signature of Registrant
11. Present Address of Registrant

NOTARY

Subscribed and sworn to before me on

12. Signature of Notary
13. Notary Commission expires

APPLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Catherine Kuhner	October 26	1954
Date of Birth / Birth Place	Full Name of Mother	Name of Father	

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Lewiston High School Kenneth Hill Principal		10/11/54	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
March 10, 1906			

Class B

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital Record	St. Joseph's Hospital	May 1953	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
29 yrs old Idaho	Catherine Kuhner		

Class B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		Nov. 23, 1954

Class A Records are those made and dated before the Registrant's Fourth Birthday.
Class B Records are those made after the Fourth Birthday but are at least 1 year old.

491-218-001-759

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
DEC 3 1954
Division of Vital Statistics

State File No. De54-980
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLARA ADELINE DRAKE			2. Date of Birth: (month) JUNE (day) 18 (year) 1906	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: BOISE, IDAHO ADA	b. City or Town of Birth: BOISE, IDAHO	
FATHER	6. Full Name of Father: SAMUEL STEPHENS DRAKE			7. State or Country of Father's Birth: NEW JERSEY	
MOTHER	8. Full Maiden Name of Mother: MARY JEANETTE PERKINS			9. State or Country of Mother's Birth: GREENLEAF, KANSAS	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clara Adeline Drake Caston		11. Present Address of Registrant: 3509 SOUTH TYLER TACOMA, WASHINGTON	
NOTARY (Seal)	Subscribed and sworn to before me on: December 6 1954	12. Signature of Notary: Rex D. Rowdell		13. Notary Commission expires: April 20 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: Census of 1920	Date Orig. Entry
Class* B	Date of Birth: 6 yrs old / Birth Place: Idaho	Full Name of Mother: Mary J. and	Name of Father: Samuel S. Drake	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Boise Public Schools	Date Issued: 1922	Date Orig. Entry
Class B	Date of Birth: June 18, / Birth Place: 1906	Full Name of Mother	Name of Father: Samuel Drake	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Insurance Co.	Date Issued	Date Orig. Entry: Oct. 10, 1944
Class B	Date of Birth: June 18, / Birth Place: 1906	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Keefer	Date Filed: Dec. 8, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

DEC 9 1954

859-120-001-342

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 1029
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Richard Loren Herrick			2. Date of Birth: January 20 1906	
	3. Color or Race: White	4. Sex: male	5. Place of Birth: RFD#1 a. County: Ada	b. City or Town of Birth: Boise	
FATHER	6. Full Name of Father: Charles Eugene Herrick			7. State or Country of Father's Birth: New York State	
MOTHER	8. Full Maiden Name of Mother: Amelia Bertha Lubken			9. State or Country of Mother's Birth: New York State	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Richard Loren Herrick		11. Present Address of Registrant: 4645 E 178 East Seattle 55, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 14, 1954	12. Signature of Notary: Joseph B. Smith		13. Notary Commission expires: October 20, 1955	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father	By whom issued and signed: Charles Eugene Herrick		Date Issued: Jan. 4, 1943	Date Orig. Entry
Class* B	Date of Birth: Jan. 20, 1906 Birth Place: Boise, Idaho	Full Name of Mother: Amelia Bertha Lubken		Name of Father: Charles Eugene Herrick	
SUPPORTING RECORD 2.	Type of Document: Employment record	By whom issued and signed: Federal Reserve Bank of San Francisco		Date Issued: 12/23/54	Date Orig. Entry: May 1, 1941
Class B	Date of Birth: Jan. 20, 1906 Birth Place: Boise, Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document: Letter re Insurance	By whom issued and signed: The Mutual Life Insurance Company of New York		Date Issued: 11/8/54	Date Orig. Entry: 1921
Class B	Date of Birth: Jan. 20, 1906 Birth Place: Boise, Idaho	Full Name of Mother		Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton		Date Filed: Jan. 3, 1955	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DeSL 1029

Local Reg. No.

Reg. Dist. No.

JAN 4 1955

REGISTRAR

1. Registrant's Full Name at Birth: Richard Loren Herrick

2. Date of Birth (month) (day) (year): January 20 1906

3. Color or Race: White | Sex: male | 5. Place of Birth: NFD#1 | Ada | Boise

FATHER

6. Full Name of Father: Charles Eugene Herrick

7. State or Country of Father's Birth: New York State

MOTHER

8. Full Maiden Name of Mother: Amelia Bertha Lubken

9. State or Country of Mother's Birth: New York State

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant: 4645 E 178 Seattle 85, Washington

NOTARY

Subscribed and sworn to before me on

12. Signature of Notary

13. Notary Commission expires

APPLICANT TO RECEIVE NOTICE THIS LINE

SUPPORTING RECORD

Type of Document: Affidavit by Father

By whom issued and signed: Charles Eugene Herrick

Date Issued: Jan. 6, 1943

Date Orig. Entry

Date of Birth | Birth Place: Jan. 20, 1906 Boise, Idaho

Full Name of Mother

Name of Father: Charles Eugene Herrick

Class: 5

SUPPORTING RECORD

Type of Document: Employment record

By whom issued and signed: Federal Reserve Bank of San Francisco

Date Issued: 10/23/54

Date Orig. Entry: May 1, 1941

Date of Birth | Birth Place: Jan. 20, 1906 Boise, Idaho

Full Name of Mother

Name of Father

Class: 5

SUPPORTING RECORD

Type of Document: Letter re Insurance

By whom issued and signed: The Mutual Life Insurance Company of New York

Date Issued: 11/8/54

Date Orig. Entry: 1921

Date of Birth | Birth Place: Jan. 20, 1906 Boise, Idaho

Full Name of Mother

Name of Father

Class: 5

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Signature of Registrar: W. W. Hanson

Evidence reviewed by: Mara Hamilton

Date Filed: Jan. 3, 1955

349-108-014-219

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-10
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Henry Turner		2. Date of Birth (month) Sept (day) 8 (year) 1906	
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell, Ida.
FATHER	6. Full Name of Father: Charles Henry Turner		7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Olive Margaret B arney		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Henry Turner	11. Present Address of Registrant: Caldwell, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 4th 1955	12. Signature of Notary: N. K. Moore	13. Notary Commission expires: 11-3- 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Honorable Discharge	By whom issued and signed: National Guard of the United States	Date Issued: Oct. 5, 1926	Date Orig. Entry
	Date of Birth / Birth Place: 18 yrs old Caldwell, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2. Class B	Type of Document: School Record	By whom issued and signed: Caldwell High School	Date Issued: 1919-20	Date Orig. Entry
	Date of Birth / Birth Place: Sept. 8, 1906, Caldwell,	Full Name of Mother: Idaho	Name of Father	
SUPPORTING RECORD 3. Class B	Type of Document: Parent's Marriage license	By whom issued and signed: Agra, Kansas	Date Issued: Oct. 8, 1889	Date Orig. Entry
	Date of Birth / Birth Place: Sept. 8, 1906, Caldwell,	Full Name of Mother: births listed on certificate Idaho Olive M. Barney	Name of Father: Charles Henry Turner	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fields	Date Filed: Jan. 6, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 2 1955

MAY 24 1951

DELAYED CERTIFICATE OF BIRTH

STATE OF [illegible]

REGISTRANT	1. Registrant's Full Name of Birth: John Henry Turner	2. Date of Birth: Sept 8 1908	
	3. Color or Race: White	4. Sex: Male	5. City or Town of Birth: Caldwell, Ida.
FATHER	6. Full Name of Father: Charles Henry Turner	7. State or Country of Father's Birth: Ida.	
MOTHER	8. Full Maiden Name of Mother: Olive Margaret E Birney	9. State or Country of Mother's Birth: Ida.	
AFF DAVIT	10. Signature of Registrant	11. Present Address of Registrant: Caldwell, Ida.	
	12. Signature of Notary	13. Notary Commission expires: [illegible]	
	Sworn and subscribed to before me on: [illegible] 1951		

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Generalized Discharge	By whom issued and signed: Original Board of [illegible]	Date Issued: Oct. [illegible] 1920
	Date of Birth: Birth Place	Full Name of Mother: Unitor State	Name of Father
	[illegible]		
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Caldwell City School	Date Issued: 1919-20
	Date of Birth: Birth Place	Full Name of Mother	Name of Father
Class 1	Sept. 8, 1908, Caldwell, Ida.		
SUPPORTING RECORD 3.	Type of Document: Parent [illegible]	By whom issued and signed: [illegible]	Date Issued: Oct. 5, 1888
	Date of Birth: Birth Place	Full Name of Mother: Olive M. Burney	Name of Father: Charles Henry Turner
Class 2	Sept. 8, 1908, Caldwell, Ida.		
QUALIFYING INFORMATION			

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registered: [illegible]	Signature of Registrar: [illegible]	Date Filed: Jan. 6, 1955

415 113-036-799

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-39
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Daniel Price Davis
2. Date of Birth (month) (day) (year): Apr 13 1906
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Oneida
b. City or Town of Birth: Gwenford

FATHER

6. Full Name of Father: Owen Thomas Davis
7. State or Country of Father's Birth: Oneida

MOTHER

8. Full Maiden Name of Mother: Anna Price
9. State or Country of Mother's Birth: Oneida

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Daniel Price Davis
11. Present Address of Registrant: R2 Filer Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Jan 14 1955
12. Signature of Notary: Mabel Yelder
13. Notary Commission expires: May 7, 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Doctor's Record	Record signed by Dr. D. C. Ray, attendant at	birth	Apr. 13, 1906

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 13,	1906, Gwenford, Idaho	Anna Price	Owen Thomas Davis

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Western States Life	Mch. 28,	1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 13,	1906, Gwenford,	Idaho	

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Yelder	Jan. 14, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name of Birth: [illegible]
2. Date of Birth: [illegible]
3. Color or Race: [illegible]
4. Place of Birth: [illegible]
5. City or Town of Birth: [illegible]
6. Sex: [illegible]
7. Full Name of Father: [illegible]
8. Place of Birth: [illegible]
9. Country of Mother's Birth: [illegible]
10. State: [illegible]

AFFIDAVIT

1. Person Declare when again that the above statements are true to the best of my knowledge and belief
2. Signature of Registrant
3. Principal Address of Registrant

NOTARY

1. Subscribed and sworn to before me on
2. Signature of Notary
3. Notary Commission expires

SUPPORTING RECORD 1.

Type of Document: [illegible]
By whom issued and signed: [illegible]
Date Issued: [illegible]
Date Orig. Entry: Apr. [illegible], 1900
Date of Birth: Birth Place
Full Name of Mother
Name of Father: [illegible]

SUPPORTING RECORD 2.

Type of Document: Insurance Policy
By whom issued and signed: Western States Life
Date Issued: Feb. 28, 1920
Date Orig. Entry
Date of Birth: Birth Place
Full Name of Mother
Name of Father
Class

RECORD 3.

Type of Document
By whom issued and signed
Date Issued
Date Orig. Entry
Date of Birth: Birth Place
Full Name of Mother
Name of Father
Class

QUALIFYING INFORMATION

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that supplementary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Date Registrar
Evidence reviewed by
Date Filed: Jan. [illegible], 1920

Class [illegible]

(Be sure the information is complete and accurate)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gravenford
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gravenford
d. STREET ADDRESS (If rural, give location): X

3. CHILD'S NAME (Type or print)
a. (First): Daniel
b. (Middle): Price
c. (Last): Davis

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) (Day) (Year): 4 - 13 - 1906

FATHER OF CHILD

7. FULL NAME
a. (First): Owen Thomas
b. (Middle): Davis
c. (Last):

8. COLOR OR RACE: white

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Samaria Idaho

11a. USUAL OCCUPATION: farmer

11b. KIND OF BUSINESS OR INDUSTRY: ✓

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Anoca
b. (Middle):
c. (Last): Price

13. COLOR OR RACE: white

14. AGE (At time of this birth): 29 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Samaria Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: D. C. Ray M. D.
18c. ADDRESS: Pocatello Idaho

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)
18d. DATE SIGNED: 1-12-1955

19. DATE REC'D BY LOCAL REG.:

20. REGISTRAR'S SIGNATURE:

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(*This section MUST be filled out*)

22a. LENGTH OF PREGNANCY WEEKS:

22b. WEIGHT AT BIRTH LBS. OZS.:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

Approximate date.....

Name prophylactic used to prevent Ophthalmia Neonatorum.....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Form DPH-48001

JAN 14 1955

FEB 16 1971

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

168-224.001-632

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
FEB 9 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-115
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name: MAY WILHELMINA JOHNSON		2. Date of Birth (month) APRIL (day) 24 (year) 1906	
	3. Color or Race: Caucasian White	4. Sex: Female	5. Place of Birth: IDAHO a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: JAMES MONROE JOHNSON		7. State or Country of Father's Birth: Somerset County, Pennsylvania	
MOTHER	8. Full Maiden Name of Mother: ANNA MARIA OLSEN JOHNSON		9. State or Country of Mother's Birth: Langesund, Norway	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary W. Doane	11. Present Address of Registrant: 1205 North 7th Street Boise, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 7 1955	12. Signature of Notary: M. J. Lane	13. Notary Commission expires: 5/1 1957	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: Census of 1910	Date Orig. Entry: Apr. 15,
	Date of Birth: 3 yrs old	Birth Place: Idaho	Full Name of Mother: Anna and	Name of Father: James M. Johnson
SUPPORTING RECORD 2. Class B	Type of Document: School Record	By whom issued and signed: Boise Public Schools Boise, Idaho	Date Issued: attended	Date Orig. Entry: in 1916
	Date of Birth: Apr. 24,	Birth Place: 1906	Full Name of Mother:	Name of Father: James Johnson
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by sister	By whom issued and signed: Albertina Nelson	Date Issued: Jan. 22,	Date Orig. Entry: 1955
	Date of Birth: Apr. 24,	Birth Place: 1906, Boise, Idaho	Full Name of Mother: Anna Maria Olsen	Name of Father: James Monroe Johnson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary Fredericks	Feb. 9, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0063

STATE OF IDAHO

FEB 9 1955

MAR 28 1955

491-207-007-469

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De55-185
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marjorie Wilhelmina Drager
2. Date of Birth: (month) June (day) 7 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Blaine; b. City or Town of Birth: Bellevue

FATHER

6. Full Name of Father: John August Drager
7. State or Country of Father's Birth: Millford, Wisconsin

MOTHER

8. Full Maiden Name of Mother: Dorothy Morcom
9. State or Country of Mother's Birth: Porthtowan, England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marjorie Drager Jones
11. Present Address of Registrant: Route one, Eagle, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Feb 12 1955

12. Signature of Notary: Mabel Helen
13. Notary Commission expires: May 7 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Baby Book	Mother	June 7, 1906	
	Date of Birth: June 7, 1906 / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2. Class A	Family Bible	Mother	June 7, 1906	
	Date of Birth: June 7,1906 / Birth Place: Bellevue	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class B	School Record	Blaine Co. Class A School Dist. No. 61	Feb 11,1955	1912
	Date of Birth: Age 6 yrs / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

Affidavit — Lillie M. Wright — Feb 12, 1955

B — June 7, 1906, Bellevue, Dorothy M. Drager — John A. Drager

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Helen	Feb. 25, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH

STATE OF TEXAS

FEB 20 1956

NOV 7 1956

Local Reg. No.

Reg. Dist. No.

State File No. 56-152

1. NAME OF CHILD (First, Middle, Last)
Patricia Lorraine Taylor

2. Sex: Female

3. Date of Birth: (Month) August (Day) 7 (Year) 1946

4. Place of Birth: Texas

5. City or Town of Birth: Milford

6. State or County of Mother's Birth: Illinois

7. Mother's Maiden Name: Mary Ann Smith

8. State or Country of Father's Birth: England

9. Father's Name: John Taylor

10. Father's Occupation: Farmer

11. Present Address of Applicant: Route One, Hale, Texas

12. Signature of Applicant: Mary Ann Taylor

13. Relationship to Child: Mother

14. Address of Applicant: Route One, Hale, Texas

15. Notary Commission Expires: 12-31-57

Subscribed and sworn to before me on: Nov. 7, 1956

Notary Public

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING DOCUMENT 1

Class A

Type of Document: Family Bible

Date of Birth Entry Made: June 7, 1946

By whom Entry Made: Mother

Full Name of Mother: Mary Ann Taylor

Date Issued: June 7, 1946

Date Orig. Entry Made: June 7, 1946

SUPPORTING DOCUMENT 2

Class A

Type of Document: School Record

Date of Birth Entry Made: June 7, 1946

By whom Issued or Signed: Plains Co. Common School Dist. No. 81

Full Name of Maker: Miss Ella Jones

Date Issued: Feb 1, 1954

Date Orig. Entry Made: 1952

Name of Father: John A. Taylor

SUPPORTING DOCUMENT 3

Class B

Type of Document: Affidavit

Date of Birth Entry Made: Age 6 yrs

By whom Issued or Signed: Lizzie T. Pruett

Full Name of Maker: Lizzie T. Pruett

Date Issued: Feb 12, 1952

Name of Father: John A. Taylor

Name: Mrs. Dorothy M. Brewer

Name: Mrs. Dorothy Sawyer

Name: June 7, 1956

Name: Mrs. Dorothy M. Brewer

Name: John A. Taylor

Name: Feb 12, 1952

Name: Lizzie T. Pruett

Name: Feb 1, 1954

Name: Miss Ella Jones

Name: Plains Co. Common School Dist. No. 81

Name: June 7, 1946

Name: Mary Ann Taylor

Name: June 7, 1946

Name: Mother

Name: Mary Ann Taylor

Name: June 7, 1946

Name: Family Bible

667-116-003-819

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
MAR 3 1955
Division of Vital Statistics

State File No. De55-203
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Eric Foxall	2. Date of Birth (month) November (day) 16 (year) 1906
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth a. County: Pocatello, Bannock	b. City or Town of Birth: Pocatello, Idaho.
FATHER	6. Full Name of Father: Arthur Foxall	7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Eleanor Harris	9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Eric Foxall.
		11. Present Address of Registrant: [redacted] Wayne Avenue, Pocatello, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: February 3rd 1955	12. Signature of Notary: Alfred S Horrocks
		13. Notary Commission expires: December 28 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Deacon Certificate of Ordination	By whom issued and signed: L. D. S. Church	Date issued: Nov. 19, 1917	Date Orig. Entry: Ordained on Nov. 19, 1917
Class* B	Date of Birth: Nov. 16, 1906, Pocatello,	Full Name of Mother: Idaho Eleanor Harris	Name of Father: Arthur Foxall	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date issued: Baptized	Date Orig. Entry: June 6, 1915
Class B	Date of Birth: Nov. 16, 1906, Pocatello,	Full Name of Mother: Idaho Elinor Harris	Name of Father: Arthur Foxall	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Arthur Foxall	Date issued: Jan. 24,	Date Orig. Entry: 1955
Class B	Date of Birth: Nov. 16, 1906, Pocatello,	Full Name of Mother: Idaho	Name of Father: Arthur Foxall	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Mch 3, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

MAR 3 1958

Nov. 15, 1908 Pocatello Idaho

Clarence Oswald

Nov. 15, 1908 Pocatello Idaho

Clarence Oswald

Pocatello Idaho

Nov. 15, 1908

Clarence Oswald

Nov. 15, 1908 Pocatello Idaho

389-201-028-962

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-240
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jean Beatrice Tyree
2. Date of Birth (month) (day) (year): Dec. 1, 1906
3. Color or Race: White
4. Sex: female
5. Place of Birth: Idaho — a. County: Kootenai — b. City or Town of Birth: Harrison

FATHER

6. Full Name of Father: Christopher Columbus Tyree
7. State or Country of Father's Birth: Henry County, Missouri

MOTHER

8. Full Maiden Name of Mother: Mary Frances Robison
9. State or Country of Mother's Birth: South West City, Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jean Beatrice Tyree
11. Present Address of Registrant: 4902 Roberts Road, Boise, Ida

NOTARY (Seal)

Subscribed and sworn to before me on: March 7 1955
12. Signature of Notary: Mabel Phillips
13. Notary Commission expires: May 7 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Policy	The Prudential Insurance Co.	May 1, 1939	
Class* B	Date of Birth / Birth Place: Dec. 1, 1906, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Child's birth certificate	Division of Vital Statistics File #189507	Feb. 3, 1931	
Class B	Date of Birth / Birth Place: 23 yrs old / Harrison, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Affidavit by sister	Wessie Mae Mealy	Mch 12, 1955	
Class B	Date of Birth / Birth Place: Dec. 1, 1906, Harrison, Idaho	Full Name of Mother: Mary Frances Robison	Name of Father: Christopher C. Tyree	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Phillips	Mch 14, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 14 1955

MAR 15 1955

Married

665-21-014-995

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
FEB 25 1954
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-244
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BERNICE HARRIET FONNER			2. Date of Birth (month) APRIL (day) 11 (year) 1906	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: CALDWELL CANYON	b. City or Town of Birth: CALDWELL	
FATHER	6. Full Name of Father: GEORGE WASHINGTON FONNER			7. State or Country of Father's Birth: OREGON	
MOTHER	8. Full Maiden Name of Mother: HARRIET ZIEGLER			9. State or Country of Mother's Birth: IOWA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bernice Fonner Beck.		11. Present Address of Registrant: 1116 - 5th Prairie, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: 23rd of February 1954	12. Signature of Notary: Cee Dykes		13. Notary Commission expires: April 3 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: No. 107619 Insurance Record, Policy /	By whom issued and signed: Northern Life Insurance Co.		Date Issued: 5/14/54	Date Orig. Entry: Policy issued Jan. 31, 1928
Class* B	Date of Birth: April 11, 1906	Birth Place: Caldwell, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Harriet Ziegler Fonner		Date Issued: May 25, 1954	Date Orig. Entry:
Class B	Date of Birth: April 11, 1906	Birth Place: Caldwell, Idaho	Full Name of Mother: Harriet Ziegler Fonner	Name of Father: George Washington Fonner	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census		Date Issued: Census of	Date Orig. Entry: 1940
Class B	Date of Birth: 34 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Nelson	Date Filed: Mch 14, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

69227.006-338

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-261
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARGARET MARIE FISHER
2. Date of Birth (month) APRIL (day) 27 (year) 1906
3. Color or Race: WHITE
4. Sex: FEM.
5. Place of Birth a. County: [redacted] E BINGHAM
b. City or Town of Birth: IDAHO FALLS IDAHO

FATHER

6. Full Name of Father: MA. O FISHER
7. State or Country of Father's Birth: INDIANA CASS Co.

MOTHER

8. Full Maiden Name of Mother: BESSIE ANN CLYNE
9. State or Country of Mother's Birth: KANSAS NESS CO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret Marie Fisher
11. Present Address of Registrant: 415-5th St Idaho Falls Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 11 1955

12. Signature of Notary: L. R. Jasmussen
13. Notary Commission expires: June 1 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Family Record kept by	mother, Bessie Ann Fisher		Apr. 27, 1906
Class* A	Date of Birth: Apr. 27, 1906,	Full Name of Mother: Bessie A. Clyne	Name of Father: Ira O. Fisher	
SUPPORTING RECORD 2.	Affidavit by father	Ira O. Fisher	3-9-55	
Class B	Date of Birth: Apr. 27, 1906, Idaho Falls, Idaho	Full Name of Mother	Name of Father: I. O. Fisher	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Feden	3-21-55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DECEASED

212-02-008-155 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

MAR 23 1955

Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-269
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name: Arthur William Kako
2. Date of Birth: (month) May (day) 2 (year) 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Boise; b. City or Town of Birth: Long Valley

FATHER

6. Full Name of Father: Erick Kako
7. State or Country of Father's Birth: Finland

MOTHER

8. Full Maiden Name of Mother: Fiina Annan Palo
9. State or Country of Mother's Birth: Finland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x Arthur William Kako
11. Present Address of Registrant: R.D. #2 - Conneaut O.

NOTARY (Seal)

Subscribed and sworn to before me on May 28 1954
12. Signature of Notary: Jack Stokon
13. Notary Commission expires: Oct. 23 1954

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible		May 2, 1906
Class* A	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 2, 1906, Long Valley, Idaho			
SUPPORTING RECORD 2.	Certificate of Baptism	John Wm. Eloheimo, Pastor	Baptized	May 20, 1906
Class A	May 2, 1906, Long Valley, Idaho		Erik Kakon	
SUPPORTING RECORD 3.				
Class				

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keeler	3-23-55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 24 1955

713-218-026-433

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
FEB 4 1955
Division of Vital Statistics

State File No. De55-270
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Minty Lamona Bates
2. Date Of Birth: (month) July (day) 18 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Rigby Jefferson; b. City or Town of Birth: Rigby, Idaho

FATHER

6. Full Name of Father: Daniel Bates
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Eliza Ruth Mc Ling
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Minty Lamona Butler
11. Present Address of Registrant: Parma, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: January 7th 19 55
12. Signature of Notary: Ernest Anderson
13. Notary Commission expires: February 11, 19 58

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Baptismal record	L. D. S. Church	Sept.2,1917	Baptized on Sept. 1, 1917
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	July 18, 1906			
SUPPORTING RECORD 2. Class B	Affidavit by a brother	Daniel Bates	Jan. 7, 1955	
	July 18, 1906 Rigby, Idaho		Daniel Bates	
SUPPORTING RECORD 3. Class B	Child's birth certificate	Division of Vital Statistics Boise, Idaho #142238		June 1, 1926
	19 yrs old Idaho			

QUALIFYING INFORMATION

CLASS B. Affidavit by Versa Bates which shows applicant's birthdate as July 18, 1906 and place of birth Rigby, Idaho; Mother, Eliza Ruth Bates; Father, Daniel Bates.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Hedden	3-23-55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 24 1955

256-225 1001-315

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-276
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elva Louise Knox		2. Date Of Birth (month) April (day) 25 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Boise, Idaho Ada; b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Charles Bruce Knox		7. State or Country of Father's Birth: Kansas August 28, 1878
MOTHER	8. Full Maiden Name of Mother: Clara Myrtle Lansing		9. State or Country of Mother's Birth: Kansas October 7, 1883
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elva L. Arthur	11. Present Address of Registrant: 460 E St., San Bernardino, Ca
NOTARY (Seal)	Subscribed and sworn to before me on: November 9 1954	12. Signature of Notary: Doris C. Floyd	13. Notary Commission expires: June 18 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Charles B. and Clara Knox	Date issued: Dec. 3,	Date Orig. Entry: 1954
Class* B	Date of Birth: Apr. 25, Birth Place: 1906, Boise, Idaho	Full Name of Mother: Clara Knox	Name of Father: Charles B. Knox	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Occidental Life Insurance Company	Date issued:	Date Orig. Entry: Apr. 24, 1934
Class B	Date of Birth: Apr. 25, Birth Place: 1906, Boise, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Caldwell, Canyon County Idaho	Date issued:	Date Orig. Entry: Sept. 1919
Class B	Date of Birth: 13 yrs old, Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fields	3-25-55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 25 1955

MAR 26 1955

November 9, 1954

I hereby declare upon oath that the statements appearing on the reverse side hereof are true to the best of my knowledge and belief.

SIGNATURE OF MOTHER

Clara M. Inmon

1144 Belvan
San Bernardino, California

Subscribed and Sworn to before me -- this

9th day of November, 19 54

Doris E. Floyd

Notary Public in and for the County of San Bernardino, State of California

My Commission Expires June 18, 1955

966-114-003-396

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
APR 1 1955
Division of Vital Statistics

State File No. De55-301
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: THOMAS BEN ROWLAND		2. Date Of Birth (month) (day) (year): Feb. 14, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Bannock; b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Edward Nelson Rowland		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Alice Louise Crowshaw		9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thomas Ben Rowland	11. Present Address of Registrant: Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 28, 1955	12. Signature of Notary: George W Hargraves	13. Notary Commission expires: May 19, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: New York Life Insurance Company	Date issued:	Date Orig. Entry: July 13, 1927
Class* B	Date of Birth: Feb. 14, 1906, Pocatello, Idaho	Birth Place:	Full Name of Mother: Alice L. Rowland	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt	By whom issued and signed: Stella M. Rowland	Date issued: 3-23-1955	Date Orig. Entry:
Class B	Date of Birth: Feb. 14, 1906, Pocatello, Idaho	Birth Place:	Full Name of Mother: Alice Louise Crowshaw	Name of Father: Ed. Nelson Rowland
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: Division of Vital Statistics Boise, Idaho #234933	Date issued:	Date Orig. Entry: Aug. 13, 1935
Class B	Date of Birth: 28 yrs old	Birth Place: Pocatello, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel [illegible]	Apr. 1, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 80067

DELAYED CERTIFICATE OF [illegible]

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

APR 1 1955

OCT 1 1965

REGISTRAR'S [illegible] Full Name of Birth [illegible]

[illegible] 14, [illegible]

[illegible] Place of Birth [illegible] Pocatello

FATHER 4. Full Name of Father [illegible] State or Country of Father's Birth Utah

MOTHER 8. Full Maiden Name of Mother [illegible] State or Country of Mother's Birth [illegible]

AFFIDAVIT I hereby confirm upon this that the above/attached is true to the best of my knowledge and belief.

10. Signature of Registrant [illegible] 11. Present Address of Registrant Pocatello, Idaho

NOTARY 12. Subscribed and sworn to before me on [illegible] 13. Signature of Notary [illegible] 14. Notary Commission Expires [illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Type of Document [illegible] By whom issued and signed [illegible] Date Issued [illegible] Date Orig. Entry [illegible]

Date of Birth [illegible] Full Name of Mother [illegible] Name of Father

SUPPORTING RECORD 2. Type of Document [illegible] By whom issued and signed [illegible] Date Issued [illegible] Date Orig. Entry [illegible]

Date of Birth [illegible] Full Name of Mother [illegible] Name of Father

Class [illegible]

SUPPORTING RECORD 3. Type of Document [illegible] By whom issued and signed [illegible] Date Issued [illegible] Date Orig. Entry [illegible]

Date of Birth [illegible] Full Name of Mother [illegible] Name of Father

Class [illegible] 26 yrs old Pocatello, Idaho

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION [illegible]

State Registrar [illegible] Date Filed [illegible]

715-205-031-312

DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAR 21 1955
Division of Vital Statistics

State File No. De55 - 346
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GLADIE PARSLEY		2. Date Of Birth (month) FEB (day) 5 (year) 1906	
	3. Color or Race: White	4. Sex: female	5. Place of Birth: Idaho a. County: Lewis	b. City or Town of Birth: Morrow
FATHER	6. Full Name of Father: HARVE PRESTON PARSLEY		7. State or Country of Father's Birth: ARKANSAS	
MOTHER	8. Full Maiden Name of Mother: MYRTLE ANN TABOR		9. State or Country of Mother's Birth: MISSOURI	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladie P. Averman	11. Present Address of Registrant: ASOTIN WASHINGTON	
NOTARY (Seal)	Subscribed and sworn to before me on: MARCH 15, 1955 19	12. Signature of Notary: Paul Schumacher	13. Notary Commission expires: Sept 22, 1955 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Insurance Policy	By whom issued and signed: Great Western Mutual	Date Issued: 3-5-35	Date Orig. Entry:
	Date of Birth / Birth Place: Feb. 5, 1906, Morrow, Idaho	Full Name of Mother: Assoc.	Name of Father:	
SUPPORTING RECORD 2. Class A.	Type of Document: Family record of births	By whom issued and signed:	Date Issued: Oct. 31, 1898	Date Orig. Entry: Feb. 5, 1906
	Date of Birth / Birth Place: Feb. 5, 1906 Morrow, Idaho	Full Name of Mother: Myrtle Ann Parsley	Name of Father: Harvey Preston Parsley	
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth / Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	April 11, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

APR 18 1955

569-12-1035-751

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 18 1955
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-373
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CURTIS VYVIAN EWING		2. Date of Birth (month) 1 (day) 24 (year) 1906
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Idaho Nezperce; b. City or Town of Birth: Ilo changed to CRAIGMONT
FATHER	6. Full Name of Father: James Wesley Ewing		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Pearl May Pearsall		9. State or Country of Mother's Birth: Wash., Garfield Co.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Curtis V Ewing	11. Present Address of Registrant: 1201-B ST. LONGVIEW WASH
NOTARY (Seal)	Subscribed and sworn to before me on: June 26 1953	12. Signature of Notary: Irene J King	13. Notary Commission expires: August 20, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Application for marriage license	County of Cowlitz, Washington	July 15,	1940
Class* B	Date of Birth: 35 yrs	Birth Place: Craigmont, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Employment Record	By whom issued and signed: Long-Bell Lbr. Co.	Date Issued	Date Orig. Entry: Apr. 13, 1925
Class B	Date of Birth: Jan. 24,	Birth Place: 1906 Craigmont, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Spokane Public Schools Spokane, Washington	Date Issued: year	Date Orig. Entry: 1922
Class B	Date of Birth: Jan. 24,	Birth Place: 1906,	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fleeson	Date Filed: Apr. 18, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

2

APR 19 1955

613-231-003-146

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
MAY 20 1955
Division of Vital Statistics

State File No. De55-493
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ADA BLANCHE WATSON
2. Date of Birth (month) (day) (year): December 31 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Idaho — b. City or Town of Birth: Bannock — Pocatello

FATHER

6. Full Name of Father: JOHN THOMAS WATSON
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: LOUISA AMOR
9. State or Country of Mother's Birth: Wales

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ada Blanche Watson
11. Present Address of Registrant: 615 S. Third, Pocatello, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: May 17 1955

12. Signature of Notary: Marilyn M. Neer
13. Notary Commission expires: My Commission Expires Aug. 24, 1957 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	L. D. S. Church	Blessed	Mch 3, 1907
Class* A	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec. 31, 1906, Pocatello, Idaho	Louisa Amor	John Thomas Watson	
SUPPORTING RECORD 2.	Affidavit by father	John T. Watson	May 18, 1955	
Class B	Dec. 31, 1906, Pocatello, Idaho		John T. Watson	
SUPPORTING RECORD 3.				
Class				

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	May 20, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

289-216-033-681

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAY 31 1955
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-685
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: EVA SARAH SHIRLEY
2. Date Of Birth (month) (day) (year): March 16th, 1906
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Madison; b. City or Town of Birth: Rexburg, Idaho

FATHER

6. Full Name of Father: JAMES FREDERICK SHIRLEY
7. State or Country of Father's Birth: Mill Creek, Utah

MOTHER

8. Full Maiden Name of Mother: SARAH FRANCES VIRGIN
9. State or Country of Mother's Birth: St. Charles, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eva Sarah Shirley
11. Present Address of Registrant: 355 Serrano Drive, Apt. MC San Francisco, Cal

NOTARY (Seal)

Subscribed and sworn to before me on: MAY 24 1955
12. Signature of Notary: also known as Sara S. Shirley
13. Notary Commission expires: NOV 10 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Application for insurance	Beneficial Life Insurance Company		May 2, 1925
Class* B	Date of Birth: March 16, 1906	Birth Place: Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother	By whom issued and signed: Fred A. Shirley	Date Issued: May 17, 1955	Date Orig. Entry
Class B	Date of Birth: March 16, 1906	Birth Place: Madison County, Idaho	Full Name of Mother: Sarah Virgin	Name of Father: James F. Shirley
SUPPORTING RECORD 3.	Type of Document: school record	By whom issued and signed: San Francisco State College	Date Issued	Date Orig. Entry: 9-7-50
Class B	Date of Birth: March 16, 1906	Birth Place: Rexburg - Idaho	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: Betty Waller
Date Filed: July 25, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

742-223-003-619

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 25 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-688
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Lenore Gustaveson	2. Date Of Birth (month) (day) (year): November 23 1906
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Idaho Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Ernest August Gustaveson	7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Evelyn Ward	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: (Frances Lenore Redington) 109 Taft Pocatello, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: April 7 1955	12. Signature of Notary: Alton M. Alexander; 13. Notary Commission expires: May 14, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: 3-20-55	Date Orig. Entry:
Class* B	Date of Birth / Birth Place: Nov. 23, 1906, Pocatello, Idaho	Full Name of Mother: Evelyn Ward	Name of Father: Ernest A. Gustaveson	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt	By whom issued and signed: Lela Ward Swain	Date Issued: 3-21-55	Date Orig. Entry:
Class B	Date of Birth / Birth Place: Nov. 23, 1906, Pocatello, Idaho	Full Name of Mother: Evelyn Ward	Name of Father: Ernest A. Gustaveson	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued:	Date Orig. Entry: Census of 1910, April 15
Class A	Date of Birth / Birth Place: 3 years old - Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Waller	July 25, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

CERTIFICATE OF [illegible]

[illegible]

[illegible]

[

495-21-0242-689

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 27 1955
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-693
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Naomi Elizabeth Diehl		2. Date of Birth: (month) 11 (day) 11 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Charles Philetus Diehl		7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Lillian Gertrude Whitehead		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Naomi Diehl Sorrells	11. Present Address of Registrant: 581 Cress St. Laguna Beach California	
NOTARY (Seal)	Subscribed and sworn to before me on: July 21, 1955	12. Signature of Notary: Helen Schaefer	13. Notary Commission expires: My Commission Expires September 24, 1957 19	

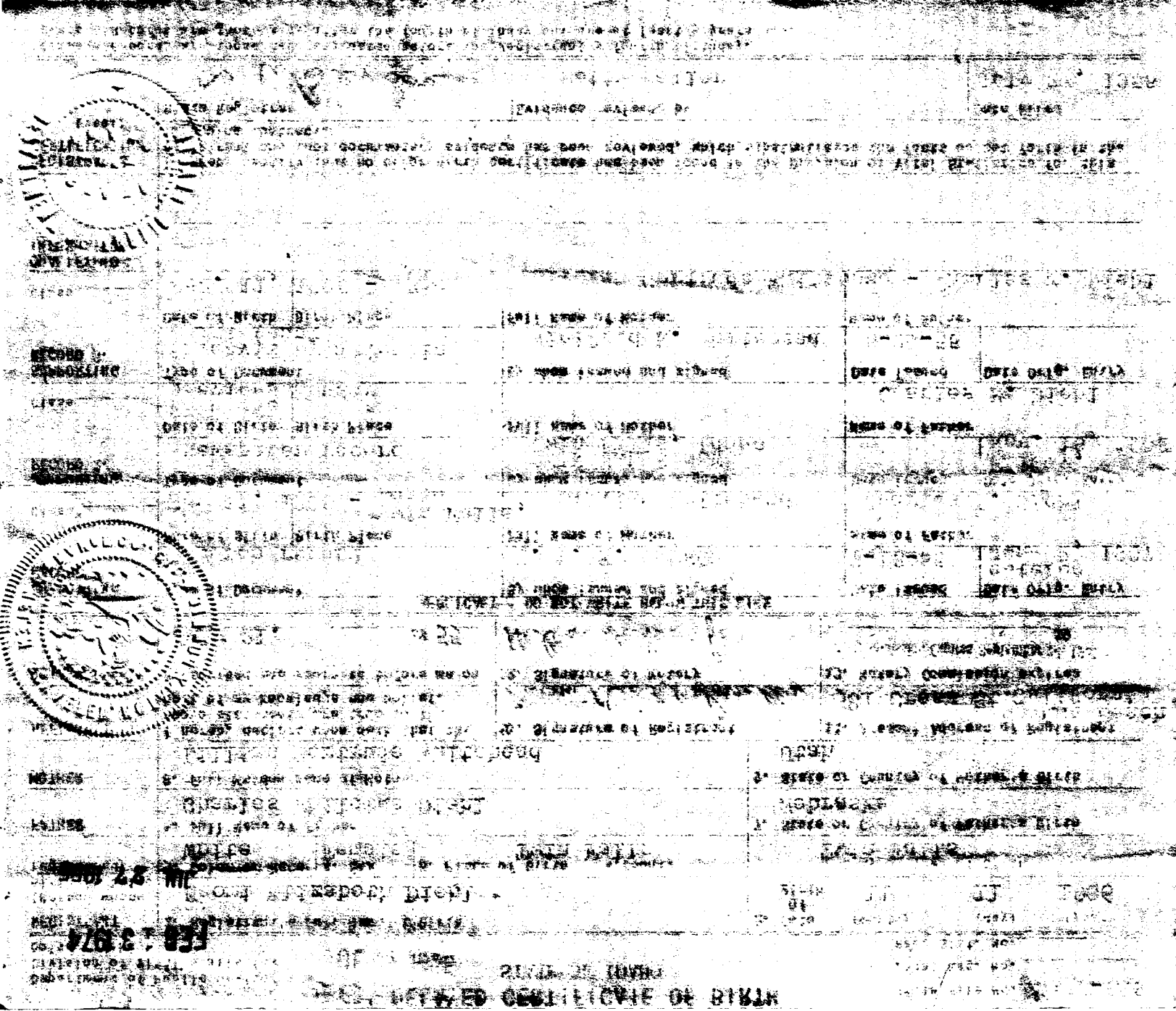
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: church record	By whom issued and signed: L. D. S. CHURCH	Date Issued: 7-13-55	Date Orig. Entry: entered June 2, 1907
	Date of Birth: Nov 11, 1906	Birth Place: Twin Falls, Idaho	Full Name of Mother: Lillian Whitehead	Name of Father: Charles P. Diehl
SUPPORTING RECORD 2. Class A	Type of Document: newspaper record	By whom issued and signed: TWIN FALLS NEWS, Twin Falls, Idaho	Date Issued:	Date Orig. Entry: Friday, Nov. 16, 1906
	Date of Birth: born the previous	Birth Place: Sunday	Full Name of Mother:	Name of Father: Charles P. Diehl
SUPPORTING RECORD 3. Class B	Type of Document: affidavit by attending nurse (aunt)	By whom issued and signed: Winifred K. Whitehead	Date Issued: 6-29-55	Date Orig. Entry:
	Date of Birth: Nov. 11,	Birth Place: 1906 - Twin Falls Idaho	Full Name of Mother: Lillian Gertrude Whitehead	Name of Father: Charles P. Diehl
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller	Date Filed: July 27, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



766-220-001-766

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-702
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Angeline Pfost
2. Date of Birth (month) (day) (year): March 20 - 1906
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Boise, Idaho Ada
b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Francis Marion Pfost
7. State or Country of Father's Birth: Charleston W Va

MOTHER

8. Full Maiden Name of Mother: Sarah Powell
9. State or Country of Mother's Birth: Dubuque County Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth A Minton
11. Present Address of Registrant: R#1 Boise Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: July 28 1955
12. Signature of Notary: O M Lowry
13. Notary Commission expires: May 7 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible Record	mother made out family record; Bible brought to this office		

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 20, 1906 -	Ada Co., Idaho	Sarah Powell	Francis Marion Pfost

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
child's birth certificate	STATE OF IDAHO #160571		child born April 10, 1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
22 years	old - Idaho		

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

registrant's own Bible marriage record; married March 23, 1924 gives her birth as March 20, 1906

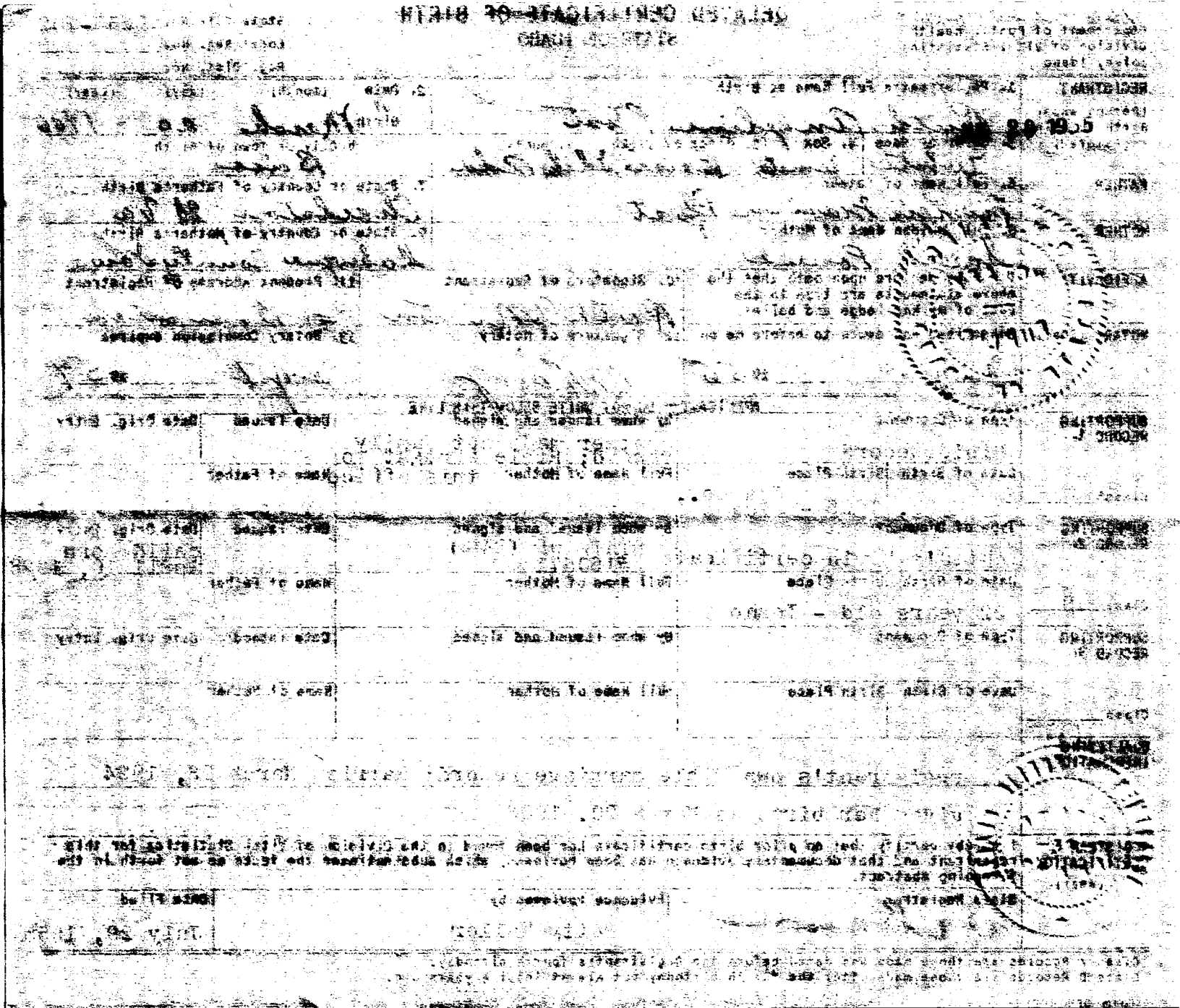
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W E Benson	Betty Waller	July 29, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



312-107-008-266

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 1 1955
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-709
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JAMES FREDRICK CASNER
2. Date of Birth (month) (day) (year): JANUARY 3, 1906
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: BOISE
b. City or Town of Birth: HORSESHOE BEND

FATHER

6. Full Name of Father: BERT E. CASNER
7. State or Country of Father's Birth: Cincinnati, Ohio

MOTHER

8. Full Maiden Name of Mother: ZOLA M. SOWARD
9. State or Country of Mother's Birth: Giltner, Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: James Fredrick Casner
11. Present Address of Registrant: Mountain Home, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on July 28. 1955

12. Signature of Notary: O E Benson
13. Notary Commission expires: November 14 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Family Bible
By whom issued and signed:
Date Issued:
Date Orig. Entry: Jan 3,1906

Class* A

Date of Birth: Jan. 3,1906
Birth Place: Horseshoe Bend,Idaho
Full Name of Mother: Zola M. Soward
Name of Father: Bert E. Casner

SUPPORTING RECORD 2.

Type of Document: insurance policy
By whom issued and signed: GEM STATE MUTUAL LIFE ASSOCIATION
Date Issued:
Date Orig. Entry: Sept. 22 1944

Class B

Date of Birth: January 3, 1906 38 years old
Birth Place: Horseshoe Bend, Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3.

Type of Document:
By whom issued and signed:
Date Issued:
Date Orig. Entry:

Class

Date of Birth:
Birth Place:
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W L Benson
Evidence reviewed by: Betty Waller
Date Filed: August 1, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 8 1955

231-122-003-212

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
SEP 7 1955
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-812
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name: Maxwell Marvin Stainbrook			2. Date of Birth (month) May (day) 22 (year) 1906	
	3. Color or Race: white	4. Sex: Male	5. Place of Birth: a. County Bannock b. City or Town of Lago, Idaho		
FATHER	6. Full Name of Father: Clyde Elmer Stainbrook			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Hattie Bassett Maxwell Marvin Stainbrook			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maxwell Marvin Stainbrook 724 Hawthorne, Memphis, Tenn.		11. Present Address of Registrant: 724 Hawthorne, Memphis, Tenn.	
NOTARY (Seal)	Subscribed and sworn to before me on July 13th 1955	12. Signature of Notary: Walter P. Staley Jr.		13. Notary Commission expires: April 7 - 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: affidavit by mother	By whom issued and signed: Hattie Bassett Stainbrook		Date Issued: 7-13-55	Date Orig. Entry:
	Date of Birth: May 22, 1906	Birth Place: Lago, Idaho Bannock County	Full Name of Mother: Hattie Bassett Stainbrook	Name of Father: Clyde Elmer Stainbrook	
SUPPORTING RECORD 2. Class B	Type of Document: insurance application	By whom issued and signed: AMERICAN HOSPITAL & LIFE INSURANCE CO. Texas		Date Issued:	Date Orig. Entry: December 11, 1945
	Date of Birth: May 22, 1906	Birth Place: Lago, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class A	Type of Document: census record	By whom issued and signed: DEPARTMENT OF COMMERCE Bureau of the Census		Date Issued: 8-30-55	Date Orig. Entry: Census of 1910, April 15
	Date of Birth: 3 years old	Birth Place: Idaho	Full Name of Mother: Hattie Stainbrook	Name of Father: Elmer Stainbrook	
QUALIFYING INFORMATION	church record dated 4-10-49 - gives date of birth as May 22, 1906 MCLEAN BAPTIST CHURCH				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: L. J. Benson	Evidence reviewed by: Betty Waller		Date Filed: Sept. 7, 1955	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 7 1965

864-205-022-466

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-841
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Muriel Elinor House
2. Date of Birth (month) (day) (year): July 5 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Squirrel Fremont
b. City or Town of Birth: Squirrel

FATHER

6. Full Name of Father: Samuel Curtis House
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Alice Maude Moore
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Muriel Elinor House Waddell
11. Present Address of Registrant: Ashton, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: September 16, 1955
12. Signature of Notary: R. S. Stewart
13. Notary Commission expires: March 7, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	affidavit by mother	Alice Maude House	9-16-55	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 5, 1906 / Squirrel, Idaho	Alice Maude House	Samuel Curtis House	
SUPPORTING RECORD 2. Class B	child's birth certificate	STATE OF IDAHO #249183		child born Oct. 12, 1926
	30 years old / Squirrel, Idaho			
SUPPORTING RECORD 3. Class B	insurance application	PACIFIC NATIONAL LIFE ASSURANCE CO. Salt Lake #15548		August 26, 1934
	July 5, 1906 / Squirrel, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	SEP 19 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

REGISTRANT (Person or Birth is filed registered)

1. Registrant's Full Name of Person: [illegible]

2. Date of Birth (month) (day) (year): July [illegible] 1936

3. Color or Race: [illegible]

4. Place of Birth (Place) (Arrowrock): [illegible]

5. City or Town of Birth: [illegible]

6. Full Name of Father: [illegible]

7. State or Country of Father's Birth: Iowa

8. Full Maiden Name of Mother: Alice Maude Moore

9. State or Country of Mother's Birth: Iowa

10. Signature of Registrant: [illegible]

11. Present Address of Registrant: [illegible], Idaho

12. Signature of Notary: [illegible]

13. Notary Commission expires: March 7, 19 59

SUPPORTING RECORD 1

Type of Document: affidavit by mother

By whom issued and signed: Alice Maude Moore

Date Issued: [illegible]-1-56

Date Orig. Entry

Date of Birth: [illegible]

Birth Place: [illegible]

Full Name of Mother: Alice Maude Moore

Name of Father: [illegible]

SUPPORTING RECORD 2

Type of Document: Delayed birth certificate

By whom issued and signed: [illegible]

Date Issued

Date Orig. Entry: Child born Oct. 12, 1926

Date of Birth: [illegible]

Birth Place: [illegible]

Full Name of Mother

Name of Father

Class B

SUPPORTING RECORD 3

Type of Document: Insurance application

By whom issued and signed: [illegible]

Date Issued

Date Orig. Entry: August 26, 1934

Date of Birth: July [illegible], 1936

Birth Place: [illegible]

Full Name of Mother: [illegible]

Name of Father

Class B

COMMENTS

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] abstract.

State Registrar

Evidence reviewed by: Betty Weller

Date Filed: SEP 19 1955

[illegible]

796-111-0276 ED 313

Department of Public Health
Division of Vital Statistics
Boise, Idaho

SEP 23 355
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-850
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Milton Call Grover			2. Date Of Birth: (month) August (day) II (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Jefferson	b. City or Town of Birth: Rigby, Idaho	
FATHER	6. Full Name of Father: Enoch Grover			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Amber Jane Call			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Milton C. Grover		11. Present Address of Registrant: Malad City, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 20 1955	12. Signature of Notary: John H. McAllister Clerk of the District Court By Elaine Williams Dep.		13. Notary Commission expires: Jany 12 1959	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: child's birth certificate	By whom issued and signed: STATE OF IDAHO #238161	Date Issued:	Date Orig. Entry: child born Nov. 7, 1935
	Date of Birth: 29 years old	Birth Place: Rigby, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class B	Type of Document: affidavit by father	By whom issued and signed: Enoch Grover	Date Issued: 9-9-55	Date Orig. Entry:
	Date of Birth: August 11, 1906	Birth Place: Rigby, Idaho Jefferson County	Full Name of Mother: Amber Jane Call	Name of Father: Enoch Grover
SUPPORTING RECORD 3. Class A	Type of Document: church record	By whom issued and signed: L.D.S. CHURCH	Date Issued: 9-4-55	Date Orig. Entry: blessed Nov. 4, 1906
	Date of Birth: August 11, 1906	Birth Place: Rigby, Idaho Jefferson County	Full Name of Mother: Amber J. Call	Name of Father: Enoch Grover
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. L. Benson	Evidence reviewed by: Betty Waller	Date Filed: Sept. 26, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

Department of Public Health
Division of Vital Statistics
Boise, Idaho

JUN 25 1978

REGISTRANT (Person whose birth is being registered)	1. Full Name of Birth: [illegible]	2. Date of Birth (month) (day) (year) [illegible]	
	3. Sex	5. Place of Birth: a. County	Parity or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary	13. Notary Commission Expires [illegible]

APPLICANT — DO NOT SEE FOLLOW FOR LIST

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued: [illegible] Date Orig. Entry: [illegible]
	Date of Birth: [illegible] Birth Place: [illegible]	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued: 8-9-85 Date Orig. Entry: [illegible]
	Date of Birth: [illegible] Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3.	Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued: [illegible] Date Orig. Entry: Issued Nov. [illegible]
	Date of Birth: [illegible] Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Evidence Reviewed by	Date Filed

*Class A Records are those made at [illegible] the Registrant's birth [illegible]
Class B Records are those made after [illegible] years old.

791-22 5-1005-294

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-993
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Josephine Graves			2. Date Of Birth (month) 4 (day) 25 (year) 1906	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Benewah	b. City or Town of Birth: St.Joe Idaho	
FATHER	6. Full Name of Father: Delbert Everett Graves			7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Una Dica Simons			9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Gladys Josephine Graves (Wilson)	11. Present Address of Registrant: 307 Cypress St. Alameda Cal.	
NOTARY (Seal)	Subscribed and sworn to before me on: State of California November 14 1955		12. Signature of Notary: Betty M. Bruce	13. Notary Commission expires: Jan. 31 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: son's birth certificate		By whom issued and signed: STATE OF CALIFORNIA	Date Issued: 10-18-55	Date Orig. Entry: child born May 1, 1932
Class* B	Date of Birth: 26 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: statement re school record		By whom issued and signed: SPOKANE PUBLIC SCHOOLS Spokane 4, Washington	Date Issued: 10-7-55	Date Orig. Entry: February 1 1915
Class B	Date of Birth: 8 years 10 months	Birth Place: old	Full Name of Mother: Mrs. Una Graves	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: affidavit by older sister		By whom issued and signed: Mrs. Pearl Sanborn	Date Issued: 11-12-55	Date Orig. Entry:
Class B	Date of Birth: April 25 1906	Birth Place: St. Joe, Idaho	Full Name of Mother: Una Simons Graves	Name of Father: Delbert E. Graves	
QUALIFYING INFORMATION	Bible record viewed by Oscar F. Wolf, Notary Public for State of Washington; birth date: April 25, 1906; parents: Delbert E. Graves Una D. Graves				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. E. Benson		Evidence reviewed by: Betty Waller	Date Filed: November 15 1955	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 16 1953

813.115 1016-718

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De56-033
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HOWARD CORVEN HALLER
2. Date of Birth (month) (day) (year): January 15 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: ALBION CASSIA
b. City or Town of Birth: ALBION

FATHER

6. Full Name of Father: HOMER Corven HALLER
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: LAURA Payne
9. State or Country of Mother's Birth: CALIFORNIA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Howard Corven Haller
11. Present Address of Registrant: 243 Winther Blvd Nampa Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 10 1955

12. Signature of Notary: Joan L. Thyant
13. Notary Commission expires: Sept. 26 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: child's birth certificate
By whom issued and signed: STATE OF IDAHO #222780
Date Issued:
Date Orig. Entry: child born June 9, 1934
Class* B
Date of Birth: 28 years old
Birth Place: Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 2.

Type of Document: church record
By whom issued and signed: L. D. S. CHURCH
Date Issued:
Date Orig. Entry: Baptized Feb. 4, 1945
Class B
Date of Birth: January 15, 1906
Birth Place: Albion, Idaho
Full Name of Mother: Laura Payne
Name of Father: Homer C. Haller

SUPPORTING RECORD 3.

Type of Document: AFFIDAVIT BY FATHER
By whom issued and signed: HOMER CORVEN HALLER
Date Issued: 12-15-55
Date Orig. Entry:
Class B
Date of Birth: January 15, 1906
Birth Place: Albion, Idaho
Full Name of Mother: Laura Payne
Name of Father: Howard Corven Haller

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar:
Evidence reviewed by: bw Betty Waller
Date Filed: January 10, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 10 1958

315-22-0285 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

AUG 29 1955

Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-060
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name: Amy Edith Lanegan
2. Date Of Birth: (month) 8 (day) 22 (year) 1906
3. Color or Race: white
4. Sex: Female
5. Place of Birth: a. County: Rathdrum, Idaho Kootenai; b. City or Town of Birth:

FATHER

6. Full Name of Father: Andrew Lanegan
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Martha Arnold Ross
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Amy Thompson
11. Present Address of Registrant: 2611 Granada Dr

NOTARY (Seal)

Subscribed and sworn to before me on: August 26 1955
12. Signature of Notary: Nellie D. Loew
13. Notary Commission expires: My Commission Expires April 4, 1959 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: affidavit by older brother
By whom issued and signed: William Marshall Lanegan
Date Issued: 7-28-55
Date Orig. Entry:
Class*: B
Date of Birth: August 22, 1906
Birth Place: Kootenai County, Idaho
Full Name of Mother: Martha A. Ross
Name of Father: Andrew Lanegan

SUPPORTING RECORD 2.

Type of Document: CERTIFICATE OF MARRIAGE RECORD
By whom issued and signed: STATE OF NEBRASKA County of Dawes
Date Issued: 1-6-56
Date Orig. Entry: license issued March 29, 1923
Class: B
Date of Birth: 16 years old
Birth Place: Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3.

Type of Document: INSURANCE RECORD
By whom issued and signed: INDEPENDENCE LIFE & ACCIDENT INSURANCE CO. Louisville, Ken #607514
Date Issued:
Date Orig. Entry: August 15 1951
Class: B
Date of Birth: August 22 1906
Birth Place:
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar:
Evidence reviewed by: bw Betty Waller
Date Filed: January 18 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 19 1956

313-208-001-231

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-072
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary-Helen Callahan			2. Date Of Birth (month) November (day) 8 (year) 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Martin Joseph Callahan			7. State or Country of Father's Birth: Massachusetts
MOTHER	8. Full Maiden Name of Mother: Margaret Frances Stang			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary-Helen Callahan Horgan		11. Present Address of Registrant: Route #4, Billings, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: September 29 19 55	12. Signature of Notary: Beatrice E. Greer		13. Notary Commission expires: August 29 19 57

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: CHURCH RECORD	By whom issued and signed: ST. JOHN'S CATHEDRAL Boise, Idaho	Date Issued: 9-29-55	Date Orig. Entry: baptized July 19, 1908
	Date of Birth: November 8 1906 / Birth Place:	Full Name of Mother: Margaret Stang	Name of Father: Martin Callaghan	
SUPPORTING RECORD 2. Class B	Type of Document: STATEMENT RE SCHOOL RECORD	By whom issued and signed: BOISE PUBLIC SCHOOLS Boise, Idaho	Date Issued: 1-13-56	Date Orig. Entry: school year 1917-18
	Date of Birth: November 8 1906 / Birth Place:	Full Name of Mother: Margaret Callahan	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: AFFIDAVIT BY MOTHER	By whom issued and signed: Margaret Frances Hedden Boise, Idaho	Date Issued: 9-29-55	Date Orig. Entry:
	Date of Birth: November 8 1906 / Birth Place: Boise, Idaho	Full Name of Mother: Margaret Frances Callahan	Name of Father: Martin Joseph Callahan	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: Betty Waller	Date Filed: January 19 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 20 1956

Boise, Idaho

Massachusetts

Minnesota

Boise, Idaho

Margaret Frances Callahan

Martin Joseph Callahan

259-220-044-413

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-199
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Evelyn Seid
2. Date of Birth (month) Sept. (day) 20 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Washington
   b. City or Town of Birth: Midvale

FATHER

6. Full Name of Father: Wilbur Larmer Seid
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Mary Mackey
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Evelyn Seid Powell
11. Present Address of Registrant: 16877 B, Victorville, Calif

NOTARY (Seal)

Subscribed and sworn to before me on January 18 1956

12. Signature of Notary: Helen B Turner
13. Notary Commission expires: My Commission Expires May 20, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: APPLICATION FOR INSURANCE	By whom issued and signed: ROYAL NEIGHBORS OF AMERICAN #5636	Date Issued:	Date Orig. Entry: November 29 1924
	Date of Birth: September 20, 1906	Birth Place: Midvale, Idaho Washington County	Full Name of Mother: Mary Seid	Name of Father:
SUPPORTING RECORD 2. Class B	Type of Document: AFFIDAVIT BY MOTHER	By whom issued and signed: MARY MACKEY SEID Victorville, California	Date Issued: 12-27-55	Date Orig. Entry:
	Date of Birth: September 20, 1906	Birth Place: Midvale, Idaho Washington County	Full Name of Mother: Mary Mackey Seid	Name of Father:
SUPPORTING RECORD 3. Class B	Type of Document: DAUGHTER'S BIRTH CERTIFICATE	By whom issued and signed: STATE OF CALIFORNIA Department of Public Health	Date Issued: 9-27-44	Date Orig. Entry: child born Aug. 18, 1926
	Date of Birth: 19 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	March 2, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Local Reg. No.
Reg. Dist. No.

MAR 2 1956

REGISTRANT: Person whose birth is being registered	1. Full name of Birth: Sept. 20 1906		
	2. Color or Race: White	3. Sex: Female	4. Place of Birth: Midvale, Washington
	5. City or Town of Birth: Midvale		
FATHER:	6. Full Name of Father: Wilbur Lamont Neill		7. State or Country of Father's Birth: Ohio
MOTHER:	8. Full Maiden Name of Mother: Mary Mackey		9. State or Country of Mother's Birth: Idaho
DECLARATION:	10. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant: [illegible]	12. Present Address of Registrant: [illegible], Victorville, Calif
NOTARY:	13. Described and sworn to before me on [illegible]	14. Signature of Notary: [illegible]	15. Notary Commission expires: [illegible]

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD A:	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: November 29 1954
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD B:	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD C:	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]

QUALIFIED INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]	Evidence Reviewed by: [illegible]	Date Filed: March 2, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

763-109-029-65

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-206
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John West Potter
2. Date of Birth (month) (day) (year): September 9 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Moscow Ida. Latah
b. City or Town of Birth: Moscow Idaho

FATHER

6. Full Name of Father: George Dewey Potter
7. State or Country of Father's Birth: Breckenridge Mo.

MOTHER

8. Full Maiden Name of Mother: Edna West
9. State or Country of Mother's Birth: Princeton, Idaho.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John W. Potter
11. Present Address of Registrant: 2705 "H" street Vancouver, Wash

NOTARY (Seal)

Subscribed and sworn to before me on: February 20, 1956
12. Signature of Notary: William M. Fomm Jr.
13. Notary Commission expires: Feb. 10 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: DAUGHTER'S BIRTH CERTIFICATE	By whom issued and signed: WASHINGTON STATE BOARD OF HEALTH, Bureau of Vital Statistics	Date Issued: 7-18-47	Date Orig. Entry: child born Aug. 17, 1929
	Date of Birth: 22 years old	Birth Place: Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2. Class B	Type of Document: APPLICATION FOR INSURANCE	By whom issued and signed: BROTHERHOOD OF RAILROAD TRAINMEN INSURANCE DEPT.	Date Issued	Date Orig. Entry: dated Jan 19, 1938
	Date of Birth: September 9, 1906	Birth Place: Moscow, Idaho Latah County	Full Name of Mother #132606	Name of Father
SUPPORTING RECORD 3. Class B	Type of Document: AFFIDAVIT BY MOTHER	By whom issued and signed: EDNA WEST POTTER	Date Issued: 2-20-56	Date Orig. Entry
	Date of Birth: September 9, 1906	Birth Place: Moscow, Idaho	Full Name of Mother: Edna West Potter	Name of Father: George Dewey Potter

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	March 2, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 2 1956

262-129-008 711

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-207
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Matt Walter Koskella
2. Date of Birth (month) (day) (year): August 29th 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bosse
b. City or Town of Birth: Roseberry Idaho

FATHER

6. Full Name of Father: Gust Koskella
7. State or Country of Father's Birth: Finland

MOTHER

8. Full Maiden Name of Mother: Hanna Paalijarvi
9. State or Country of Mother's Birth: Finland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Matt Walter Koskella
11. Present Address of Registrant: Donnelly--Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: January 31st 1956
12. Signature of Notary: [illegible]
13. Notary Commission expires: Jan 27th 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	DAUGHTER'S BIRTH CERTIFICATE	STATE OF IDAHO #263174		child born Jan 17, 1938
	Date of Birth 31 years old	**Birth Place** Roseberry Idaho	**Full Name of Mother**	**Name of Father**
SUPPORTING RECORD 2. Class A	AFFIDAVIT BY MIDWIFE	MATILDA KANTOLA Donnelly, Idaho	1-31-56	
	Date of Birth August 29, 1906	**Birth Place** Roseberry, Idaho	**Full Name of Mother** Hanna Koskella	**Name of Father** Gust Koskella
SUPPORTING RECORD 3. Class B	application for insurance	GRANGE MUTUAL LIFE COMPANY Nampa, Idaho	**Date Issued**	**Date Orig. Entry** August 2 1948
	Date of Birth August 29 1906	**Birth Place**	**Full Name of Mother**	**Name of Father**

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	March 2, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 8 1956

FEB 12 1974

07 2001

REGISTRANT (person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth	
	3. Sex	4. Place of Birth	5. City or Town of Birth
FATHER	6. Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires

APPLICANT - DO NOT WRITE ABOVE THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class A				
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class A				
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class B				
QUALIFYING INFORMATION				

REGISTRAR CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
		March 2, 1964

281-216-001-182

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-269
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Shafer, Agnes Rowena
2. Date of Birth (month) (day) (year): March 16 1906
3. Color or Race: white
4. Sex: F
5. Place of Birth a. County: Boise; Ada.
b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Shafer, Joseph Henry
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Aiken, Iva Viola
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Agnes Rowena Shafer Reynolds
11. Present Address of Registrant: 1114 Garnet St., Boise

NOTARY (Seal)

Subscribed and sworn to before me on: March 12th 1956
12. Signature of Notary: T. M. Greene
13. Notary Commission expires: Jan 18 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Mother	Iva Viola Shafer	Mar.12,1956	March 12, 1956
Class* B	Date of Birth / Birth Place: Mar.16,1906 / Boise, Idaho	Full Name of Mother: Iva Viola Shafer	Name of Father: Joseph Henry Shafer	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics Idaho State File #231087	Date Issued: Apr.19,1935	Date Orig. Entry: April 19,1935
Class B	Date of Birth / Birth Place: Age 29 / Boise, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Northern Life	Date Issued: May28,1946	Date Orig. Entry: May 28, 1946
Class B	Date of Birth / Birth Place: March 16,1906 Boise, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barnes	Verna Reisch	March 13, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH

STATE OF OHIO

845-208-006-313

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-290
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: OLIVE JANE HUNT		2. Date Of Birth (month) JANUARY (day) 8 (year) 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth: IDAHO a. County: BINGHAM b. City or Town of Birth: MORELAND
FATHER	6. Full Name of Father: Warren Lee Hunt		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ruth Emily Talbot		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Olive Jane Hunt Smith	11. Present Address of Registrant: 741 So. 5th ave Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 16 1956	12. Signature of Notary: A Halling	13. Notary Commission expires: July 8 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: SON'S BIRTH CERTIFICATE	By whom issued and signed: STATE OF IDAHO #223347	Date issued: 11-17-54	Date Orig. Entry: child born July 20, 1934
	Date of Birth: 28 years old; Birth Place: Moreland Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: CHURCH RECORD	By whom issued and signed: L.D.S. CHURCH	Date issued:	Date Orig. Entry: baptized July 2, 1915
	Date of Birth: January 8, 1906; Birth Place: Idaho	Full Name of Mother: Ruth Talbot	Name of Father: Warren L. Hunt	
SUPPORTING RECORD 3. Class B	Type of Document: INSURANCE RECORD	By whom issued and signed: METROPOLITAN LIFE INSURANCE CO. #295903	Date issued:	Date Orig. Entry: issued April 1, 1938
	Date of Birth: 33 years old next birthday; Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	March 19, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 21 1956

MAR 20 1956

689-226-001-132

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-293
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Letha Whittier
2. Date of Birth (month) (day) (year): Jan. 26 - 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Boise, Idaho
b. City or Town of Birth: Boise Idaho

FATHER

6. Full Name of Father: Burton Williams Whittier
7. State or Country of Father's Birth: Kearny Nebr. (I think)

MOTHER

8. Full Maiden Name of Mother: Winifred Mae Atkinson
9. State or Country of Mother's Birth: Champagne Co. Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Margaret Whittier Baldauf
11. Present Address of Registrant: 2517 N. 8th St. Co. Bluffs Ia.

NOTARY (Seal)

Subscribed and sworn to before me on: Feb 23 1956
12. Signature of Notary: [illegible] Christensen
13. Notary Commission expires: July 4 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Statement re GENEALOGY RECORD	January 26 1906	Boise, Idaho	THE ANCESTRY & DESCENDENTS OF EDMUND WHITTIER, Page 39	Winifred Mae Atkinson		Burton Willian Whittier	printed in 1917
SUPPORTING RECORD 2. Class B	Statement re CHURCH RECORD	January 26 1906		FIRST CHRISTIAN CHURCH Council Bluffs, Iowa		10-17-55		baptized Jan. 26, 1916
SUPPORTING RECORD 3. Class B	Statement re VOTING REGISTRATION	January 26, 1906 42 years old		RICHARD G. BUNTEN, CITY CLERK Council Bluffs, Iowa		2-23-56		registered Oct. 12, 1948

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Betty Waller	March 19, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

249-20-005-893

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D56-305
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ardath Rosalia Burpee		2. Date of Birth (month) May (day) 4 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County	b. City or Town of Birth: St Maries
FATHER	6. Full Name of Father: John Wesley Burpee		7. State or Country of Father's Birth: Jasperean, New Brunswick
MOTHER	8. Full Maiden Name of Mother: Nellie Margaret Hillman		9. State or Country of Mother's Birth: Cook Valley, Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ardath Rosalia Baril	11. Present Address of Registrant: 24-5th Ave W Kalispell Mont
NOTARY (Seal)	Subscribed and sworn to before me on: 12-31 1955	12. Signature of Notary: W A Trahey	13. Notary Commission expires: 2-4 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: AFFIDAVIT BY MOTHER	By whom issued and signed: NELLIE MARGARET HILLMAN GROVE	Date Issued: 12-21-55	Date Orig. Entry:	
	Date of Birth: May 4 1906	Birth Place: St. Maries Idaho	Full Name of Mother: Nellie Margaret Hillman	Name of Father: John Wesley Burpee	
SUPPORTING RECORD 2. Class B	Type of Document: APPLICATION FOR INSURANCE Policy J 578487	By whom issued and signed: LINCOLN NATIONAL LIFE INSURANCE CO., Pittsburgh, Penn.	Date Issued: 1-12-56	Date Orig. Entry: May 17 1931	
	Date of Birth: May 4 1906	Birth Place: St. Maries, Idaho	Full Name of Mother: Nellie M. Burpee	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Statement re SCHOOL RECORD	By whom issued and signed: LINCOLN COUNTY, MONTANA Libby, Montana	Date Issued: 3-13-56	Date Orig. Entry: school year 1922	
	Date of Birth: May 4 1906	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: bw Betty Waller	Date Filed: March 22, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 22 1956

212-218-001-659

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-307
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VETA RHEA BASS	2. Date Of Birth (month) MAR. (day) 18 (year) 1906
	3. Color or Race: W; 4. Sex: F; 5. Place of Birth a. County: ADA	b. City or Town of Birth: STAR
FATHER	6. Full Name of Father: Wilson Alonzo Bass	7. State or Country of Father's Birth: Missouri Polk Co.
MOTHER	8. Full Maiden Name of Mother: Zoola Ferrell	9. State or Country of Mother's Birth: Kansas Wichita
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Veta Rhea Kargas (Bass)
		11. Present Address of Registrant: 1315 Capitol Blvd. Boise Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 12 1956	12. Signature of Notary: Muriel M. Murray
		13. Notary Commission expires: July 1 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department Internal Revenue Service	Date issued: 5-21-42	Date Orig. Entry: 5-21-42
Class* B	Date of Birth: March 18,1906; Birth Place: Star, Idaho	Full Name of Mother: Zoola Farrel	Name of Father: Wilson Alonzo Bass	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Lune King-Clerk Ada Circle Neighbors of Woodcraft #166	Date issued: Mar.20,1956	Date Orig. Entry: Dec.1,1943
Class B	Date of Birth: Age 37; Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Zoola Ferrell Coonrod-Mother	Date issued: Mar.12,1956	Date Orig. Entry: Mar.12, 1956
Class B	Date of Birth: Mar.18,1906; Birth Place: Star, Idaho	Full Name of Mother: Zoola Ferrell	Name of Father: Wilson Alonzo Bass	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Verna Reisch	March 22, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #9067

CERTIFIED COPY OF BIRTH
STATE OF IDAHO

MAR 22 1956

284-105-025-395

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
OCT 25 1955
[redacted]

State File No. De56-336
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Walter William Squires		2. Date of Birth (month) (day) (year): September 5, 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Wyona, Idaho
FATHER	6. Full Name of Father: William Calvin Squires		7. State or Country of Father's Birth: Clyde, Cloud, Kansas	
MOTHER	8. Full Maiden Name of Mother: Charity Louisa Tinney		9. State or Country of Mother's Birth: Washington, Washington, Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Walter W. Squires	11. Present Address of Registrant: Box #762 Orofino, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: October 22, 1955	12. Signature of Notary: Arthur W. Yona	13. Notary Commission expires: April 1, 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by parents		By whom issued and signed: William C. Squires, Charity Squires	Date issued: 10-22-55	Date Orig. Entry:
Class* B	Date of Birth: September 5, 1906	Birth Place: Wyona, Idaho	Full Name of Mother: Charity Louisa Tinney	Name of Father: William Calvin Squires	
SUPPORTING RECORD 2.	Type of Document: APPLICATION FOR SOCIAL SECURITY NUMBER 534-03-2498		By whom issued and signed: TREASURY DEPARTMENT Internal Revenue service	Date issued:	Date Orig. Entry: signed Dec. 1, 1936
Class B	Date of Birth: September 5, 1906	Birth Place: Idaho County Idaho	Full Name of Mother: Chairty Tinney	Name of Father: William Squires	
SUPPORTING RECORD 3.	Type of Document: MILITARY RECORD Seaman's Cert. of Identification		By whom issued and signed: U. S. DEPT. of COMMERCE #745768	Date issued:	Date Orig. Entry: June 21 1944
Class B	Date of Birth: September 5, 1906	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

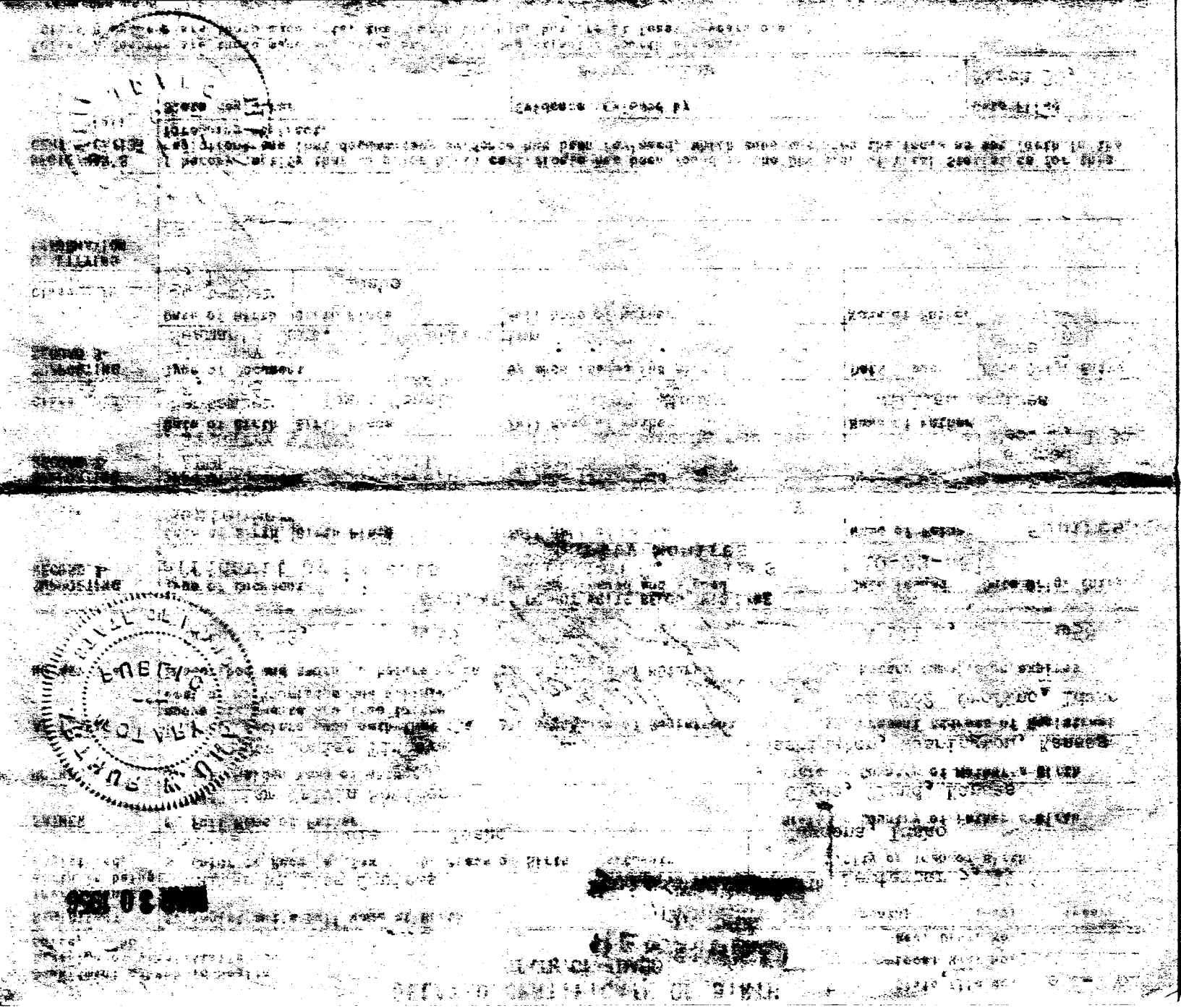
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Betty Waller	March 30, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



713-119-023-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-338
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Newell Packer		2. Date Of Birth: (month) August (day) 19 (year) 1906	
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County: Marsh Center, Bannock	b. City or Town of Birth: Marsh Center, Idaho. ~~County, Idaho~~
FATHER	6. Full Name of Father: Josiah George Packer		7. State or Country of Father's Birth: Franklin, Franklin County, ~~Idaho~~.	
MOTHER	8. Full Maiden Name of Mother: Chase W. Wallace		9. State or Country of Mother's Birth: East Shore, Medford Co. ~~Kentucky~~	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Newell Packer	11. Present Address of Registrant: 430 Taft Avenue, Pocatello, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 17 1956	12. Signature of Notary: Alfred S. Gorrocks	13. Notary Commission expires: December 28 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY UNCLE	By whom issued and signed: STREATOR WALLACE	Date Issued: 3-5-56	Date Orig. Entry:	
Class* B	Date of Birth: August 19 1906	Birth Place: Marsh Center, Idaho Bannock County	Full Name of Mother: Chase W. Wallace	Name of Father: Josiah George Packer	
SUPPORTING RECORD 2.	Type of Document: CHURCH RECORD	By whom issued and signed: L.D.S. CHURCH Salt Lake City, Utah	Date Issued: 3-2-56	Date Orig. Entry: entered on record Dec. 6, 1914	
Class B	Date of Birth: August 19 1906	Birth Place: Marsh Center, Idaho Bannock County	Full Name of Mother: Chase W. Wallace	Name of Father: J. G. Packer	
SUPPORTING RECORD 3.	Type of Document: SON'S BIRTH CERTIFICATE	By whom issued and signed: STATE OF IDAHO #50 - 13148	Date Issued:	Date Orig. Entry: child born Nov. 1, 1950	
Class B	Date of Birth: 44 years old	Birth Place: Marsh Center Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W Benson	Evidence reviewed by: bw Betty Waller	Date Filed: April 3, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR

FILE NO.

1. NAME OF CHILD (First, Middle, Last)

2. SEX

3. DATE OF BIRTH (Month, Day, Year)

4. PLACE OF BIRTH (County, City or Town, Hospital)

5. NAME OF FATHER

6. RESIDENCE OF FATHER

7. BIRTHPLACE OF FATHER (State or Country)

8. AGE OF FATHER (Last Birthday)

9. OCCUPATION OF FATHER

10. NAME OF MOTHER (Maiden)

11. RESIDENCE OF MOTHER

12. BIRTHPLACE OF MOTHER (State or Country)

13. AGE OF MOTHER (Last Birthday)

14. OCCUPATION OF MOTHER

15. NUMBER OF CHILDREN BORN TO THIS MOTHER

16. NUMBER OF CHILDREN LIVING

17. NUMBER OF CHILDREN DEAD

18. NUMBER OF OTHER CHILDREN DEAD

19. NUMBER OF OTHER CHILDREN LIVING

20. DATE OF MARRIAGE (Month, Day, Year)

21. PLACE OF MARRIAGE (City or Town, County, State)

22. NAME OF PERSON OR OFFICIAL PERFORMING MARRIAGE

23. TITLE OF PERSON OR OFFICIAL PERFORMING MARRIAGE

24. ADDRESS OF PERSON OR OFFICIAL PERFORMING MARRIAGE

25. SIGNATURE OF PERSON OR OFFICIAL PERFORMING MARRIAGE

26. DATE SIGNED

27. SIGNATURE OF REGISTRAR

28. DATE FILED

29. SIGNATURE OF PERSON MAKING STATEMENT

30. RELATIONSHIP TO CHILD

31. ADDRESS OF PERSON MAKING STATEMENT

32. DATE SIGNED

33. SIGNATURE OF PERSON MAKING STATEMENT

34. RELATIONSHIP TO CHILD

35. ADDRESS OF PERSON MAKING STATEMENT

36. DATE SIGNED

37. SIGNATURE OF PERSON MAKING STATEMENT

38. RELATIONSHIP TO CHILD

39. ADDRESS OF PERSON MAKING STATEMENT

40. DATE SIGNED

673-230-035-769

Federal Security Agency
U. S. P. H. S.

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
State of Idaho

State File No. De56-352
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Nezperce (b) City Peck
   (c) Street address or R.F.D. No. Peck
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay BEFORE delivery:
   In Hospital or Materity Home ..... Days
   In THIS County ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER (Always fill in these)**
   (a) State Idaho (b) County Nezperce
   (c) City Peck
   (d) Street address or R.F.D. No. Peck
   (e) How long has MOTHER lived in Idaho? 10 yrs.
   (f) Mother's mailing address (for registration notice): Peck (Street or R.F.D.) Idaho (Postoffice)

3. **RESIDENCE OF FATHER** Peck Idaho. (City, State)

4. **FULL NAME OF CHILD** Verl Berniece Oglesby.

5. **DATE OF BIRTH** Sept 30 1906 (Month, day, year)

6. Sex Female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

FATHER OF CHILD

10. **FULL NAME** William Henry Oglesby.
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace ..... (City or Town) ..... (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Porter
17. Color or Race White
18. Age at time of THIS birth ..... yrs.
19. Birthplace Latah County Ida. (City or Town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Was a standard serological test for syphilis performed? Yes ..... No ✓ Approximate date .....
23. Name prophylactic used to prevent Ophthamia Neonatorum Argno 3
24. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead ..... (d) Stillborn None

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Bertha (First name) Oglesby (Last name), who is related to this child as Mother (Mother, etc.)

27. (a) ..... (Date received) (b) ..... (Registrar's signature)

28. Given name added on ..... by ..... (Registrar's signature)

26. **Attendant's OWN signature** J. M. Lyle M.D. (D.O., Midwife, etc.)
and address Peck Idaho Date ~~9/30/06~~ 6/15/53

APR 6 1956

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

DELAYED

893-225-076-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-366
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Eliza Hill			2. Date of Birth (month) aug. (day) 25 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida	b. City or Town of Birth: St. John, Idaho
FATHER	6. Full Name of Father: John Hill			7. State or Country of Father's Birth: I daho
MOTHER	8. Full Maiden Name of Mother: Mary Jane Williams			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Eliza Hill		11. Present Address of Registrant: Preston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: april 6 1956	12. Signature of Notary: Norman A Reite		13. Notary Commission expires: July 1 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Statement re CHURCH RECORD	By whom issued and signed: L.D.S. CHURCH Preston, Idaho	Date Issued: 3-31-53	Date Orig. Entry: baptized Aug. 29, 1914	
	Date of Birth: August 25, 1906	Birth Place: St. John's Idaho	Full Name of Mother: Mary Williams	Name of Father: John Hill	
SUPPORTING RECORD 2. Class B	Type of Document: AFFIDAVIT BY MOTHER	By whom issued and signed: MRS. MARY JANE HILL	Date Issued: 1-18-56	Date Orig. Entry:	
	Date of Birth: August 25 1906	Birth Place: St. John Idaho	Full Name of Mother: Mary Williams Hill	Name of Father: John Hill	
SUPPORTING RECORD 3. Class B	Type of Document: SON'S BIRTH CERTIFICATE	By whom issued and signed: STATE OF IDAHO #188721	Date Issued:	Date Orig. Entry: child born Feb. 14, 1931	
	Date of Birth: 24 years old	Birth Place: St. John Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller	Date Filed: April 9, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

213-16-026-819

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-382
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wallace Ball
2. Date Of Birth (month) (day) (year): Sept. 16 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Lewisville Jefferson
b. City or Town of Birth: Lewisville

FATHER

6. Full Name of Father: Orson Ball
7. State or Country of Father's Birth: Vernon, Utah

MOTHER

8. Full Maiden Name of Mother: Emily Jane Harris
9. State or Country of Mother's Birth: Benson, Cash Co., Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wallace Ball
11. Present Address of Registrant: P. O. Box 267 Lewisville, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 30 19 56
12. Signature of Notary: I. Kinghorn Lee
13. Notary Commission expires: March 26 19 58

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	CHURCH RECORD	L.D.S. CHURCH Lewisville Ward, Rigby Stake	3-29-56	baptized Oct. 18, 1914
Class* B	Date of Birth: September 16, 1906 — Birth Place: Lewisville, Idaho Jefferson County	Full Name of Mother: Emily Jane Harris	Name of Father: Orson Ball	
SUPPORTING RECORD 2.	Type of Document: AFFIDAVIT BY PERSON PRESENT AT BIRTH	By whom issued and signed: EMMA KINGHORN LEE Rigby, Idaho	Date Issued: 3-30-56	Date Orig. Entry
Class B	Date of Birth: September 16, 1906 — Birth Place: Lewisville, Idaho	Full Name of Mother: Emily Jane Harris Ball	Name of Father: Orson Ball	
SUPPORTING RECORD 3.	Type of Document: DOCTOR'S RECORD OF DAUGHTER'S BIRTH	By whom issued and signed: EARL D. JONES, D.O., M.D. Roberts, Idaho	Date Issued	Date Orig. Entry: child born July 25, 1932
Class B	Date of Birth: September 16, 1906 — Birth Place: Lewisville Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
I. B. Romney	bw Betty Waller	April 11, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 11 1951

959-228-010-336

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-397
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Lupreal Ivie		2. Date Of Birth (month) JULY (day) 28 (year) 1906
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Idaho Bonneville b. City or Town of Birth: Iona
FATHER	6. Full Name of Father: Robert Elmo Ivie		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mattie Leoan Cloward		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith Lupreal Kyle	11. Present Address of Registrant: 327 Pierre Rd. Walnut California
NOTARY (Seal)	Subscribed and sworn to before me on: March 5 1956	12. Signature of Notary: [signature]	13. Notary Commission expires: Oct 28 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY MOTHER		By whom issued and signed: MATTIE L. STONER Los Angeles, California	Date issued: 2-20-56	Date Orig. Entry:
Class* B	Date of Birth: July 28 1906	Birth Place: Iona, Idaho	Full Name of Mother: Mattie L. Stoner	Name of Father: Robert Elmo Ivie	
SUPPORTING RECORD 2.	Type of Document: SOCIAL SECURITY RECORD		By whom issued and signed: DEPARTMENT OF HEALTH, EDUCATION & Welfare, Social Security Administration	Date issued: 1-31-56	Date Orig. Entry:
Class B	Date of Birth: July 28 1906	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: APPLICATION FOR INSURANCE		By whom issued and signed: GUARANTY UNION LIFE INSURANCE CO. #A 14543	Date issued:	Date Orig. Entry: applied Nov. 17, 1938
Class B	Date of Birth: July 28 1906	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bw Betty Waller	April 17, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IOWA

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF BIRTH

753-106-036-753

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-430
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Truman Harold Peterson
2. Date of Birth: October 6 1906
3. Color or Race: white
4. Sex: male
5. Place of Birth: Idaho — a. County: Oneida — b. City or Town of Birth: Mink Creek

FATHER

6. Full Name of Father: Amea1 Peterson
7. State or Country of Father's Birth: VINOKER-SPONGA-SWEDEN

MOTHER

8. Full Maiden Name of Mother: Matilda Peterson
9. State or Country of Mother's Birth: Idaho, Oneida

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harold Truman Peterson
11. Present Address of Registrant: Grace Idaho

NOTARY (Seal)

Subscribed and sworn to before me on MAY 10 1956 19__

12. Signature of Notary: Alvin R. Whitehead
13. Notary Commission expires: 6-21- 19 57

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
church record	L. D. S. CHURCH Salt Lake City, Utah	11-10-54	entered Nov. 4, 1906

Date of Birth	Birth Place	Full Name of Mother	Name of Father
October 6, 1906	Mink Creek, Idaho Oneida County	Matilda Peterson	Amea1 Peterson

SUPPORTING RECORD 2. Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
daughter's birth certificate	State of Idaho #51-12934	4-27-56	child born Oct. 23, 1951

Date of Birth	Birth Place	Full Name of Mother	Name of Father
45 years old	Mink Creek Idaho		

SUPPORTING RECORD 3. Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by father	Emil E. Peterson Grace, Idaho	4-18-56	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
October 6, 1906			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	bw Betty Waller	May 14, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State Reg. No.

Local Reg. No.

Mun. Dist. No.

MAY 14 1956

Department of Public Health
Division of Vital Statistics
Boise, Idaho

1. Name of Child: Full Name at Birth
Person whose birth is being: [illegible] Mateson

2. Date of Birth: Month [illegible] Day [illegible] Year [illegible]

3. Sex: Male

4. Place of Birth: Idaho

5. City or Town of Birth: Mink Creek

6. Father: Full Name of Father: [illegible] Peterson

7. Date or Country of Father's Birth: [illegible]

8. Mother: Full Maiden Name of Mother: [illegible]

9. State or Country of Mother's Birth: [illegible]

10. Affidavit: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Signature of Registrant: [illegible]

12. Signature of Notary: [illegible]

13. Present Address of Registrant: [illegible]

14. Notary Commission expires: [illegible]

Notary Seal: Subscribed and sworn to before me on [illegible] 19

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD No. 1

Type of Document: Church Record

By whom issued and signed: [illegible]

Date Issued: [illegible]

Date of Birth: [illegible]

Full Name of Father: [illegible]

Class: A

SUPPORTING RECORD No. 2

Type of Document: [illegible] Birth Certificate

By whom issued and signed: State of [illegible]

Date Issued: [illegible]

Date of Birth: [illegible]

Full Name of Father: [illegible]

Class: B

SUPPORTING RECORD No. 3

Type of Document: [illegible] by Father

By whom issued and signed: [illegible]

Date Issued: [illegible]

Date of Birth: [illegible]

Full Name of Mother: [illegible]

Class: [illegible]

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]

Evidence reviewed by: [illegible]

Date Filed: [illegible], 1956

*Class A Records are those made and [illegible] before the Registrar [illegible] birthday.
Class B Records are those made after the [illegible] birthday [illegible] at least [illegible] years old.

846-207-001-114

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-431
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: GRETTA LOUISE HUFTON
2. Date of Birth (month) (day) (year): MARCH 7 1906
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Boise; b. City or Town of Birth: BOISE IDAHO

FATHER

6. Full Name of Father: William Walter Hufton
7. State or Country of Father's Birth: Mich.

MOTHER

8. Full Maiden Name of Mother: Ida Jauernig
9. State or Country of Mother's Birth: AUSTRIA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gretta Louise Thies
11. Present Address of Registrant: Burns, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: March 29, 1956

12. Signature of Notary: Raymond Hicks
13. Notary Commission expires: NOTARY PUBLIC My Commission Expires Sept. 29 1957

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by friend of the family	Gretta Parnell	Apr.26,56	Apr. 26,1956
Class* B	Date of Birth: Mar.7,1906	Birth Place: Boise, Idaho	Full Name of Mother: Ida Jauernig Hufton	Name of Father: William Walter Hufton
SUPPORTING RECORD 2.	School Record	D.C. DeBeaumont, Superintendent Boise Public Schools	Apr.25,1956	Sept.13,1920
Class B	Mar.7,1906	Boise, Idaho		W. W. Hufton
SUPPORTING RECORD 3.	Probate Court Record	Judge Rice, Supreme Judge	Mar.27,1918	Mar.27,1918
Class B	Mar.7,1906		Ida Jauernig Hufton	William Walter Hufton

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Verna Reisch	April 27,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

[redacted]

893-206-036-8 Y3

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-440
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: KATIE HILL		2. Date Of Birth (month) May (day) 6 (year) 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth: IDAHO a. County: ONEIDA b. City or Town of Birth: ST. JOHN
FATHER	6. Full Name of Father: Matthew Hill, Jr.		7. State or Country of Father's Birth: St. John, Idaho
MOTHER	8. Full Maiden Name of Mother: Elizabeth Hutchinson		9. State or Country of Mother's Birth: Scotland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Katie Hill Ellis	11. Present Address of Registrant: 15 Humboldt Avenue San Anselmo California
NOTARY (Seal)	Subscribed and sworn to before me on: April 6 1956	12. Signature of Notary: Bennie F. Coutz	13. Notary Commission expires: March 7 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: AFFIDAVIT BY MOTHER	By whom issued and signed: Mrs. Elizabeth M. Hill San Anselmo, California	Date Issued: 12-1-55	Date Orig. Entry:
	Date of Birth: May 6 1906 / Birth Place: St. John, Idaho Oneida County 518-05-7465	Full Name of Mother: Elizabeth Hutchinson	Name of Father: Matthew Hill, Jr.	
SUPPORTING RECORD 2. Class B	Type of Document: APPLICATION FOR SOCIAL SECURITY NUMBER	By whom issued and signed: TREASURY DEPARTMENT Internal Revenue Service	Date Issued:	Date Orig. Entry: applied Sept. 3, 1937
	Date of Birth: May 6 1906 / Birth Place: Malad Idaho	Full Name of Mother: Elizabeth Hutchinson	Name of Father: Matthew Hill	
SUPPORTING RECORD 3. Class B	Type of Document: insurance record	By whom issued and signed: Metropolitan Life Insurance Co. #32744491	Date Issued:	Date Orig. Entry: May 18 1925
	Date of Birth: 19 years old / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	April 30 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

365-115-025-853

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-4460
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Erling Harmond Loveness		2. Date of Birth (month) Feb. (day) 15 (year) 1906	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Grangeville	b. City or Town of Birth: Grangeville, Idaho
FATHER	6. Full Name of Father: Syvert E. Loveness		7. State or Country of Father's Birth: Halstad, Minnesota	
MOTHER	8. Full Maiden Name of Mother: Ina Augusta Helgeson		9. State or Country of Mother's Birth: Mabel, Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Erling Harmond Loveness	11. Present Address of Registrant: 547 S. Windsor Ave. Medford, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: April 23 1956	12. Signature of Notary: Evelyn C Copinger	13. Notary Commission expires: 8/15 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement re APPLICATION FOR INSURANCE	By whom issued and signed: NORTHERN LIFE INSURANCE CO. #310163	Date Issued: 4-9-56	Date Orig. Entry: applied March 8, 1944	
Class* B	Date of Birth: February 15, 1906	Birth Place: Grangeville Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Mrs. Ina Loveness Orland, California	Date Issued: 3-30-43	Date Orig. Entry:	
Class B	Date of Birth: February 15, 1906	Birth Place: Grangeville Idaho	Full Name of Mother: Ina Augusta Helgeson	Name of Father: Syvert E. Loveness	
SUPPORTING RECORD 3.	Type of Document: Statement re church record	By whom issued and signed: The First Lutheran Church Orland, California	Date Issued: 7-4-53	Date Orig. Entry: confirmed April 23, 1922	
Class B	Date of Birth: February 15, 1906	Birth Place: Grangeville Idaho	Full Name of Mother: Mrs. Ina Loveness	Name of Father: E. S. Loveness	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller	Date Filed: April 30 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 30 1956

Registrar's Full Name at Birth: Irving Raymond Lovenes

Date of Birth: Feb. 15 1906

Sex: X

Place of Birth: Grangeville

Place of Birth: Grangeville, Idaho

Full Name of Father: Syvert E. Loveness

State or Country of Father's Birth: Halstad, Minnesota

Full Maiden Name of Mother: Ina Augusta Helgeson

State or Country of Mother's Birth: Nobel, Minnesota

Sworn before me, with that the above statements are true to the best of my knowledge and belief.

Signature of Registrar: [signature]

Signature of Notary: [signature]

Present Address of Registrar: 2[illegible] S. Windsor Ave. Bedford, Oregon

Notary Commission expires: 5/5 19[illegible]

SUPPORTING RECORD 1.

Type of Document: Statement re APPLICATION FOR [illegible]

Date of Birth: February 15, 1906

Birth Place: Grangeville

Date Issued: 4-3-56

Date Orig. Entry: Supplied March 8, 1944

Full Name of Mother: [illegible]

Name of Father: [illegible]

SUPPORTING RECORD 2.

Type of Document: affidavit by mother

Date of Birth: February 15, 1906

Birth Place: Grangeville Idaho

By whom issued and signed: Mrs. Ina Loveness Orland, California

Full Name of Mother: Ina Augusta Helgeson

Date Issued: 3-30-43

Date Orig. Entry: [illegible]

Name of Father: Syvert E. Loveness

SUPPORTING RECORD 3.

Type of Document: Statement re church record

Date of Birth: February 15, 1906

Birth Place: Grangeville Idaho

By whom issued and signed: The First Lutheran Church Orland, California

Full Name of Mother: Mrs. Ina Loveness

Date Issued: 1-4-53

Date Orig. Entry: confirmed April 23, 1922

Name of Father: E. S. Loveness

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] Registrant.

State Registrar: [signature]

Evidence reviewed by: Betty Waller

Date Filed: April 30 1956

Class A Records are those made and dated before the Registrant's Court [illegible]

Class B Records are those made after the [illegible]

866-219-025-418

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-467
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Nellie Grace Hood

2. Date of Birth (month) (day) (year): January 19 1906

3. Color or Race: White

4. Sex: Female

5. Place of Birth a. County: Idaho

b. City or Town of Birth: Stites

FATHER

6. Full Name of Father: William Clarence Hood

7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Lulu Violet Mays

9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nellie Grace Hood Dykes

11. Present Address of Registrant: 1417 Belmont, Seattle, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: April 26 1956

12. Signature of Notary: V S Fleischman

13. Notary Commission expires: Feb. 20 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: daughter's birth certificate	By whom issued and signed: Washington State Department of Health #670	Date Issued: 6-15-51	Date Orig. Entry: child born May 20, 1946
Class* B	Date of Birth: 40 years old	Birth Place: Stites Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: affidavit by aunt	By whom issued and signed: Stella Deardorff San Francisco, California	Date Issued: 4-24-56	Date Orig. Entry:
Class B	Date of Birth: January 19, 1906	Birth Place: Stites Idaho	Full Name of Mother: Lule Violet Mays	Name of Father: William Clarence Hood
SUPPORTING RECORD 3.	Type of Document: statement re school record	By whom issued and signed: Idaho County Board of Education, Grangeville	Date Issued: 1-17-56	Date Orig. Entry: entered Sept. 13, 192[illegible]
Class B	Date of Birth: 14 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. J. Benson	Betty Waller	May 7, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

MAY 8 1956

Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Ellis Grace Hood	Date of Birth (month) (day) (year): January 19 1906
	2. Color or Sex: White; 3. Sex: Female; 4. Place of Birth: Idaho; 5. County: Idaho	6. City or Town of Birth: Stites
FATHER	8. Full Name of Father: William Clarence Hood	7. State or Country of Father's Birth: Michigan
MOTHER	9. Maiden Name of Mother: Viola Violet Mays	9. State or Country of Mother's Birth: Washington
AFFIDAVIT	10. Signature of Registrant: [signature]	11. Present Address of Registrant: 1417 Belmont, Seattle, Washington
NOTARY	12. Signature of Notary: [signature]	13. Notary Commission Expires: [illegible] 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Daughter's birth certificate	By whom issued and signed: Washington State Department of Health 7670	Date Issued: 6-15-51	Date Orig. Entry: Child born May 20, 1948
Class R	Date of Birth: 10 years old; Birth Place: Stites, Idaho	Full Name of Mother:	Name of Father:	
[illegible]	[illegible] by sent	Stella Heardorff, San Francisco, California	[illegible]	
Class R	Date of Birth: January 19, 1906; Birth Place: Stites, Idaho	Full Name of Mother: Viola Violet Mays	Name of Father: William Clarence Hood	
SUPPORTING RECORD 2	Type of Document: Statement re school record	By whom issued and signed: Idaho County Board of Education, Grangeville	Date Issued: 1-17-56	Date Orig. Entry: entered Sept. 13, 1920
Class R	Date of Birth: 14 years old; Birth Place:	Full Name of Mother: Idaho	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that the documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Betty Miller	May 7, 1956

*Class A Records are those made and rated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 3 years old.

359-206-029-81

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De56-470
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Agnes Pauline Terhaar			2. Date Of Birth (month) June (day) 6 (year) 1906	
	3. Color or Race: white	4. Sex: F.	5. Place of Birth a. County: Genesee Latah	b. City or Town of Birth: Genesee	
FATHER	6. Full Name of Father: Frank William Terhaar			7. State or Country of Father's Birth: Minnesota	
MOTHER	8. Full Maiden Name of Mother: Mary Kathiran Hasfuther			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Agnes Pauline Terhaar		11. Present Address of Registrant: Portland Oreg. 18710 S. E. River Rd.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 4, 1956	12. Signature of Notary: Orey C. Marine		13. Notary Commission expires: Feb. 4, 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: daughter's birth certificate	By whom issued and signed: Oregon State Board of Health	Date Issued: 4-23-56	Date Orig. Entry: child born March 14, 1935	
	Date of Birth: 28 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: affidavit by mother	By whom issued and signed: Mary Kathiran Terhaar	Date Issued: 3-14-56	Date Orig. Entry:	
	Date of Birth: June 6 1906	Birth Place: Genesee, Idaho Latah County	Full Name of Mother: Mary Kathrian Terhaar	Name of Father:	
SUPPORTING RECORD 3. Class A	Type of Document: church record	By whom issued and signed: Church of St. Mary Genesee, Idaho	Date Issued: 5-3-51	Date Orig. Entry: baptized June 30, 1906	
	Date of Birth: June 6 1906	Birth Place: Genesee Idaho	Full Name of Mother: Mary Hasfurther	Name of Father: Frank Terhaar	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	May 7, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 copy pd.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

MAY 8 1956

REGISTRANT	1. Name of Child Full Name at Birth: Agnes Pauline Ferhaar	2. Date of Birth: June 6, 1906	
	3. Sex: Female	4. Place of Birth: Genesee, Idaho	5. Place of Birth: Genesee, Idaho
FATHER	6. Name of Father: Willian Ferhaar	7. State or Country of Father's Birth: Minnesota	
MOTHER	8. Full Name of Mother: Mary Kathryn Mastrother	9. State or Country of Mother's Birth: Iowa	
APPLICANT	I hereby declare upon oath that the above statements are true to the [illegible] and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Portland Oreg. 15710 S. E. River Rd.
NOTARY (Seal)	Subscribed and sworn to before me on April 4, 1956	12. Signature of Notary: [illegible]	13. Notary Commission expires: Feb. 4, 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Gangerhill's birth certificate	By whom issued and signed: Oregon State Board of Health	Date Issued: 4-23-56	Date Orig. Entry: child born March 14, 1956
Class B	Date of Birth: 20 years	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2	Type of Document: affidavit by mother	By whom issued and signed: Mary Kathryn Ferhaar	Date Issued: 3-14-56	Date Orig. Entry:
Class B	Date of Birth: June 6, 1906	Full Name of Mother: Mary Kathryn Ferhaar	Name of Father:	
SUPPORTING RECORD 3	Type of Document: church record	By whom issued and signed: Church of St. Mary Genesee, Idaho	Date Issued: 3-3-51	Date Orig. Entry: baptized June 30, 1906
Class A	Date of Birth: June 6, 1906	Full Name of Mother: Mary Mastrother	Name of Father: Frank Ferhaar	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no or of birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] statement.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Betty Waller	May 7, 1956

[illegible]

899-120-001-154

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De56-484
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Stackeal Yribar			2. Date of Birth (month) (day) (year): Sept. 20, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho — Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: John Yribar			7. State or Country of Father's Birth: Spain
MOTHER	8. Full Maiden Name of Mother: Teresa Andraca			9. State or Country of Mother's Birth: Spain
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Stackeal Yribar		11. Present Address of Registrant: 1300 Franklin St. Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 8 1956	12. Signature of Notary: G L McAtee		13. Notary Commission expires: Dec. 31 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Child's birth certificate	Boise, Idaho St. Alphonsus Hospital	Apr. 4, 1945	April 4, 1945
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Sept. 20, 1906 Boise, Idaho			
SUPPORTING RECORD 2. Class B	Social Security Record	Treasury Department Internal Revenue Service	8-18-39	8-18-39
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Sept. 20, 1906 Boise, Idaho	Teresa Andraca	Juan Yribar	
SUPPORTING RECORD 3. Class B	Insurance Policy	Minneapolis, Minnesota Northwest International Ins.	Feb. 12, 1929	Feb. 12, 1929
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Sept. 20, 1906 Boise, Idaho	Teresa Yribar	John Yribar	
QUALIFYING INFORMATION				

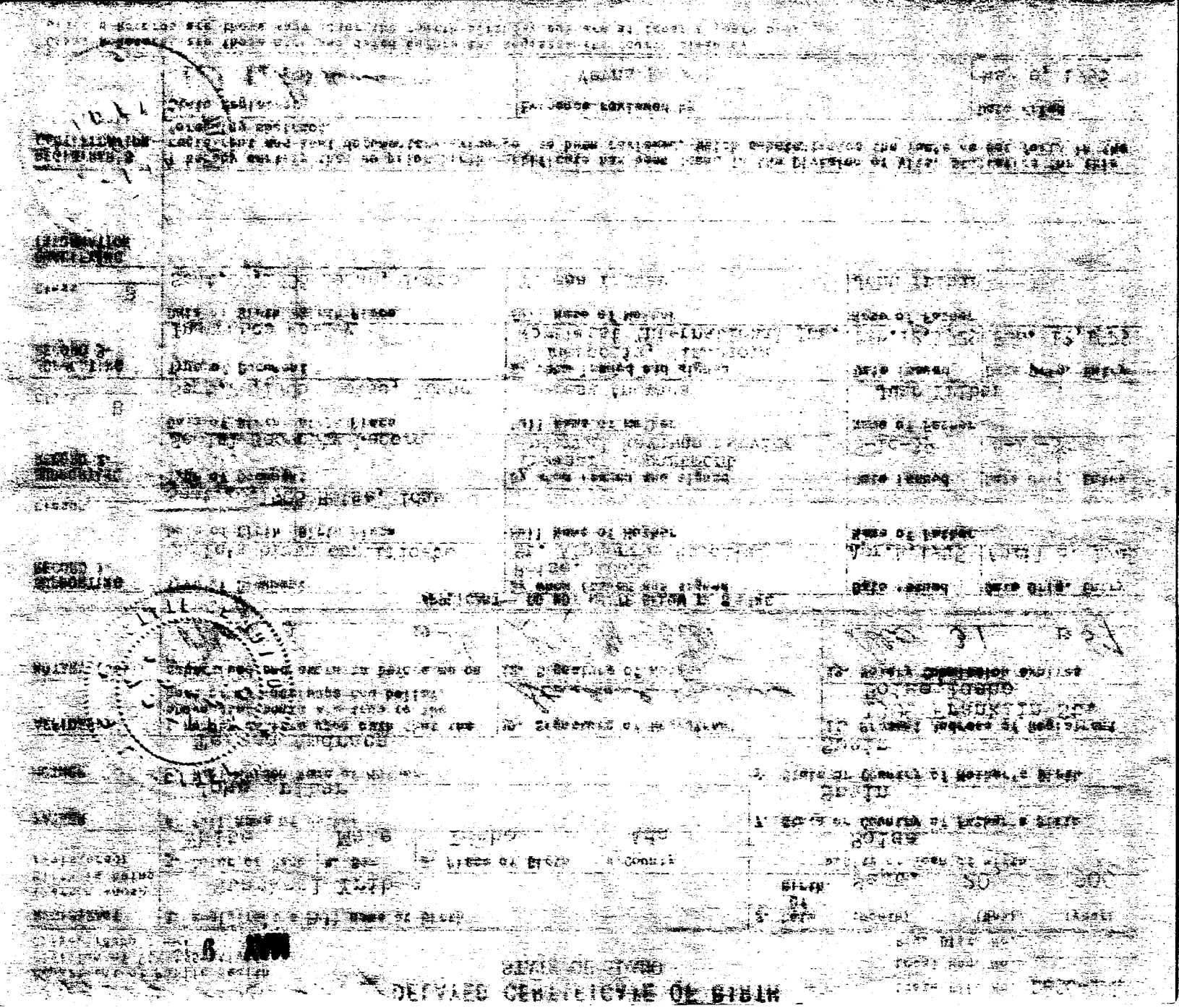
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Verna Reisch	May 8, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH-V0067



DERIVED CERTIFICATE OF BIRTH

653-923-025-234

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-510
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PHYLLIS IRENE WELCH			2. Date of Birth (month) (day) (year): May 23, 1906
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Bonners Ferry, Idaho, then Kootenai County	b. City or Town of Birth
FATHER	6. Full Name of Father: William Clarence Welch			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Helen Blume			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Phyllis Irene Walden		11. Present Address of Registrant: Colville, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: May 10 1956	12. Signature of Notary: Seema L. Scales		13. Notary Commission expires: Feb. 5 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: hospital record of child's birth	By whom issued and signed: Mount Carmel Hospital Colville, Washington	Date Issued:	Date Orig. Entry: child born Feb. 13, 1944
Class* B	Date of Birth: May 23 1906 / Birth Place: Bonners Ferry Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: affidavit by friend of family	By whom issued and signed: E. S. Moore Colville, Washington	Date Issued: 4-16-56	Date Orig. Entry:
Class B	Date of Birth: May 23 1906 / Birth Place: Bonners Ferry Idaho	Full Name of Mother: Helen Blume	Name of Father: William Clarence Welch	
SUPPORTING RECORD 3.	Type of Document: application for insurance	By whom issued and signed: Occidental Life Insurance Co.	Date Issued:	Date Orig. Entry: applied July 9, 1936
Class B	Date of Birth: May 23 1906 / Birth Place: Bonners Ferry Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: B etty Waller	Date Filed: May 17, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Local Reg. No.

Reg. Dist. No.

MAY 17 1956

OCT 8 1970

1. Full name of Birth: TRILLIS IRENE WALCH	2. Date of Birth: May 23, 1906
3. Color or Race: White	4. Sex: F.
5. Place of Birth: Bonners Ferry, Idaho, then Kootenai County	6. Name of Mother:
7. State or Country of Mother's Birth: Iowa	8. Name of Father: William Clarence Welch
9. State or Country of Mother's Birth: Wisconsin	10. Name of Mother: Elma
11. Present Address of Registrant: Colville, Washington	12. Signature of Registrant: [illegible]
13. Notary Commission expires: [illegible]	14. Signature of Notary: [illegible]

SUPPORTING RECORD 1: Type of Document: Hospital record of Trillis Birth; Date of Birth: [illegible]; Class: [illegible]

SUPPORTING RECORD 2: Type of Document: [illegible] by friend of family; Date of Birth: [illegible]; Class: [illegible]

SUPPORTING RECORD 3: Type of Document: [illegible] for insurance; Date of Birth: [illegible]; Class: [illegible]

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which supports the facts as set forth in the foregoing abstract.

State Registrar: [illegible]

Evidence reviewed by: [illegible]

Date Filed: May 17, 1956

231-131-001-662

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-597
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILLIAM FRED BLACKBURN		2. Date of Birth (month) MAY (day) 31 (year) 1906
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: ADA; b. City or Town of Birth: BOISE, IDAHO
FATHER	6. Full Name of Father: WILLIAM CHARLES BLACKBURN		7. State or Country of Father's Birth: OHIO
MOTHER	8. Full Maiden Name of Mother: SARAH ELOZABETH FOSTER		9. State or Country of Mother's Birth: MASSACHUSETTS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Fred Blackburn	11. Present Address of Registrant: 631 N. McCADDEN PLACE, LOS ANGELES, CALIFORNIA
NOTARY (Seal)	Subscribed and sworn to before me on: May 31 1956	12. Signature of Notary: Anna Lenci	13. Notary Commission expires: My Commission Expires Nov. 25, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: son's birth certificate	By whom issued and signed: State of California	Date Issued: 3-14-52	Date Orig. Entry: child born May 31, 1940
Class* B	Date of Birth: 34 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: statement re school record	By whom issued and signed: Great Falls Public Schools Great Falls, Montana	Date Issued: 10-29-53	Date Orig. Entry: enrolled 1913-1916
Class B	Date of Birth: May 31 1906	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: statement re insurance record	By whom issued and signed: Mutual Life Insurance Co. of New York	Date Issued: 9-25-53	Date Orig. Entry: 1929
Class B	Date of Birth: May 31 1906	Birth Place: Boise, Idaho	Full Name of Mother: Sarah E. Blackburn	Name of Father:

QUALIFYING INFORMATION

census record — Department of Commerce Bureau of the Census — issued 5-22-56 — Census of 1930 April 1

23 years old — birthplace: Idaho; parents: William C. Blackburn; Sarah E. Blackburn

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	June 6, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 7 1968

MAY 6 1968

219-229-022-227

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-602
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Kate Josephine Barnes
2. Date Of Birth: (month) June (day) 29 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Victor

FATHER

6. Full Name of Father: Hugh Barnes
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Charlotte Aline Blanchard
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Kate Q. Adams
11. Present Address of Registrant: 172 South 2nd East Kaysville Utah

NOTARY (Seal)

Subscribed and sworn to before me on May 21, 1956

12. Signature of Notary: Astrid J. Fadler
13. Notary Commission expires: 3-14- 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Date Orig. Entry	Name of Father
SUPPORTING RECORD 1. Class* A	church record	June 29 1906	Victor Idaho	L.D.S. CHURCH	Charlotte Blanchard		blessed Sept. 6, 1906	Hugh Barnes
SUPPORTING RECORD 2. Class B	application for insurance	June 29 1906	Victor Idaho	New York Life Insurance Co. #18-431-334			applied July 2, 1943	
SUPPORTING RECORD 3. Class B	statement re school record	June 29 1906	Victor Idaho	Board of Education Duchesne, Utah		3-13-42	May 10 1928	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

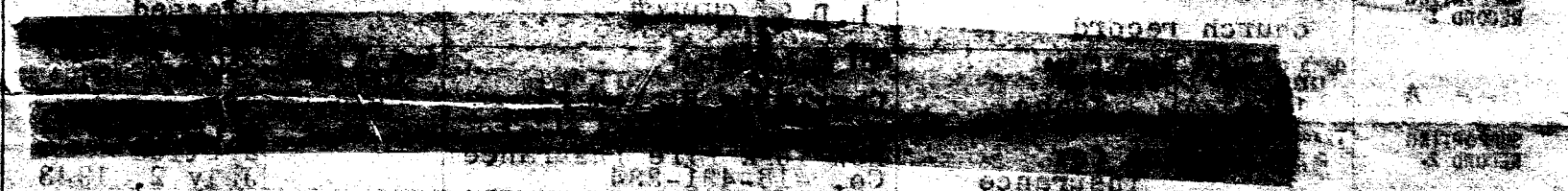
State Registrar: W W Benson
Evidence reviewed by: bw Betty Waller
Date Filed: June 6, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PRH 49067

DELAYED CERTIFICATE OF BIRTH

APR 23 1976



619-10-2029-415

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-617
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: KERMIT LAVERNE WAIDE		2. Date of Birth (month) (day) (year): FEBRUARY 2 1906
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: IDAHO LATAH; b. City or Town of Birth: KENDRICK
FATHER	6. Full Name of Father: John Franklin Waide		7. State or Country of Father's Birth: Bradrick, Ohio
MOTHER	8. Full Maiden Name of Mother: Mary Edna Davidson		9. State or Country of Mother's Birth: Kendrick, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kermit Laverne Waide Jr.	11. Present Address of Registrant: Kamiah, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 31 1956	12. Signature of Notary: Ross P. Willard	13. Notary Commission expires: June 22 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit	By whom issued and signed: Bertha Watts Latah County, Idaho	Date Issued: 5-22-56	Date Orig. Entry:
Class* B	Date of Birth: February 2, 1906 / Birth Place: Kendrick Idaho	Full Name of Mother: Edna Mary Waide	Name of Father: John Franklin Waide	
SUPPORTING RECORD 2.	Type of Document: application for Social Security number 519-09-4658	By whom issued and signed: Treasury Department Internal Revenue Service	Date Issued:	Date Orig. Entry: signed 11-30-36
Class B	Date of Birth: February 2, 1906 / Birth Place: Kendrick Idaho	Full Name of Mother: Edna Mary Davidson	Name of Father: John Franklin Waide	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry: applied Oct. 29, 1948
Class	Date of Birth: February 2, 1906 / Birth Place: Kendrick Idaho	Full Name of Mother: Equitable Life Assurance Society #12-8-3016	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Benson	Evidence reviewed by: Betty Waller	Date Filed: June 11, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 11 1956

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible] WAIDE	2. Date of Birth (month) (day) (year): FEBRUARY 2 1906
	3. Color or Race: white; 4. Sex: male; 5. Place of Birth: IDAHO, IDAHO	6. City or Town of Birth: [illegible]
FATHER	7. Full Name of Father: John Franklin Waide	7. State or Country of Father's Birth: [illegible], Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Edna Davidson	9. State or Country of Mother's Birth: Kendrick, Idaho
AFFIDAVIT	9. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
	11. Present Address of Registrant: [illegible], Idaho	
NOTARY	12. Subscribed and sworn to before me on: [illegible]	12. Signature of Notary: [illegible]
	13. Notary Commission expires: [illegible]	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: affidavit	By whom issued and signed: Martha Waits, Latah County, Idaho	Date issued: [illegible]	Date Orig. Entry: [illegible]
Class: B	Date of Birth: February 2, 1906; Birth Place: Kendrick, Idaho	Full Name of Mother: Edna Mary Waide	Name of Father: John Franklin Waide	
SUPPORTING RECORD 2	Type of Document: Application for Social Security number	By whom issued and signed: Treasury Department, Internal Revenue Service	Date issued: [illegible]	Date Orig. Entry: [illegible]
Class: B	Date of Birth: February 2, 1906; Birth Place: Kendrick, Idaho	Full Name of Mother: Edna Mary Davidson	Name of Father: John Franklin Waide	
SUPPORTING RECORD 3	Type of Document:	By whom issued and signed:	Date issued:	Date Orig. Entry: applied Oct. 29, [illegible]
Class:	Date of Birth: February 2, 1906; Birth Place: Kendrick, Idaho	Full Name of Mother: Equitable Life Assurance Society, 712-E, 3010	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Betty Waite	June 11, 1956

Class A records are those made and dated before the [illegible] Class B Records are those made after the [illegible]

453124.003-168

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-643
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOSEPH REED DETTON		2. Date Of Birth (month) November (day) 24 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Hatch
FATHER	6. Full Name of Father: Joseph Detton		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Hilva Diana Johnson		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Reed Detton	11. Present Address of Registrant: 1428 D Dennis St Honolulu T. H.
NOTARY (Seal)	Subscribed and sworn to before me on: June 22 1956	12. Signature of Notary: Neil Elsoir	13. Notary Commission expires: March 25 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt	By whom issued and signed: Caroline Higginson	Date issued: June 22,1956	Date Orig. Entry:
Class* B	Date of Birth: Nov.24,1906; Birth Place: Hatch, Idaho	Full Name of Mother: Hilva Diana Johnson	Name of Father: Joseph Detton	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Jacob Arrington L.D.S. Church-Kimberly Ward	Date issued: Feb.27,1927	Date Orig. Entry: Feb. 27, 1927
Class B	Date of Birth: Nov.24,1906; Birth Place: Hatch, Idaho	Full Name of Mother: Hilva Johnson	Name of Father: Joseph Detton	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: Mother-Hilva Johnson	Date issued: Viewed recordin this office. Obviously old.	Date Orig. Entry:
Class A	Date of Birth: Nov.24,1906; Birth Place: Hatch, Idaho	Full Name of Mother: Hilva Diana Johnson	Name of Father: Joseph Detton	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Verna R. Reisch	Date Filed: June 22,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

792-109-036-243

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-681
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Morris Gibbons		2. Date of Birth (month) Feb. (day) 9 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida County	b. City or Town of Birth: St. John
FATHER	6. Full Name of Father: Thomas Francis Gibbons		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: May Buckley		9. State or Country of Mother's Birth: Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Geo. M. Gibbons	11. Present Address of Registrant: 8841 Norwood Drive, Kansas City 13, Mo.	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 10 1956	12. Signature of Notary: Ellen B. Cartledge	13. Notary Commission expires: My Commission Expires Nov. 21, 1956 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: 700-05-6794 application for Social Security number	By whom issued and signed: Railroad Retirement Board Chicago 11, Illinois	Date Issued: 3-2-56	Date Orig. Entry: signed 1-6-37	
Class* B	Date of Birth: February 9, 1906	Birth Place: St. John, Idaho Oneida County	Full Name of Mother: May Buckley	Name of Father: Thomas Gibbons	
SUPPORTING RECORD 2.	Type of Document: daughter's birth certificate	By whom issued and signed: State of Utah #1131	Date Issued: 2-23-56	Date Orig. Entry: child born Oct. 3, 1937	
Class B	Date of Birth: 31 years old	Birth Place: Onida Co. Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: census record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: 4-18-56	Date Orig. Entry: Census of 1910 April 15	
Class B	Date of Birth: 4 years old	Birth Place: Idaho	Full Name of Mother: May Gibbons	Name of Father: Thomas Gibbons	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Waller	June 26, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 3656-[illegible]

Local Reg. No.

Reg. Dist. No.

JUN 27 1958

1. Name of Child (Print)	2. Sex	3. Color or Race	4. Date of Birth (Month) (Day) (Year)
[illegible]	[illegible]	[illegible]	Feb. 9 [illegible]
5. Place of Birth: City or Town	County	State	
[illegible]	[illegible]	[illegible]	
6. Full Name of Father		7. State or Country of Father's Birth	
[illegible]		[illegible]	
8. Full Maiden Name of Mother		9. State or Country of Mother's Birth	
[illegible]		[illegible]	
10. I hereby declare upon oath that the above statement, and the facts set forth in the foregoing affidavit, are true to the best of my knowledge and belief.		11. Signature of Registrant	12. Present Address of Registrant
		[illegible]	[illegible]
13. Subscribed and sworn to before me		14. Signature of Notary	15. Notary Commission expires
[illegible] 19 [illegible]		[illegible]	19

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth / Birth Place	Full Name of Mother	Name of Father: Thomas Gillions	

SUPPLEMENTAL INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	June 26, [illegible]

Class A Records are those made and filed within one year of the event, fourth generation.
Class B Records are those made after the fourth generation, but are attested to years old.

281-227-001-295

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-670
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Alta Shaul
2. Date of Birth (month) June (day) 27 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Ada county; b. City or Town of Birth: Boise — Rural

FATHER

6. Full Name of Father: Gurley Doane Shaul
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Zelpha Frances King
9. State or Country of Mother's Birth: Butler County Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Mary Honey
11. Present Address of Registrant: Parma Ida RR#2

NOTARY (Seal)

Subscribed and sworn to before me on: June 28 1956
12. Signature of Notary: Nee Elson
13. Notary Commission expires: March 25 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Family Bible Record	Zelpha Frances King-Mother	Obviously old. Viewed Near time of birth.original record.	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	June 27,1906	Zelpha Frances King	Gurley Shaul	
SUPPORTING RECORD 2. Class B	Child's birth certificate	Vital Statistics-Boise, Ida. Idaho State File #135132	Sept.27,1925	Sept. 27,1925
	Age 19 / Idaho			
SUPPORTING RECORD 3. Class B	Affidavit	May Butterbaugh Friend of the Family	June 28,56	June 28,1956
	June 27,1906 Boise, Idaho	Zelpha Frances King	Gurley Doane Shaul	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	vr Verna Reisch	June 29,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

JUN 29 1950

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth
	3. Color or Race	4. Sex
	5. Place of Birth	6. County
	7. Mother's Birth	8. Mother's Birth
FATHER	9. Full Name of Father	10. Signature of Registrant
MOTHER	11. Mother's Name of Mother	12. Signature of Mother
A. FEDERAL	13. Present Address of Registrant	14. Notary Commission Expires
	15. Signature of Registrant	16. Signature of Mother

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
CONCLUSIONS INFORMATION				

EXAMINATION CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name Registrar	Evidence reviewed by	Date Filed
		June 29, 1950

Class A Records are those made and rated before the Registration Board [illegible]
Class B Records are those made after the Board [illegible]

235-218-014-556

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-671
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: OPAL MARGUERITE STEGNER
2. Date of Birth (month) (day) (year): MARCH 18 1906
3. Color or Race: White
4. Sex: FEMALE
5. Place of Birth a. County: Idaho CANYON
b. City or Town of Birth: FRUITLAND

FATHER

6. Full Name of Father: EUGENE ARTHUR STEGNER
7. State or Country of Father's Birth: INDIANA

MOTHER

8. Full Maiden Name of Mother: JEAN Colville NEWE))
9. State or Country of Mother's Birth: MINNESOTA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Opal M. McBride
11. Present Address of Registrant: RT3. Weiser Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: June 25 1956
12. Signature of Notary: WRM Clune
13. Notary Commission expires: July 5 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	census record	Department of Commerce Bureau of the Census	6-11-56	Census of 1920, Jan. 1
Class* B	Date of Birth: 13 years old / Birth Place: Idaho	Full Name of Mother: Jean C. Stegner		Name of Father: E. A. Stegner
SUPPORTING RECORD 2.	statement re school record	Class B School District No. 373, Payette County	4-4-56	graduated May 18, 1923
Class B	Date of Birth: March 18 1906 / Birth Place:	Full Name of Mother:		Name of Father:
SUPPORTING RECORD 3.	daughter's birth certificate	State of Idaho #176570		child born Nov. 26, 1929
Class B	Date of Birth: 23 years old / Birth Place: Idaho	Full Name of Mother:		Name of Father:

QUALIFYING INFORMATION

application for insurance — Royal Neighbors of America #9590 — applied Nov. 13, 1925

birth date: March 18, 1906 — Jean C. Stegner, mother
birthplace: Fruitland, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Betty Waller	July 2, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DPH 49067

JUL 2 1958

449-119-010-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-682
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: David Andrew Murphy
2. Date of Birth: (month) March (day) 19 (year) 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Idaho Falls, Idaho

FATHER

6. Full Name of Father: Leslie Barnett Murphy
7. State or Country of Father's Birth: Missouri, U.S.A.

MOTHER

8. Full Maiden Name of Mother: Stella L. Burchill
9. State or Country of Mother's Birth: Colorado U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: David A. Murphy
11. Present Address of Registrant: Scottsbluff, Nebr

NOTARY (Seal)

Subscribed and sworn to before me on: June 16 1956

12. Signature of Notary: Josephine Weitzel
13. Notary Commission expires: April 17 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by aunt	By whom issued and signed: Mrs. E. W. Sweezy	Date Issued:	Date Orig. Entry: 6-22-56	
Class* B	Date of Birth: March 19 1906	Birth Place: Idaho Falls Idaho	Full Name of Mother: Stella L. Burchill	Name of Father: Leslie B. Murphy	
SUPPORTING RECORD 2.	Type of Document: passport #241506	By whom issued and signed: United States of America Department of State	Date Issued:	Date Orig. Entry: June 9 1926	
Class B	Date of Birth: March 19 1906	Birth Place: Idaho Falls Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: application for insurance	By whom issued and signed: Northwestern Mutual Life Insurance Co. #1917858	Date Issued:	Date Orig. Entry: applied June 12, 1926	
Class B	Date of Birth: March 19 1906	Birth Place: Idaho Falls Idaho	Full Name of Mother:	Name of Father: Leslie B. Murphy	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	July 2, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 2 1956

295205 1001-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-720
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: **Mary Dorothy Kreller**			2. Date Of Birth: (month) **April** (day) **5** (year) **1906**	
	3. Color or Race: **White**	4. Sex: **Female**	5. Place of Birth: a. County **Ada**	b. City or Town of Birth: **Boise**	
FATHER	6. Full Name of Father: **George G. Kreller**			7. State or Country of Father's Birth: **Pittsburgh, Pennsylvania**	
MOTHER	8. Full Maiden Name of Mother: **Sadie Jane Bench**			9. State or Country of Mother's Birth: **Salt Lake City, Utah**	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mary D. Beattie	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: June 21 1956		12. Signature of Notary: Lorene H. Bodine	13. Notary Commission expires: My Commission expires April 10, 1957 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Child's Birth Certificate	By whom issued and signed: on file Vital Statistics Boise, Idaho File # 258600		Date Issued:	Date Orig. Entry: Aug 24, 1937
	Date of Birth: Age 31	Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: School Enrollment Record	By whom issued and signed: Boise Senior High School L. A. Wood, Principal		Date Issued: 7-5-1956	Date Orig. Entry: Sept 8,1919
	Date of Birth: April 5,1906	Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father: Geo. Kreller	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit By Mother	By whom issued and signed: Mrs. Sadie Gjerman, Mother		Date Issued: 6-21-1956	Date Orig. Entry:
	Date of Birth: April 5,1906	Birth Place: Boise, Idaho	Full Name of Mother: Sadie Bench	Name of Father: George G. Kreller	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	Joyce B. Foltz	July 12, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 18 1950

REGISTRY	1. Registrar's Full Name of Birth: Mary Dorothy Kreller	2. Date of Birth: April 5, 1906	
	3. Order of Head: White	4. Sex: Female	5. Place of Birth: Ada
	6. Name of Father: George G. Kreller	7. Birth Place of Father: Pittsburgh, Pennsylvania	
	8. Maiden Name of Mother: Annie Jane Bench	9. Birth Place of Mother: Salt Lake City, Utah	
	10. Remarks: I am done oath that the above documents are true to the best of my knowledge and belief.	11. Signature of Registrant: [signature]	12. Present Address of Registrant:
	13. Subscribed and sworn to before me on: [illegible]	14. Signature of Notary: [signature]	15. Notary Commission Expires: [illegible]

SUPPORTING RECORD 1

Type of Document: Boyd's Birth Certificate	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
Date of Birth: [illegible]	Birth Place: Boise, Idaho	Name of Mother:	Name of Father:

SUPPORTING RECORD 2

Type of Document: Schools Enrollment Record	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
Date of Birth: April 5, 1906	Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father: Geo. Kreller

SUPPORTING RECORD 3

Type of Document: Affidavit By Mother	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
Date of Birth: April 5, 1906	Birth Place: Boise, Idaho	Full Name of Mother: Nadie Bench	Name of Father: George G. Kreller

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that the above certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]	Evidence reviewed by: [illegible]	Date Filed: [illegible]

*Class A Sorbide are those made and [illegible]
Class B Remarks are those made after the [illegible]

769-119-042-394

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-728
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: David Henry Forkner			2. Date of Birth (month) April (day) 19 (year) 1906	
	3. Color or Race: white	4. Sex: male	5. Place of Birth: Idaho a. County: Twin Falls	b. City or Town of Birth: Twin Falls	
FATHER	6. Full Name of Father: Thomas Richard Forkner			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Agnes Nancy Crumbie			9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: David Henry Forkner	11. Present Address of Registrant: 5242 N. E. Prescott St	
NOTARY (Seal)	Subscribed and sworn to before me on July 7 — 1956		12. Signature of Notary	13. Notary Commission expires — 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father		By whom issued and signed: T. R. Forkner	Date Issued:	Date Orig. Entry: April 27 1953
Class* B	Date of Birth: April 19 1906	Birth Place: Twin Falls Idaho	Full Name of Mother: Agnes Nancy Crumbie	Name of Father: Thomas Richard Forkner	
SUPPORTING RECORD 2.	Type of Document: application for Social Security number 541-07-7076		By whom issued and signed: Treasury Department Internal Revenue Service	Date Issued:	Date Orig. Entry: applied Dec. 4, 1936
Class B	Date of Birth: April 19 1906	Birth Place: Twin Falls, Idaho Twin Falls County	Full Name of Mother: Agnes Crumbie	Name of Father: Thomas Richard Forkner	
SUPPORTING RECORD 3.	Type of Document: statement re #576078 insurance record		By whom issued and signed: National Life Insurance Montpelier, Vermont	Date Issued: 5-16-56	Date Orig. Entry: issued Oct. 3, 1930
Class B	Date of Birth: April 19 1906	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bw Betty Waller	Date Filed: July 13, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child (First, middle, last) [redacted] Porter

2. Date of birth April 19

3. Sex F

4. Color or race W

5. Place of birth Idaho

6. Twin, triplet, or other

7. Name of father Thomas Richard Porter

8. Maiden name of mother Agnes Mabry Curnutte

9. Birthplace of father Idaho

10. Birthplace of mother Illinois

11. Name and address of informant Agnes Mabry Curnutte

12. Relationship Mother

13. Date filed July 13, 1965

14. Signature of registrar [illegible]

15. Date accepted by local registrar July 13, 1965

16. Delayed registration authorized by Director of Vital Statistics

17. Date issued July 13, 1965

Affidavit by Father

Date of birth April 19 Place of birth Twin Falls

Full name of mother Agnes Mabry Curnutte

Full name of father Thomas Richard Porter

Date and place of marriage [illegible]

Signature of affiant Thomas Richard Porter

Subscribed and sworn to before me on [illegible]

Signature of official [illegible]

Title [illegible]

Affidavit by Mother

Date of birth April 19 Place of birth Twin Falls

Full name of father Thomas Richard Porter

Full name of mother Agnes Mabry Curnutte

Date and place of marriage [illegible]

Signature of affiant Agnes Mabry Curnutte

Subscribed and sworn to before me on [illegible]

Signature of official [illegible]

Title [illegible]

Affidavit by Physician or Midwife

Date of birth April 19 Place of birth Twin Falls

Full name of mother Agnes Mabry Curnutte

Full name of father Thomas Richard Porter

Date and place of marriage [illegible]

Signature of attendant [illegible]

Address [illegible]

Title [illegible]

Affidavit by Hospital Superintendent

Date of birth April 19 Place of birth Twin Falls

Full name of mother Agnes Mabry Curnutte

Full name of father Thomas Richard Porter

Date and place of marriage [illegible]

Signature of official [illegible]

Address [illegible]

Title [illegible]

Affidavit by Other

Date of birth April 19 Place of birth Twin Falls

Full name of mother Agnes Mabry Curnutte

Full name of father Thomas Richard Porter

Date and place of marriage [illegible]

Signature of affiant [illegible]

Address [illegible]

Relationship [illegible]

Subscribed and sworn to before me on [illegible]

Signature of official [illegible]

Title [illegible]

Evidence relied upon

Affidavit of Mother

Affidavit of Father

Affidavit of Physician or Midwife

Affidavit of Hospital Superintendent

Affidavit of Other

Date Filed July 13, 1965

By Betty Wilson

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which supports the facts as set forth in the foregoing abstract.

Date Issued July 13, 1965

Clerk

Class A Records are those made and dated at the time of birth by attendant or parent.

Class B Records are those made after the time of birth but prior to one year of age.

493-22-006-866

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-740
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Catharine Mittan.
2. Date of Birth (month) (day) (year): May 21 1906.
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County: Idaho. Bingham
b. City or Town of Birth: Idaho Falls.

FATHER

6. Full Name of Father: William Allen Mittan.
7. State or Country of Father's Birth: Iowa.

MOTHER

8. Full Maiden Name of Mother: Alice Hook.
9. State or Country of Mother's Birth: England.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary C. Ferrer.
11. Present Address of Registrant: 412 So. Sloan Ave Compton Calif

NOTARY (Seal)

Subscribed and sworn to before me on July 14, 1956
12. Signature of Notary: Robert N. Snavely
13. Notary Commission expires: ROBERT N. SNAVELY, Notary Public In and for the County of Los Angeles, State of California. My Commission Expires April 19, 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: church record	By whom issued and signed: L.D.S. Church	Date Issued:	Date Orig. Entry: baptized Aug. 2, 1930
	Date of Birth: May 21 1906	Birth Place: Idaho Falls Idaho	Full Name of Mother: Alice Hook	Name of Father: W. A. Mittan
SUPPORTING RECORD 2. Class B	Type of Document: son's birth certificate	By whom issued and signed: State of California	Date Issued:	Date Orig. Entry: child born Feb. 10, 1931
	Date of Birth: 24 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3. Class B	Type of Document: affidavit by mother	By whom issued and signed: Mrs. Alice Mittan Los Angeles Co., Calif.	Date Issued: 7-14-56	Date Orig. Entry:
	Date of Birth: May 21 1906	Birth Place: Idaho Falls Idaho	Full Name of Mother: Mrs. Alice Mittan	Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Waller	July 17, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH

265-126-021-155

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-750
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Henry Swensen
2. Date of Birth (month) (day) (year): January 26, 1906
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Franklin; b. City or Town of Birth: Glendale

FATHER

6. Full Name of Father: Jorgen Swensen
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Anna K. Jensen
9. State or Country of Mother's Birth: Denmark

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Henry Swensen
11. Present Address of Registrant: 603 32nd St., Ogden, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: May 24 1956
12. Signature of Notary: Frank T. Merrill
13. Notary Commission expires: April 5 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: church record
By whom issued and signed: L.D.S. Church, Pocatello, Idaho
Date Issued:
Date Orig. Entry: baptized April 1, 1923
Date of Birth: January 26 1906
Birth Place: Glendale Idaho
Full Name of Mother: Anna K. Jensen
Name of Father: Jorgen Swensen
Class B

SUPPORTING RECORD 2.

Type of Document: application for insurance
By whom issued and signed: Sentinel Mutual Insurance Company
Date Issued:
Date Orig. Entry: applied Oct. 2, 1950
Date of Birth: January 26, 1906
Birth Place:
Full Name of Mother:
Name of Father:
Class B

SUPPORTING RECORD 3.

Type of Document: 528-09-2988 application for Social Security number
By whom issued and signed: Treasury Department Internal Revenue Service
Date Issued:
Date Orig. Entry: applied Dec. 1, 1936
Date of Birth: January 26, 1906
Birth Place: Glendale, Idaho
Full Name of Mother: Anna Jensen
Name of Father: John Swensen
Class B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: bw Betty Waller
Date Filed: July 18, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DRH-H0067

DELAYED CERTIFICATE OF BIRTH

STATE OF [illegible]

JUL 18 1956

JUL 19 1956

Department of Health
Division of Vital Statistics
Office of Vital Statistics

Registered Number
Birth is being registered

1. Full Name of Birth: [illegible]
2. Date of Birth (month) (day) (year): January 28, 1956
3. Color or Race: White
4. Sex: Male
5. Place of Birth: Farm
6. County: Klin
7. City or Town of Birth: Glendale
8. Full Name of Father: [illegible]
9. State or Country of Father's Birth: Denmark
10. Full Maiden Name of Mother: [illegible]
11. State or Country of Mother's Birth: Denmark

AFFIDAVIT: I hereby declare upon oath that the above statement is true to the best of my knowledge and belief.

12. Signature of Registrant: [illegible]
13. Present Address of Registrant: 600 3rd St., Ogden Utah
14. Notary Commission expires: [illegible]

Subscribed and sworn to before me on: [illegible]

Signature of Notary: [illegible]

APPLICATION: DO NOT WRITE BELOW THIS LINE

Supporting Record 1: Church record
Date of Birth: January 28, 1956
Type of Document: [illegible]
Date Issued: [illegible]
Date Orig. Entry: Baptized April 1, 1956
Name of Father: Jorgen Swensen
Date Issued: [illegible]
Date Orig. Entry: [illegible]

Supporting Record 2: [illegible]
Date of Birth: [illegible]
Type of Document: [illegible]
Date Issued: [illegible]
Date Orig. Entry: [illegible]
Class: [illegible]

Supporting Record 3: Type of Document: [illegible]
Date of Birth: [illegible]
Date Issued: [illegible]
Date Orig. Entry: [illegible]
Class: [illegible]

Qualifying Information: [illegible]

Registered Certification (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that no contrary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]
Evidence reviewed by: [illegible]
Date Issued: July 18, 1956

Class A Records [illegible]
Class B Records [illegible]

753-213-006-299

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-791
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: AGNES BERGETTA PETERSEN	2. Date Of Birth (month) (day) (year): August 13, 1906
	3. Color or Race: White; 4. Sex: F; 5. Place of Birth a. County: Presto, Bingham County	b. City or Town of Birth: Presto, Idaho
FATHER	6. Full Name of Father: LUDVIG CARL PETERSEN	7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: METTE MARIE KRISTENSEN	9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Agnes Julio; 11. Present Address of Registrant: 114 Sacramento Street Placerville, California
NOTARY (Seal)	Subscribed and sworn to before me on July 25th. 19 56	12. Signature of Notary: ~~xxxxx~~ County Recorder James W. Sweeney By Aimee Drennan, Dep.; 13. Notary Commission expires 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's birth certificate	By whom issued and signed: California File #48	Date issued: April 24,	Date Orig. Entry: 1938
Class* B	Date of Birth: Age 31	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Mette Marie Petersen	Date issued: July 27, 1956	Date Orig. Entry:
Class B	Date of Birth: Aug.13,1906	Birth Place: Presto, Ida.	Full Name of Mother: Mette Marie Kristensen	Name of Father: Ludvig Carl Petersen
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Sacramento, California Accounting Department	Date issued: Jan.2,1929	Date Orig. Entry:
Class B	Date of Birth: 8/13/1906	Birth Place: Presto, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Verna Reisch	August 1,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED COPY OF CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 1 1958

168-216-032-893

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-797
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Louise Johnston		2. Date Of Birth (month) January (day) 16 (year) 1906	
	3. Color or Race: White	4. Sex: Fml	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Shoshone
FATHER	6. Full Name of Father: John (Burke Johnston		7. State or Country of Father's Birth: Memphis City, Missouri	
MOTHER	8. Full Maiden Name of Mother: Helena (Nellie) Hill		9. State or Country of Mother's Birth: Fairfield, Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Louise Johnston	11. Present Address of Registrant: 116 Second St. Wallace, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: August 1, 1956	12. Signature of Notary: Bernard F. Gratton	13. Notary Commission expires: 1-28-1957	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Kenneth Carberry-Superintendent	Date Issued: 2-17-56	Date Orig. Entry: Sept. 20, 1915
Class* B	Date of Birth: 1906	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Roman Catholic Church Certificate of Baptism	By whom issued and signed: Joseph P. O. Toole	Date Issued: May 24, 1906	Date Orig. Entry:
Class B	Date of Birth: 1-16-06	Birth Place: Shoshone, Idaho	Full Name of Mother: Helena Nellie Hill	Name of Father: John Johnston
SUPPORTING RECORD 3.	Type of Document: Affidavit	By whom issued and signed: Nellie Hill Johnston-Mother	Date Issued: 8-1-56	Date Orig. Entry:
Class B	Date of Birth: 1-16-06	Birth Place: Shoshone, Idaho	Full Name of Mother: Nellie Hill Johnston	Name of Father: John Johnston
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Joan Mowery	Aug. 2, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 3 1966

MAR 17 1971

RECEIVED
AUG 13 1956
Division of Vital Statistics

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-821
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clara Ethel Corron	2. Date Of Birth (month) April (day) 25 (year) 1906
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Idaho; a. County: Canyon	b. City or Town of Birth
FATHER	6. Full Name of Father: William Sherman Corron	7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Martha Edna Chenilworth.	9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clara Ethel Ball.
		11. Present Address of Registrant: 1153½ Ravenna Ave Wilmington, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on July 26 1956	12. Signature of Notary: Edythe G. Tornow EDYTHE G. TORNOW
		13. Notary Commission expires 19 My commission expires November 3, 195

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's Certificate		By whom issued and signed: Div. of Vital Statistics Oregon File #1499	Date issued: Apr.25,1927	Date Orig. Entry
Class* B	Date of Birth: Age 21	Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Return of Marriage		By whom issued and signed: Multnomah County Oregon Board of Health	Date issued: Jan.29,51	Date Orig. Entry: Aug.9,1925
Class B	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Father		By whom issued and signed: William S. Corron	Date issued: August 8,	Date Orig. Entry: 1956
Class B	Date of Birth: April 25,1906	Birth Place: Idaho	Full Name of Mother: Edna Corron	Name of Father: William S. Corron	

QUALIFYING INFORMATION

Census Record: Census of 1910, April 15. Age 4, born in Idaho.

Daughter of Edna Corron.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	vr Verna Reisch	August 14,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy pd.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

AUG 14 1956

Department of Registration
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Clara Ethel Corron
2. Date of Birth (month) (day) (year): April 25 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Idaho
6. County: Canyon
7. City or Town of Birth:

FATHER

8. Full Name of Father: William S. Corron
9. State or Country of Father's Birth: Idaho

MOTHER

10. Full Maiden Name of Mother: Edna Corron
11. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

12. Signature of Registrant: [illegible]
13. Present Address of Registrant: [illegible]

NOTARY (Seal)

Subscribed and sworn to before me at [illegible] 19 [illegible]

14. Signature of Notary: [illegible]
15. Notary Commission expires: [illegible] 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's Certificate	Div. of Vital Statistics Oregon File #1499	Apr. 25, 1925	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	Idaho		

Class B

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Return of Marriage	Multnomah County Oregon Board of Health	Jan. 29, 31	Aug. 9, 1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 19	Idaho		

Class B

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Father	William S. Corron	August 6, 1956	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 25, 1906	Idaho	Edna Corron	William S. Corron

Class B

ADDITIONAL INFORMATION

Census Record: Census of 1910, April 15. Age 4, born in Idaho.

Daughter of Edna Corron.

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	vr Verna Reisch	August 14, 1956

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

FORM [illegible]

819-212-022-694

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-854
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marguerite Helen Harriman		2. Date of Birth (month) (day) (year): March 12, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: Samuel Tilden Harriman		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Margaret Emma Widner		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marguerite W. Harriman Benda	11. Present Address of Registrant: Iowa City, Iowa 1630 East Court,
NOTARY (Seal)	Subscribed and sworn to before me on: August 13 1956	12. Signature of Notary: Robert Donaldson	13. Notary Commission expires: July 4 1957

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Johnson Co., Iowa Margaret E. Harriman	Date Issued: August 13, 1956	Date Orig. Entry	
Class* B	Date of Birth: March 12, 1906	Birth Place: St. Anthony, Ida.	Full Name of Mother: Margaret Emma Harriman	Name of Father: Samuel Tilden Harriman	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Cedar Rapids, Iowa Royal Neighbors of America	Date Issued: July 11, 1947	Date Orig. Entry	
Class B	Date of Birth: March 12, 1906	Birth Place: St. Anthony, Ida.	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Family Bible Record	By whom issued and signed: Margaret E. Harriman Samuel T. Harriman	Date Issued: Obviously old.	Date Orig. Entry	
Class B	Date of Birth: March 12, 1906	Birth Place:	Full Name of Mother: Margaret Emma Harriman	Name of Father: Samuel Tilden Harriman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. E. Benson	Evidence reviewed by: Verna Reisch	Date Filed: August 20, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 21 1956

REGISTRY	1. Registrar's full name at birth: Margaret Helen Harriman	2. Date of birth (month) March 12	(year) 1900
Person whose birth is being registered	3. Color or Race: White	4. Place of birth: Fremont	5. Sex: Female
	6. Full name of father: Samuel Tilden Harriman	7. State or Country of Birth: Missouri	
	8. Full Maiden Name of Mother: Margaret Emma Widner	9. State or Country of Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: Iowa City, Iowa 1070 East Court
NOTARY	Subscribed and sworn to before me on: [signature] 19	12. Signature of Notary: [signature]	13. Notary Commission expires: July 4 19

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued	Date Orig. Entry
	Date of Birth, Birth Place	Full Name of Mother	Name of Father	
	[illegible]	[illegible]		
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: July 11, 19[illegible]	Date Orig. Entry
	Date of Birth, Birth Place	Full Name of Mother	Name of Father	
	[illegible]			
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued	Date Orig. Entry
	Date of Birth, Birth Place	Full Name of Mother	Name of Father	
	[illegible]	[illegible]		
COMPUTER INFORMATION				

REGISTRAR'S CERTIFICATE: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that the mentioned evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [signature] | Evidence reviewed by: [illegible] | Date filed: [illegible] 19[illegible]

294-209-1029-734

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-866
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mamie Letitia Sims			2. Date of Birth (month) (day) (year): January 9 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County: Latah	b. City or Town of Birth: Troy
FATHER	6. Full Name of Father: Lewis Edward Sims			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Rosa May Plunkett			9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mamie Letitia Green		11. Present Address of Registrant: Joffre, Alberta, Can.
NOTARY (Seal)	Subscribed and sworn to before me on: July 28th 1956	12. Signature of Notary: [signature]		13. Notary Commission expires: Not Applicable. 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: #12066 certified abstract of registration of marriage	By whom issued and signed: Government of the Province of Alberta, Vital Statistics		Date Issued	Date Orig. Entry: married Jan. 3, 1923
Class* B	Date of Birth: 16 years old	Birth Place: Idaho	Full Name of Mother: Branch Rosa May Plunkett	Name of Father: Lewis Edward Sims	
SUPPORTING RECORD 2.	Type of Document: affidavit by father	By whom issued and signed: Lewis Edward Sims Edmonton, Alberta, Canada		Date Issued: 5-26-56	Date Orig. Entry
Class B	Date of Birth: January 9, 1906	Birth Place: Troy, Idaho Latah County	Full Name of Mother: Rosa May Sims	Name of Father: Lewis Edward Sims	
SUPPORTING RECORD 3.	Type of Document: Son's birth certificate	By whom issued and signed: #1055 of 1929 Province of Alberta		Date Issued: February 18, 1929	Date Orig. Entry
Class B	Date of Birth: Age 23	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Verna Reisch	August 23, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

235-210-029-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-871
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Cecelia Leava Sletten
2. Date of Birth (month) (day) (year): January 10 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Latah
b. City or Town of Birth: Moscow

FATHER

6. Full Name of Father: Halvor H. Sletten
7. State or Country of Father's Birth: Norway

MOTHER

8. Full Maiden Name of Mother: Mary Evelyn Carlson
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Cecelia Sletten-Hanks
11. Present Address of Registrant: Lemmon, S.D.

NOTARY (Seal)

Subscribed and sworn to before me on August 5 1955

12. Signature of Notary: Alfred Josund
13. Notary Commission expires: Jan 19 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Statement re SCHOOL RECORD	January 10 1906	Moscow Idaho	BOARD OF EDUCATION Fargo, North Dakota	Mrs. H. Sletten	6-10-51	H. Sletten	entered Sept. 6, 1922
SUPPORTING RECORD 2. Class A	church record	January 10, 1906		AMERICAN LUTHERAN CHURCH Lemmon, South Dakota				confirmed Feb. 1, 1942
SUPPORTING RECORD 3. Class B	Hospital Record	January 10,1906	Idaho	Jamestown, North Dakota Jamestown Hospital		Aug.3,56		Mar.9,1938

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: bw Verna Reisch
Date Filed: August 23,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

AUG 23 1966
SEP 1 8 1967

Person whose birth is being registered	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): January 10 1906
	3. Color or Race: White	4. Sex: Female
	5. Place of Birth: a. County: Latah	b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: Halvor H. Slettan	7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Mary Evelyn Carlson	9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
NOTARY (Seal)	11. Subscribed and sworn to before me on: [illegible]	12. Signature of Notary: [illegible]
	13. Notary Commission Expires: [illegible]	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2.	Type of Document: Church record	By whom issued and signed: AMERICAN LUTHERAN CHURCH, Lemmon, South Dakota	Date Issued:	Date Orig. Entry: Feb. 1, 1940
Class A	Date of Birth: January 10, 1906	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: Jamestown, North Dakota, Jamestown Hospital	Date Issued: Aug. 3, [illegible]	Date Orig. Entry: Mar. 9, 1938
Class B	Date of Birth: January 10, 1906	Birth Place: Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Verna Reisch	August 23, 1966

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 4005

356-210-037-418

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56- 874
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eleanor Charlotte Lewis		2. Date of Birth (month) (day) (year): Sept. 10 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Owyhee; b. City or Town of Birth: Silver City, Idaho.
FATHER	6. Full Name of Father: Elisha Lewis		7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Maher (Also known as Mamie E. Maher)		9. State or Country of Mother's Birth: New York
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eleanor Lewis Smith	11. Present Address of Registrant: 1017 N. 28th St Boise Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: AUGUST 20 1956	12. Signature of Notary: Patrick T. Vaughn	13. Notary Commission expires: SEPT. 14, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit	By whom issued and signed: Elisha Lewis-Father	Date Issued: Feb. 11, 1955	Date Orig. Entry:
	Date of Birth: Sept. 10, 1906	Birth Place: Home Owyhee County	Full Name of Mother: Mary E. Maher	Name of Father: Elisha Lewis
SUPPORTING RECORD 2. Class B	Type of Document: Own Child's birth certificate	By whom issued and signed: M.D. State of Idaho-A. J. Coats	Date Issued: 3-15-32	Date Orig. Entry:
	Date of Birth: Sept. 10, 1906	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3. Class B	Type of Document: Church Record	By whom issued and signed: Fev. Joseph Haegy S.M.	Date Issued: Sept. 16, 1906	Date Orig. Entry:
	Date of Birth: Sept. 10, 1906	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

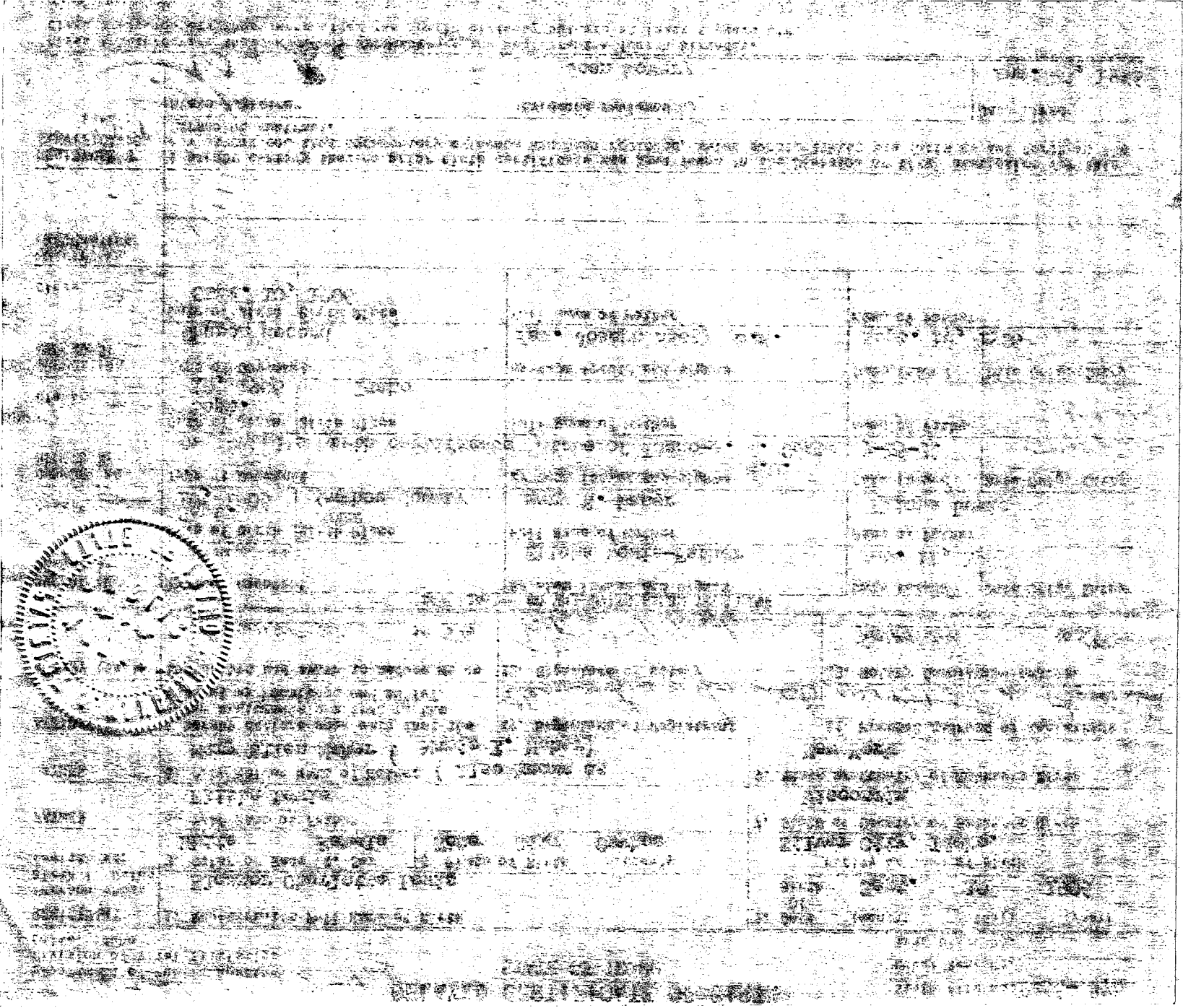
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Bo	Joan Mowery	Aug. 23, 1956

*Class A Records are those made and filed before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067



843-219-003-269

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
SEP - 4 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-949
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Georgia Dulate Hulse			2. Date Of Birth (month) Oct. (day) 19 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Idaho Bannock	b. City or Town of Birth: Bench	
FATHER	6. Full Name of Father: George Weaver Hulse			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Pearl Sorensen			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Georgia H. Jensen		11. Present Address of Registrant: Grace, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: AUG 31 1956 19__	12. Signature of Notary: [illegible]		13. Notary Commission expires: February 28 1957	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend	By whom issued and signed: Nellie B. Toone		Date Issued: August 31, 1956	Date Orig. Entry
Class* B	Date of Birth: October 19,1906	Birth Place: Bench, Idaho	Full Name of Mother: Pearl Sorensen	Name of Father: George Weaver Hulse	
SUPPORTING RECORD 2.	Type of Document: Church record	By whom issued and signed: Alma Hubbard-Bishop L.D.S. Church-Bench, Ida.		Date Issued: Nov,1,14	Date Orig. Entry: Oct. 31,1914
Class B	Date of Birth: October 19,1906	Birth Place: Bench, Idaho	Full Name of Mother: Pearl R. Sorensen	Name of Father: George Hulse	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: Grace, Idaho Cyrus L. Jensen		Date Issued:	Date Orig. Entry: Jan. 18, 1946
Class B	Date of Birth: October 19,1906	Birth Place: Bench, Idaho	Full Name of Mother: Pearl Rosella Sorensen	Name of Father: George Weaver Hulse	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	vr Verna Reisch	Sept. 13,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

SEP 14 1958

REGISTRAR (Person whose birth is being registered)	1. Full Name of Birth	2. Date of Birth (Month) (Day) (Year)	
	3. Color or Race (4. Sex)	5. Place of Birth (Accounty)	6. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	2. Subscribed and sworn to before me on 19	12. Signature of Notary	13. Notary Commission expires February 28 1957

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend	By whom issued and signed: [illegible]	Date Issued: August 31, 19[illegible]	Date Orig. Entry
Class B	Date of Birth: October 19, 1908	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2.	Type of Document: Church record	By whom issued and signed: [illegible]	Date Issued: Nov. 1, 14	Date Orig. Entry: Oct. 31, 1914
Class B	Date of Birth: October 19, 1908	Birth Place: [illegible]	Full Name of Mother: Pearl E. Sorenson	Name of Father: George Hulse
SUPPORTING RECORD 3.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
Class B	Date of Birth: October 19, 1908	Birth Place: [illegible]	Full Name of Mother: Pearl Roselle Sorenson	Name of Father: George Seaver Hulse

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

1. Hereby certify that no or birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing matter.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Sept. 18, 1958

Class A Records are those made and cared before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 3 years old.

819-210-035-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-975
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marguerite Agnes Hartnett
2. Date of Birth (month) (day) (year): Nov 10, 1906
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County: Idaho Nez Perce; b. City or Town of Birth: Lewiston

FATHER

6. Full Name of Father: Timothy Dennis Hartnett
7. State or Country of Father's Birth: Minn

MOTHER

8. Full Maiden Name of Mother: Jane M. Bennett
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marguerite Agnes Spross
11. Present Address of Registrant: Emmett, Ida

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 19 1956
12. Signature of Notary: Hazel L Hurlbert.
13. Notary Commission expires: Sept. 1 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own Child's birth certificate	File No. 223301 State of Idaho	6-17-34	
Class* B	Date of Birth: Age 27 / Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Affidavit by Father	Timothy Dennis Hartnett	Sept. 13, 1956	
Class B	Date of Birth: Nov. 10, 1906 / Birth Place: Lewiston, Idaho	Full Name of Mother: Jane Mary Bennett	Name of Father: Timothy Dennis Hartnett	
SUPPORTING RECORD 3.	Insurance Policy	By whom issued and signed: Registrar Occidental Life - J. Stevens	Sept. 12, 1941	
Class B	Date of Birth: Nov. 10, 1906 / Birth Place: Lewiston, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joan Mowery	Sept. 19, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 19

JUL 20 1961

168-119-003-753

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-978
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LOUIS ALBERT JOHNSON
2. Date of Birth (month) (day) (year): MARCH 19, 1906
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: BANNOCK
b. City or Town of Birth: LUND

FATHER

6. Full Name of Father: GUSTAF ALBERT JOHNSON
7. State or Country of Father's Birth: LOGOLET VINGOKER, SWEDEN.

MOTHER

8. Full Maiden Name of Mother: AMANDA CHRISTINA PETERSON
9. State or Country of Mother's Birth: OGDEN, UTAH.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Louis A. Johnson
11. Present Address of Registrant: 6161-A. FISHBURN HUNTINGTON PARK, CALIF.

NOTARY (Seal)

Subscribed and sworn to before me on: August 31, 1956
12. Signature of Notary: Dorothy Chamberlain
13. Notary Commission expires: October 25, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Church record
By whom issued and signed: Lund, Idaho L.D.S. Church
Date Issued: June 7, 1914
Date Orig. Entry:
Class*: B
Date of Birth: March 19, 1906
Birth Place: Lund, Idaho
Full Name of Mother: Amanda Peterson
Name of Father: Gustaf Albert Johnson

SUPPORTING RECORD 2.

Type of Document: Affidavit by mother
By whom issued and signed: Amanda C. Johnson
Date Issued: May 18, 1956
Date Orig. Entry:
Class: B
Date of Birth: March 19, 1906
Birth Place: Lund, Idaho
Full Name of Mother: Amanda Christina Peterson
Name of Father: Gustaf Albert Johnson

SUPPORTING RECORD 3.

Type of Document: Child's birth certificate
By whom issued and signed: Boise, Idaho Idaho File #261695
Date Issued: December 17, 1937
Date Orig. Entry:
Class: B
Date of Birth: Age 31
Birth Place: Lund, Idaho
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: vr Verna Reisch
Date Filed: Sept. 21, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 21

213-115-044-694

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1007
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Virgil Herbert Battershell		2. Date Of Birth (month) May (day) 10th (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington b. City or Town of Birth: Midvale
FATHER	6. Full Name of Father: John William Battershell		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Mildred Irene Widner		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virgil Herbert Battershell	11. Present Address of Registrant: Midvale Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 1, 1956	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own Child's birth certificate	By whom issued and signed: State of Idaho-166010	Date Issued: July 29, 1928	Date Orig. Entry
Class* B	Date of Birth: Age 22	Birth Place: Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Life insurance policy	By whom issued and signed: Idaho Mutual Benefit Asso.	Date Issued: July 7, 1936	Date Orig. Entry
Class B	Date of Birth: May 10, 1906	Birth Place: Midvale, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed: Mildred Battershell-Mother	Date Issued	Date Orig. Entry
Class B	Date of Birth: May 10, 1906	Birth Place: Midvale, Idaho	Full Name of Mother: Mildred Irene Widner	Name of Father: John William Battershell
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joan Mowery	Date Filed: Oct. 1, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: [illegible]
2. Date of Birth (month) (day) (year): [illegible]
3. Place of Birth (Place of Birth, Sex): [illegible]
4. Sex: [illegible]
5. Place of Birth (Place of Birth, County): [illegible]
6. Place of Birth (Place of Birth, City of Town of Birth): [illegible]

FATHER

7. Full Name of Father: [illegible]
8. State or Country of Father's Birth: [illegible]

MOTHER

9. Full Name of Mother: [illegible]
10. State or Country of Mother's Birth: [illegible]

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Signature of Registrant: [illegible]
12. Present Address of Registrant: [illegible]

Subscribed and sworn to before me on

13. Signature of Notary: [illegible]
14. Notary Commission Expires: [illegible]

SUPPORTING RECORD 1.

Type of Document: [illegible]
By whom issued and signed: [illegible]
Date Issued: [illegible]
Date Orig. Entry: [illegible]

Class A

Date of Birth: [illegible]
Birth Place: Idaho
Full Name of Mother: [illegible]
Name of Father: [illegible]

SUPPORTING RECORD 2.

Type of Document: [illegible]
By whom issued and signed: [illegible]
Date Issued: [illegible]
Date Orig. Entry: [illegible]

Class B

Date of Birth: [illegible]
Birth Place: [illegible]
Full Name of Mother: [illegible]
Name of Father: [illegible]

SUPPORTING RECORD 3.

Type of Document: [illegible]
By whom issued and signed: [illegible]
Date Issued: [illegible]
Date Orig. Entry: [illegible]

Class B

Date of Birth: [illegible]
Birth Place: [illegible]
Full Name of Mother: [illegible]
Name of Father: [illegible]

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]
Evidence reviewed by: [illegible]
Date Filed: Oct. 1, 1950

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but not [illegible]

Form [illegible]

363-213-003-75

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED FEB 22 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1012
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Elinor Locke		2. Date of Birth (month) (day) (year): March 13 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock b. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: Harry Digby Locke		7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Lena Grace Perry		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace E. Danger	11. Present Address of Registrant: 10722 S. Newport Ave.
NOTARY (Seal)	Subscribed and sworn to before me on: February 19 1954	12. Signature of Notary: Pauline Nelson	13. Notary Commission expires: My Commission Expires Oct. 14, 1956 NOTARY PUBLIC

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Harry H. Locke	Date Issued: July 2, 1954	Date Orig. Entry:
Class* B	Date of Birth: March 13.1906 / Birth Place: Pocatello, Ida.	Full Name of Mother:	Name of Father: Harry H. Locke	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Pocatello, Idaho Bannock County, Dist.25	Date Issued: July1956	Date Orig. Entry: Jan.24,1913
Class B	Date of Birth: March 13, 1906 / Birth Place:	Full Name of Mother:	Name of Father: H. H. Locke	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: 4-19-1941	Date Orig. Entry:
Class B	Date of Birth: March 13, 1906 / Birth Place: Pocatello, Idaho	Full Name of Mother: Lena Grace Perry	Name of Father: Harry H. Locke	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. H. Bo	vr Verna Wilson	Oct. 3,1956

*Class A Records are those made before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 11 1966

DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Golden, Idaho

Statistics No. [illegible]
Local Reg. No.
Mem. Dist. No.

Registrar's Full Name of Birth		2. Date of Birth	
Registrar's Name	3. Place of Birth	4. Sex	5. Place of Birth
Registrar's Name	6. Name of Father	7. Place of Country of Father's Birth	
Registrar's Name	8. Name of Mother	9. Place of Country of Mother's Birth	
AFFIDAVIT	I hereby certify that the above facts are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission Expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Harry H. Locke	Date Issued: July 2, 1954	Date Orig. Entry
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father: Harry H. Locke
Class: B				
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Bannock County, Dist. 25	Date Issued: July 1956	Date Orig. Entry: Jan. 24, 1913
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father: H. H. Locke
Class: B				
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: 4-13-1949	Date Orig. Entry
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father: Harry H. Locke
Class: B				
QUALIFYING INFORMATION				

PROPRIETARY CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence reviewed by	Date Filed
[signature]	VT Norma Wilson	Oct. 8, 1966

*Class A Records are those made after the Registrant's Birthday.
Class B Records are those made after the Registrant's Birthday but [illegible]

253-126-09 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

OCT 1 - 1956

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1021
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLARENCE WATSON BELL		2. Date of Birth (month) February (day) 26 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Latah; b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: CHARLES DOUGLAS BELL		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: MERTILLA GRACE WATSON		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarence W. Bell	11. Present Address of Registrant: 138 East Main Street, Ashland, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: September 25 1956	12. Signature of Notary: Sidney L. Unsworth	13. Notary Commission expires: 10/4/ 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Census Record	By whom issued and signed: Washington 25, D. C. Department of Commerce	Date Issued: July 28,56	Date Orig. Entry: Census of 1910 April 15	
	Date of Birth: Age 4	Birth Place: Idaho	Full Name of Mother: Mattie G. Bell	Name of Father: Charles W. Bell	
SUPPORTING RECORD 2. Class B	Type of Document: School Record	By whom issued and signed: Moscow, Idaho L. C. Robinson-Supt.	Date Issued: May 22,56	Date Orig. Entry: Sept. 5,1920	
	Date of Birth: February 26, 1906	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Insurance Record	By whom issued and signed: New York 1, New York Equitable Life Assurance	Date Issued: May 31,56	Date Orig. Entry: April 22,1929	
	Date of Birth: February 26, 1906	Birth Place: Moscow, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Verna Wilson	Oct. 3, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 3 1958

132-21-036-2 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

OCT 4 - 1956

Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1028
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Selma Fern Atkinson
2. Date of Birth: (month) Jan (day) 11 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Oneida; b. City or Town of Birth: Holbrook
6. Full Name of Father: Melvin Atkinson
7. State or Country of Father's Birth: Utah
8. Full Maiden Name of Mother: Mary Amanda Sweeten
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fern A. Willie
11. Present Address of Registrant: 806 100 N. Malad Ida

NOTARY (Seal)

Subscribed and sworn to before me on: 28th September 1956
12. Signature of Notary: John F. McAllister, Clerk of the district court
13. Notary Commission expires: Jan. 12 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	L. D. S. Church	sept.22,56	March 4,1906
Class* B	Date of Birth: January 11,1906	Birth Place: Holbrook,Idaho	Full Name of Mother: Mary Amarda Sweeten	Name of Father: Melvin Atkinson
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Boise, Idaho Idaho File #208964	Date Issued: Sep.17,54	Date Orig. Entry: 12/28/1932
Class B	Date of Birth: Age 26	Birth Place: Holbrook,Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by Uncle	By whom issued and signed: Colen H. Sweeten	Date Issued: 9/28/56	Date Orig. Entry:
Class B	Date of Birth: January 11, 1906	Birth Place: Holbrook,Idaho	Full Name of Mother: Mary Amanda Sweeten	Name of Father: Melvin Atkinson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Verna Wilson	Oct. 4,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 4 1956

485-229-032-168

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1059
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Myers		2. Date of Birth (month) October (day) 29 (year) 1906	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Shoshone
FATHER	6. Full Name of Father: Charles Sabin Myers		7. State or Country of Father's Birth: Rockport, Indiana	
MOTHER	8. Full Maiden Name of Mother: Anna Gennie Johnson		9. State or Country of Mother's Birth: Sanpete County, Utah.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Myers Cassell	11. Present Address of Registrant: 234 13th Ave. W. Gooding, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: September 13, 19 56	12. Signature of Notary: Howard E. Adkins	13. Notary Commission expires: June 25, 19 57	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: School Records	By whom issued and signed: Clerk Luella L. Kinsey-District	Date Issued: Sept. 13, 1956	Date Orig. Entry
	Date of Birth: Age 14	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit by mother	By whom issued and signed: Anna Myers-Mother	Date Issued: Sept. 13, 1956	Date Orig. Entry
	Date of Birth: Oct. 29, 1906	Birth Place: Shoshone, Idaho	Full Name of Mother: Anna Gennie Johnson	Name of Father: Charles Sabin Myers
SUPPORTING RECORD 3. Class B	Type of Document: State by Doctor	By whom issued and signed: doctor Charles W. Dill-Attending	Date Issued: Sept. 31, 1956	Date Orig. Entry
	Date of Birth: Oct. 29, 1906	Birth Place: Shoshone, Idaho	Full Name of Mother: Anna Gennie Johnson	Name of Father: Charles Sabin Myers.
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joan Mowery	Oct. 10, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEFERRED CERTIFICATE OF TITLE

236-229-010-614

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1064
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Afton Stoddard		2. Date of Birth (month) (day) (year): August 29; 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Taylorville
FATHER	6. Full Name of Father: John Warren Stoddard		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: May Josephine Wadsworth		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Afton Coss	11. Present Address of Registrant: 4612 Catherine St. San Diego Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: July 13 1956	12. Signature of Notary: [illegible]	13. Notary Commission expires: 8-11-57 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: daughter's birth certificate	By whom issued and signed: State of Idaho #159135		Date Issued:	Date Orig. Entry: child born Jan. 26, 1928
Class* B	Date of Birth: 21 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: church record	By whom issued and signed: L.D.S. CHURCH San Diego Eighth Ward		Date Issued: 6-23-55	Date Orig. Entry: baptized Aug. 31, 1915
Class B	Date of Birth: August 29, 1906	Birth Place: Taylorville Idaho	Full Name of Mother: May J. Wadsworth	Name of Father: John W. Stoddard	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Father	By whom issued and signed: John Warren Stoddard		Date Issued: September 28, 1956	Date Orig. Entry:
Class B	Date of Birth: August 29, 1906	Birth Place: Taylorville, Idaho	Full Name of Mother: May Josephine Wadsworth	Name of Father: John Warren Stoddard	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Jensen	Evidence reviewed by: bw Verna Wilson	Date Filed: Oct. 12, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 12 1956

Redacted

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764-109-793

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 26 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1119
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALFRED NORELL POULTER		2. Date of Birth (month) (day) (year): Sept. 9 1906
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: BINGHAM or (BONNEVILLE) b. City or Town of Birth: JAMESTON, IDAHO
FATHER	6. Full Name of Father: FRANK POULTER		7. State or Country of Father's Birth: OGDEN, WEBER CO., UTAH
MOTHER	8. Full Maiden Name of Mother: MARY MATILDA GILL		9. State or Country of Mother's Birth: MARRIOTTVILLE WEBER CO. UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alfred Norell Poulter	11. Present Address of Registrant: 486 GARFIELD ST. IDAHO FALLS, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: October 24 1956	12. Signature of Notary: Marlene Johnson	13. Notary Commission expires: June 7 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: Idaho Falls, Idaho L.D.S. Church	Date Issued: Sept.3,1916	Date Orig. Entry: Sept.2,1916
Class* B	Date of Birth: September 9, 1906	Birth Place: Taylor, Idaho	Full Name of Mother: Mary M. Gill	Name of Father: Frank Poulter	
SUPPORTING RECORD 2.	Type of Document: Affidavitby Mother		By whom issued and signed: Mary Matilda Poulter	Date Issued: Octbber 24, 1956	Date Orig. Entry:
Class B	Date of Birth: September 9, 1906	Birth Place: Jameston, Idaho	Full Name of Mother: Mary Matilda Gill Poulter	Name of Father: Frank Poulter	
SUPPORTING RECORD 3.	Type of Document: Family Record		By whom issued and signed: Temple Ordinance Data Sheet	Date Issued: June 26,	Date Orig. Entry: 1946
Class B	Date of Birth: September 9, 1906	Birth Place: Jamestown, Idaho	Full Name of Mother: Mary Gill	Name of Father: Frank Poulter	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Verna Wilson	Oct.26,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 26 1959

596-128-031-783

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1180
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harry Lee Erwin			2. Date of Birth (month) March (day) 28 (year) 1906
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Lewis	b. City or Town of Birth: Near Craigmont, Idaho
FATHER	6. Full Name of Father: John Lee Erwin			7. State or Country of Father's Birth: North Carolina
MOTHER	8. Full Maiden Name of Mother: Bessie L. Gillespie			9. State or Country of Mother's Birth: North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harry L. Erwin		11. Present Address of Registrant: Box 182 Moscow, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 15 1956	12. Signature of Notary: J. M. O'Donnell		13. Notary Commission expires: Sept 10 1957

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by Father	By whom issued and signed: John Lee Erwin		Date Issued: April 3,	Date Orig. Entry: 1956
	Date of Birth: March 28, 1906	Birth Place: Craigmont, Idaho	Full Name of Mother: Bessie L. Gillespie	Name of Father: John Lee Erwin	
SUPPORTING RECORD 2. Class B	Type of Document: Family Record	By whom issued and signed: Parents Bible Record		Date Issued: Original	Date Orig. Entry: record viewed by Notary Public.
	Date of Birth: March 28, 1906	Birth Place:	Full Name of Mother: Bessie L. Gillespie	Name of Father: John Lee Erwin	
SUPPORTING RECORD 3. Class B	Type of Document: Application for Social Security Account No.	By whom issued and signed: U.S. Treasury Dept.		Date Issued: Dec. 23,	Date Orig. Entry: 1939
	Date of Birth: Mar. 28, 1906	Birth Place: Craigmont	Full Name of Mother: Bessie Gillespie	Name of Father: John L. Erwin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	VW Shirley Straubhar	Nov. 13, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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Form DPH 49067

NOV 13 1956

866-226 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

NOV 13 1956

Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1185
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name at Birth: MARY EMMA HOWELL			2. Date of Birth: (month) 9 (day) 26 (year) 1906	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa, Idaho	
FATHER	6. Full Name of Father: William Greenwalt Howell			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Garrett			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mary Emma Sallee	11. Present Address of Registrant: 224 Ivy, Nampa, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: ~~November 1st~~ 19 56		12. Signature of Notary: Vera Fiskins	13. Notary Commission expires: 9/12 19 60	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Daughter's birth Cert.		By whom issued and signed: Kansas, 243 292	Date Issued: Sept. 11,	Date Orig. Entry: 1935
Class* B	Date of Birth: age 28	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Application for Social Security Account No.		By whom issued and signed: U.S. Treasury Dept.	Date Issued: Oct. 7, 19	Date Orig. Entry: 38
Class B	Date of Birth: Sept. 26, 1906	Birth Place: Nampa, Idaho	Full Name of Mother: Elizabeth Garrett	Name of Father: William G. Howell	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Brother		By whom issued and signed: James William Howell	Date Issued: Nov. 7, 1956	Date Orig. Entry:
Class B	Date of Birth: Sept. 26 1906	Birth Place: Nampa	Full Name of Mother: Elizabeth Garrett	Name of Father: William Greenwalt Howell	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barnum	Shirley Straubhar	Nov. 13, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics

NOV 14 1958

WILLIAM [illegible] (Person whose Birth is being registered)	1. Name of Birth	2. Date of Birth (month) (day) (year)	
	3. Color or Race	4. Place of Birth	5. Date of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
APPLICANT	10. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant
	Subscribed and sworn to before me on	13. Signature of Notary	14. Notary Commission Expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom Issued and Signed	Date Issued / Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2	Type of Document	By whom Issued and Signed	Date Issued / Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
Class II			
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that my prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Evidence reviewed by	Date Filed

*Class A Records are those made and [illegible] before the [illegible] fourth [illegible]
Class B Records are those [illegible] the fourth [illegible] but are at least [illegible]

312-110-026
319

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NOV 13 1956
Division of Vital Statistics

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1187

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EZRA LLOYD CASPER			2. Date Of Birth (month) (day) (year): SEPTEMBER 10, 1906
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: JEFFERSON	b. City or Town of Birth: ANNIS
FATHER	6. Full Name of Father: DUNCAN A. CASPER			7. State or Country of Father's Birth: MISSOURI
MOTHER	8. Full Maiden Name of Mother: LUCY E. CARD			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ezra Lloyd Casper		11. Present Address of Registrant: Rt. 1, Wendell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 9th day of November, 1956	12. Signature of Notary: Nina R. Carroll		13. Notary Commission expires: 4-5-59 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Records, LDS Church	By whom issued and signed: Statement by Wm. A. Jackson Clerk of Wendell Ward		Date Issued: Nov 5,1956	Date Orig. Entry
	Date of Birth: Sept 10,1906	Birth Place: Annis, Idaho	Full Name of Mother: Lucy E. Card	Name of Father: Duncan A. Casper	
SUPPORTING RECORD 2.	Type of Document: Child's Birth Certificate	By whom issued and signed: on file Vital Statistics # 151992		Date Issued	Date Orig. Entry: May 11, 1927
	Date of Birth: Age 20	Birth Place: Annis, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Neighbor	By whom issued and signed: Andrew Johnson		Date Issued: Nov. 10,	Date Orig. Entry: 1956
	Date of Birth: Sept. 10, 1906	Birth Place: Annis, Idaho	Full Name of Mother: Lucy E. Casper	Name of Father: Duncan A. Casper	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	bf Shirley Straubhar	Nov. 13, 1956

FORM BH 56067

RECEIVED

NOV 14 1956

STATE OF IDAHO

Division of Vital Statistics

1. Registrant's Full Name of Birth: BERA LLOYD CASPER	2. Date of Birth: SEPTEMBER 10, 1906	
3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth: JEFFERSON
6. Birth Name of Father: DUNCAN A. CASPER	7. Birth Name of Mother: MISSOURI	
8. Full Maiden Name of Mother: LUCY E. CARD	9. State or Country of Mother's Birth: UTAH	
10. Signature of Registrant: [signature]	11. Present Address of Registrant: Rt. 1, Wardell, Idaho	
12. Signature of Notary: [signature]	13. Notary Commission expires: 4-5-59	
Sworn to before me on the day of November, 1956		

Type of Document	Date Issued	Date Orig. Entry
Church Records, LDS Church	Nov 5, 1956	
Date of Birth: Sept. 10, 1906 Annis, Idaho	Lucy E. Card	Duncan A. Casper
Type of Document: Child's Birth Certificate	Date Issued: Nov 11, 1927	
Date of Birth: Sept. 10, 1906 Annis, Idaho		
Type of Document: Affidavit	Date Issued: Nov. 10, 1956	
Date of Birth: Sept. 10, 1906	Name of Father: Duncan A. Casper	

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar | Evidence reviewed by | Date Filed

[signature] | Nov. 14, 1956

168-217-021-314

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1216
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Johnson	2. Date Of Birth (month) March (day) 17 (year) 1906
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Preston Ida. Franklin	b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: Joseph Johnson	7. State or Country of Father's Birth: Utah Box Elder
MOTHER	8. Full Maiden Name of Mother: Olive Rosanna Lamb	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertha J Smith; 11. Present Address of Registrant: 2671 Jefferson and Ogden Utah
NOTARY (Seal)	Subscribed and sworn to before me on 11-16 1956	12. Signature of Notary: [illegible]; 13. Notary Commission expires 9-27 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church record		By whom issued and signed: L.D.S. Salt Lake City, Utah	Date issued: Nov.14, 1956	Date Orig. Entry: March 17, 1914
Class* B	Date of Birth: March 17, 1906	Birth Place: Preston, Idaho	Full Name of Mother: Olive Lamb	Name of Father: Joseph Johnson	
SUPPORTING RECORD 2.	Type of Document: Daughter's birth cert.		By whom issued and signed: Utah #4153	Date issued: Nov.4,1924	Date Orig. Entry:
Class B	Date of Birth: age 18	Birth Place: Preston, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Brother		By whom issued and signed: Wallace J. Johnson	Date issued: Oct.2,1956	Date Orig. Entry:
Class B	Date of Birth: March 17, 1906	Birth Place:	Full Name of Mother: Olive Rosanna L. Johnson	Name of Father: Joseph Johnson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Shirley Straubhar	Nov.29,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 29 1956

165-218-036-396

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1221
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ETHEL ARDELL JONES
2. Date Of Birth (month) (day) (year): NOV. 18, 1906
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: IDAHO, ONIDA
b. City or Town of Birth: MALAD

FATHER

6. Full Name of Father: JAMES FRANK JONES
7. State or Country of Father's Birth: Utah, 8/3/1879

MOTHER

8. Full Maiden Name of Mother: RUTH VIVIAN CROSIER
9. State or Country of Mother's Birth: MICHIGAN 6/22/1880

AFFIDAVIT

I Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ethel Ardell Jones
11. Present Address of Registrant: P.O. Star Rt. Smeltzerville, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 11-21 1956
12. Signature of Notary: Robert J. Fanning
13. Notary Commission expires: Jan 26 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by Aunt	By whom issued and signed: Maggie Crosier	Date Issued: Oct. 29, 56	Date Orig. Entry:	
	Date of Birth: Nov. 18, 1906	Birth Place: Malad, Idaho	Full Name of Mother: Ruth V. Crosier Jones	Name of Father: James F. Jones	
SUPPORTING RECORD 2. Class B	Type of Document: U.S. Census Report	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: Sept. 5, 1956	Date Orig. Entry: Jan. 1, 1920	
	Date of Birth: age 13	Birth Place: Idaho	Full Name of Mother: Ruth V. Jones	Name of Father: James F.	
SUPPORTING RECORD 3. Class B	Type of Document: Son's birth certificate	By whom issued and signed: Idaho #136491	Date Issued: Childs birth date 5/6/1925	Date Orig. Entry:	
	Date of Birth: age 18	Birth Place: Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Straubhar	Nov. 29, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

NOV 30 1956

862-22-0044-495

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1224
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Sadie Anna Yost
2. Date of Birth (month) (day) (year): December, 22, 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho, Washington
b. City or Town of Birth: Weiser

FATHER

6. Full Name of Father: Fred Yost
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Elizabeth Minsterman
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sadie Anna Lyon
11. Present Address of Registrant: Junction City, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: November 7-1956
12. Signature of Notary: Wm L Burke
13. Notary Commission expires: July 30 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by Brother
By whom issued and signed: George J. Yost
Date Issued: Nov. 6, 1956
Date Orig. Entry:
Class* B
Date of Birth: Dec. 22, 1906
Birth Place: Weiser, Idaho
Full Name of Mother: Elizabeth Yost
Name of Father: Fred Yost

SUPPORTING RECORD 2.

Type of Document: Doctors report
By whom issued and signed: G. Velma Ritchie
Date Issued: Oct. 12, 1956
Date Orig. Entry:
Class B
Date of Birth: Dec. 22, 1906
Birth Place:
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3.

Type of Document: Attending Physician at Daughter's birth
By whom issued and signed: Harry G. Talbot
Date Issued: 11/21/1956
Date Orig. Entry: Childs birth date 1/28/30
Class B
Date of Birth: age 23
Birth Place: Washinton Co. Weiser, Idaho
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Barron
Evidence reviewed by: ss Shirley Straubhar
Date Filed: Nov. 30, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 30 1956

458-202-042 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

NOV 30 1956

Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1273
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Elizabeth Sophia Meyer		2. Date of Birth: (month) July (day) 2 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Twin Falls; b. City or Town of Birth: Idaho	
FATHER	6. Full Name of Father: Ernest Carl Meyer		7. State or Country of Father's Birth: Lyden Ill.	
MOTHER	8. Full Maiden Name of Mother: Emilie Sophia Kroening		9. State or Country of Mother's Birth: Chicago Ill.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Elizabeth Sophia Meyer	11. Mailing Address of Registrant: Mrs. Ernest Meyer - Rt 1 - Box 109 Willows, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 25 1956	12. Signature of Notary: S. Kopmeier	13. Notary Commission expires: Dec. 24 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by Father	By whom issued and signed: Ernest Carl Meyer	Date Issued: Dec. 17, 1953	Date Orig. Entry:
	Date of Birth: July 2, 1906	Birth Place: Twin Falls, Idaho	Full Name of Mother: Emilie Sophia Kroening	Name of Father: Ernest Carl Meyer
SUPPORTING RECORD 2. Class A	Type of Document: Certificate of Baptism	By whom issued and signed: H.H. Koppelmann-Pastor	Date Issued:	Date Orig. Entry: Aug. 2, 1906
	Date of Birth: July 2, 1906	Birth Place: Twin Falls, Idaho	Full Name of Mother: Emilie S. nee Kroening	Name of Father: Earnest C. Meyer
SUPPORTING RECORD 3. Class B	Type of Document: Daughter's Birth Certificate	By whom issued and signed: California Willows-#51	Date Issued: Dec. 2, 1953	Date Orig. Entry: Child born on Aug. 27, 1930
	Date of Birth: age 24	Birth Place: Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ss Shirley Straubhar	Dec. 14, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 copy paid

RECEIVED

763-20-4-028-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1309

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothea Ella Pottgether
2. Date Of Birth (month) Dec (day) 4 (year) 1906
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Athol Kootinea
b. City or Town of Birth: Athol Idaho (Kootinea)

FATHER

6. Full Name of Father: William Henry Pottgether
7. State or Country of Father's Birth: Ill

MOTHER

8. Full Maiden Name of Mother: Antionittee Perez
9. State or Country of Mother's Birth: Ill

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothea E. Hearn
11. Present Address of Registrant: Bakersfield Calif. 2852 N. Hart St.

NOTARY (Seal)

Subscribed and sworn to before me on December 27 1954
12. Signature of Notary: Marjorie S. Kemp
13. Notary Commission expires: March 15 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Parents	By whom issued and signed: Antoinette Pottgether, William H. Pottgether	Date Issued: April 25, 1934	Date Orig. Entry:	
	Date of Birth: Dec. 4, 1906	Birth Place: Kootenai Co., Athol, Idaho	Full Name of Mother: Antoinette Pottgether	Name of Father: William H. Pottgether	
SUPPORTING RECORD 2.	Type of Document: Application for Social Security Account Number	By whom issued and signed: U.S. Treasury Dept. Internal Revenue Service	Date Issued: May 7, 1946	Date Orig. Entry:	
	Date of Birth: Dec. 4, 1906	Birth Place: Kootenai Co., Athol, Idaho	Full Name of Mother: Antionette Perez	Name of Father: William Pottgether	
SUPPORTING RECORD 3.	Type of Document: Daughter's Birth Certificate	By whom issued and signed: Kern Co., California	Date Issued:	Date Orig. Entry: Baby born on June 7, 1939	
	Date of Birth: age 32	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Straubhar	Dec. 31, 1956

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 2 1957

394-202-004-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-019
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Winifred Cruikshank			2. Date Of Birth: (month) Sept. (day) 2 (year) 1906	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: a. County Bear Lake	b. City or Town of Birth: Montpelier	
FATHER	6. Full Name of Father: F L Cruikshank (Fred Locke Cruikshank)			7. State or Country of Father's Birth: Calloway County, Missouri	
MOTHER	8. Full Maiden Name of Mother: Martha Ellen Burgoyne			9. State or Country of Mother's Birth: Montpelier, Bear Lake, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Winifred Cruikshank		11. Present Address of Registrant: 856 So 9, Pocatello, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 13 1956	12. Signature of Notary: W L Healy.		13. Notary Commission expires: Mar - 17 1956.	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by Father	By whom issued and signed: Fred L. Cruikshank		Date Issued: Dec. 17, 1956	Date Orig. Entry:
	Date of Birth: Sept. 2, 1906	Birth Place: Bear Lake Co., Montpelier, Ida.	Full Name of Mother: Martha E. Burgoyne Cruikshank		Name of Father: Fredrick Locke Cruikshank
SUPPORTING RECORD 2. Class B	Type of Document: Church Record	By whom issued and signed: Salt Lake City, Utah L.D.S. Church		Date Issued: Dec. 14, 1956	Date Orig. Entry: Sept. 6, 1914
	Date of Birth: Sept. 2, 1906	Birth Place: Bear Lake Co. Montpelier, Ida.	Full Name of Mother: Martha Burgoyne		Name of Father: Frederick L. Cruikshank
SUPPORTING RECORD 3. Class B	Type of Document: Son's Birth Certificate	By whom issued and signed: Utah Wm. Budge Memorial Hospital		Date Issued: April 7, 1931	Date Orig. Entry: Child born on 9/12/30
	Date of Birth: age 24	Birth Place: Montpelier, Ida.	Full Name of Mother:		Name of Father:
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: D W Bacon	Evidence reviewed by: Shirley Straubhar		Date Filed: Jan. 8, 1957	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 28

281-213-010-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-027
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Anna May Shaw
2. Date of Birth (month) May (day) 13 (year) 1906
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County: Idaho Falls Ida. Bonneville; b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: Clarence Hartley Shaw
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Annie Lyle Wilkins
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Anna May Shaw Knight
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on February 11 1956
12. Signature of Notary: Raymond W. Beardsley
13. Notary Commission expires: Dec 23rd 1956

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: SON'S BIRTH CERTIFICATE
By whom issued and signed: STATE OF IDAHO V #295184
Date Issued:
Date Orig. Entry: child born June 24, 1940
Class* B
Date of Birth: 34 years old
Birth Place: Idaho Falls Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 2.

Type of Document: AFFIDAVIT BY PARENTS
By whom issued and signed: C. H. SHAW: ANNIE L. Shaw Colville, Washington
Date Issued: 2-11-56
Date Orig. Entry:
Class B
Date of Birth: May 13 1906
Birth Place: Idaho Falls, Idaho Bonneville County
Full Name of Mother: Annie L. Shaw
Name of Father: C. H. Shaw

SUPPORTING RECORD 3.

Type of Document: School Record
By whom issued and signed: St. Mary of the Wasatch Salt Lake City, Utah
Date Issued: 1/5/1957
Date Orig. Entry: 1921
Class B
Date of Birth: May 13, 1906
Birth Place:
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: D W Benson
Evidence reviewed by: bw Shirley Straubhar
Date Filed: Jan. 10, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 10 1957

819-20-014-859

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-081
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hartman, Maurice A.			2. Date of Birth (month) April (day) 20 (year) 1906	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Parma	Canyon	b. City or Town of Birth: Parma, Idaho
FATHER	6. Full Name of Father: Hartman, William J.			7. State or Country of Father's Birth: Wisconsin, USA	
MOTHER	8. Full Maiden Name of Mother: Hermo, Anna Elizabeth			9. State or Country of Mother's Birth: Norway	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mrs. Anna A. Hartman		11. Present Address of Registrant: 2501 Lemhi St. Boise, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: January 18 1957		12. Signature of Notary: Charles Cannon		13. Notary Commission expires: September 3 1960

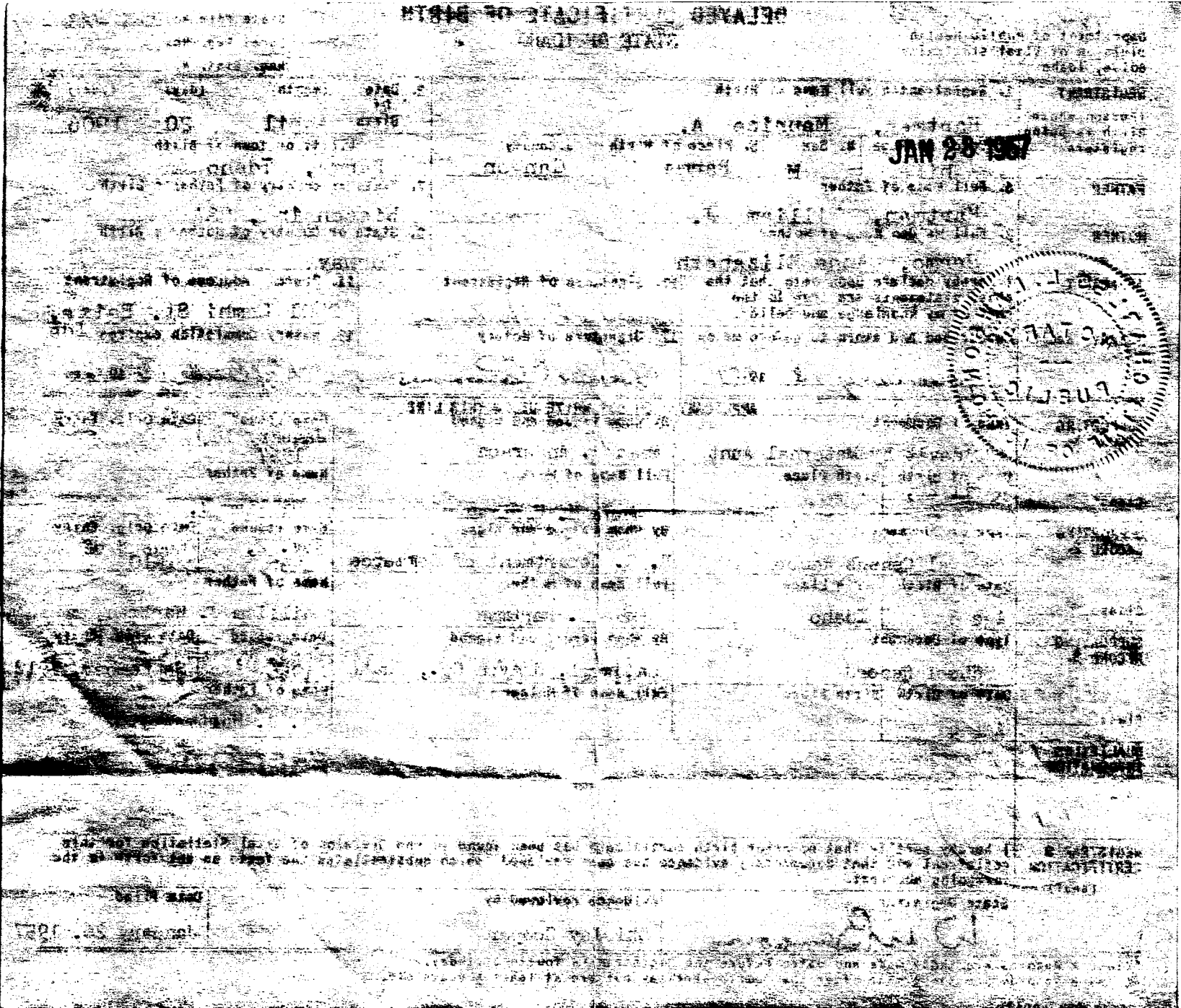
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Maternal Aunt	By whom issued and signed: Emma H. Anderson	Date Issued: January 18, 1957	Date Orig. Entry:
Class*	Date of Birth: April 20, 1906 / Birth Place: Parma, Idaho	Full Name of Mother: Anna E. Hartman	Name of Father: William J. Hartman	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Department of Commerce	Date Issued: Nov. 2, 1956	Date Orig. Entry: Census of 1910
Class	Date of Birth: Age 3 / Birth Place: Idaho	Full Name of Mother: Anna E. Hartman	Name of Father: William J. Hartman	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Caldwell, Canyon Co., Idaho	Date Issued: Sept. 1, 1956	Date Orig. Entry: September, 1912
Class	Date of Birth: Age 6 / Birth Place:	Full Name of Mother:	Name of Father: W. J. Hartman	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Cannon	Evidence reviewed by: Shirley Cooper	Date Filed: January 26, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #9067



295-118 RECEIVED
AUG 24 1956
Division of Vital Statistics

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-092
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Theodore Martin Sierer		2. Date of Birth (month) (day) (year): September 18 1906
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Twin Falls County; b. City or Town of Birth: Filer
FATHER	6. Full Name of Father: Daniel Crist Sierer		7. State or Country of Father's Birth: Ohio, USA
MOTHER	8. Full Maiden Name of Mother: Bertha Aurora Bertch		9. State or Country of Mother's Birth: Iowa, USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Theodore Martin Sierer	11. Present Address of Registrant: Rt. 1- Filer, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 29 1956	12. Signature of Notary: Jack F. Ramsey	13. Notary Commission expires: May 24 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother		By whom issued and signed: Bertha Aurora Sierer	Date issued: 1-17-57	Date Orig. Entry:
Class* B	Date of Birth: Sept. 18, 1906	Birth Place: Filer, Idaho	Full Name of Mother: Bertha Aurora Sierer	Name of Father: Daniel Crist Sierer	
SUPPORTING RECORD 2.	Type of Document: Petition for Membership into Odd Fellows		By whom issued and signed: Lodge 125 Filer, Idaho	Date issued:	Date Orig. Entry: 12-8-1928
Class B	Date of Birth: Sept.18, 1906	Birth Place: Filer, Idaho	Full Name of Mother: Mrs. D.C. Sierer	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: The Mutual Life Insurance Company	Date issued:	Date Orig. Entry: Apr.21,1922
Class B	Date of Birth: Sept. 18, 1906	Birth Place: Filer, Idaho	Full Name of Mother: Bertha Sierer	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Shirley Straubhar	Feb. 1, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 4 1967

385-117-001-967

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-145

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Albert Chester		2. Date Of Birth (month) May (day) 17 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada; b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Albert James Chester		7. State or Country of Father's Birth: Prov. Quebec Canada
MOTHER	8. Full Maiden Name of Mother: Ruperta Rogers		9. State or Country of Mother's Birth: Prov. Quebec Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joe A. Chester	11. Present Address of Registrant: Route 5 Boise Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 7, 1957	12. Signature of Notary: Richard B. Pender	13. Notary Commission expires: Sept. 9, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Old Family Bible	By whom issued and signed: Mother - at time of child's birth obviously very old.	Date Issued: Viewed by Vital Stat.	Date Orig. Entry
	Date of Birth: May 17, 1906	Birth Place: Boise, Idaho	Full Name of Mother: Ruperta Rogers	Name of Father: Albert James Chester
SUPPORTING RECORD 2.	Type of Document: Affidavit by Life Time Friend	By whom issued and signed: Fred C. Davis - Age 79	Date Issued: 2-9-57	Date Orig. Entry
	Date of Birth: May 17, 1906	Birth Place: Boise, Idaho	Full Name of Mother: Ruperta Chester	Name of Father: Albert James Chester
SUPPORTING RECORD 3.	Type of Document: Navy Discharge Papers	By whom issued and signed: United States Navy	Date Issued: 10-18-45	Date Orig. Entry
	Date of Birth: May 17, 1906	Birth Place: Boise, Idaho	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: D. W. Benson	Evidence reviewed by: Shirley Cooper	Date Filed: 2-14-57	

FORM BH-56007

MAR 30 1972

FEB 14 [illegible]

Boise

Boise, Idaho

Boise, Idaho

Bailey Cooper

513-218-022-615

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-189

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JULIA ESTELLE VALENTINE		2. Date of Birth (month) (day) (year): September 18 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: Nathanial Dobbs Valentine		7. State or Country of Father's Birth: New York
MOTHER	8. Full Maiden Name of Mother: Clara Wandell		9. State or Country of Mother's Birth: Nevada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Julia Estelle Valentine (Thornton)	11. Present Address of Registrant: 929 No. Laurel, Ontario California
NOTARY (Seal)	Subscribed and sworn to before me on: February 19 1957	12. Signature of Notary: George J. Eyre	13. Notary Commission expires: August 18, 1958

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Brother	By whom issued and signed: Albert S. Valentine	Date Issued: 1-29-57	Date Orig. Entry:
	Date of Birth: Sept. 18, 1906	Birth Place: Fremont County St. Anthony, Ida	Full Name of Mother: Clara Wandell Valentine	Name of Father: Nathanial Dobbs Valentine
SUPPORTING RECORD 2.	Type of Document: Daughter's Birth Cert.	By whom issued and signed: State of California	Date Issued: 2-13-57	Date Orig. Entry: Child born 12-31-1936
	Date of Birth: age 30	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Chaffey High School Ontario, California	Date Issued: 1-25-57	Date Orig. Entry: June 17, 1925
	Date of Birth: Sept. 18, 1906	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Larson	Evidence reviewed by: Shirley Straubhar	Date Filed: Feb. 27, 1957

FORM BH 56067

FEB 27 1957

143-224-001-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-222
222

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gladys Marie Jullion
2. Date Of Birth (month) (day) (year): June 24 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Eagle Idaho Ada
b. City or Town of Birth: Eagle

FATHER

6. Full Name of Father: Alfred Jullion
7. State or Country of Father's Birth: France

MOTHER

8. Full Maiden Name of Mother: Buena Vista Sonner
9. State or Country of Mother's Birth: Goodland, Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gladys Stewart
11. Present Address of Registrant: Eagle Idaho Route #1

NOTARY (Seal)

Subscribed and sworn to before me on: March 6 1957
12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Certificate of Baptism	St. John's Cathedral - Boise		10-18-1906

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 24, 1906		Buena Sonner	Alfred Jullion

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit by Grandfather	Hirschel Sonner - Grandfather	3-1-1957	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 24, 1906	Eagle, Idaho	Buena Vista Sonner	Alfred Jullion

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Own Child's Birth Certificate	State of Idaho #237584	Child's Birthdate October 6, 1935	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 29	Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Benson

Evidence reviewed by: Shirley Cooper

Date Filed: 3-6-57

FORM BH 56067

MAR 7 1957

FEB 3 1971

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT

1. Registrant's Full Name at Birth

2. Date of Birth

3. Place of Birth: City or Town of Birth

4. Sex

5. Color or Race

6. Age

7. Father's Birth Place

8. Mother's Maiden Name

9. Mother's Birth Place

AFFIDAVIT

10. Statement of Registrant

11. Signature of Registrant

12. Statement of Witness

13. Witness Signature

14. Signature of Witness

SUPPORTING EVIDENCE

Certificate of Baptism

St. John's Cathedral - Boise

Alfred Jellinge

Sworn Statement

Affidavit by Grandfather

Michael Sonner - Grandfather

3-1-1957

Date of Birth: Boise, Idaho

Full Name of Mother: Anna Viola Sonner

Alfred Jellinge

Sworn Statement

Own Child's Birth Certificate

State of Idaho #23758L

Date of Birth: Idaho

Full Name of Mother

Alfred Jellinge

Child's Birthdate

October 6, 1935

Date of Birth: Idaho

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing affidavit.

Registrar

Evidence Reviewed by

Merle Cooper

Date Filed

3-1-57

312-206-028 213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-270

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clista Casey (No middle initial)
2. Date Of Birth: (month) April (day) 6th, (year) 1906
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County ~~Bonner~~ Kootenai; b. City or Town of Birth: Post Falls

FATHER

6. Full Name of Father: Pleasant T. Casey
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Full Maiden Name of Mother: Maggie Bates
9. State or Country of Mother's Birth: Colorado

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clista Copeland
11. Present Address of Registrant: Box 445 Bonners Ferry, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on March 9 1957

12. Signature of Notary: C Don Kerby

13. Notary Public for the State of Idaho
Residing at Bonners Ferry, Idaho
My commission expires Jan 20 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Marriage	County Auditor, Spokane Washington #36865		Aug 29, 1925

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 19	Idaho	Elma Bates	P. T. Casey

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's Birth Certificate	on file State of Washington # 1099		child born July 11,1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 21	Idaho		

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Mrs. P. T. Casey	Feb 15,1957	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 6,1906	Post Falls,Idaho		Pleasant T. Casey

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	March 15,1957

FORM BH 56067

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

No. D657-270

MAR 15 1957

REGISTRANT	1. Registrant's Full Name at Birth	2. Date of Birth (month)	(day) (year)
Person whose birth is being registered	Cista Casey (No middle initial)	April	30th, 1906
	3. Place of Birth (Country)	4. Sex	
	Site	Kootenai, Kootenai	Post Falls
FATHER	5. Full Name of Father	6. Place of Father's Birth	
	Pleasant T. Casey	Nebraska	
MOTHER	8. Full Maiden Name of Mother	9. Place of Mother's Birth	
	Nancie Bates	Colorado	
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant	
	[illegible]	Box 446 Bonners Ferry, Ida	
	12. Signature of Mother	13. Signature of Mother	
	[illegible]		
	APPLICANT - TO BE WRITTEN HERE		
	Name of Applicant	Date Issued	Date Orig. Entry
	Certificate of Marriage	County Auditor, Spokane Washington #36855	Jun 29, 1925
	Age 19 Idaho	Wilma Bates	G. T. Casey
CORRECTION RECORD	Type of Document	Date Issued	Date Orig. Entry
	Own child's Birth Certificate on file State of Washington # 1099		child born July 11,1927
	Date of Birth Place	Full Name of Father	Name of Father
	Age 21 Idaho		
SUPPORTING RECORD	Type of Document	Date Issued	Date Orig. Entry
	Affidavit by Mother	Mrs. G. T. Casey	Feb 15,1957
	Date of Birth & Marriage	Full Name of Mother	Name of Father
	April 6,1906 Post Falls,Idaho		Pleasant T. Casey
QUALIFYING RECORD			
REGISTRAR	I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this Certificate, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the Delayed Certificate.		
	Date Registrar	Name Reviewed by	Date Filed
	W. Pearson	Jesse B. Foltz	March 18,1957

FORM 8 (4-57)

997-205-009-296

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-288
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Catherine Miriam Riggs		2. Date of Birth (month) January (day) 5 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonner; b. City or Town of Birth: Sandpoint
FATHER	6. Full Name of Father: Charles Edmund Riggs		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Della May Brown		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Miriam Riggs Kammerzell	11. Present Address of Registrant: Rt. 2, Colfax, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: 3/5/57 19	12. Signature of Notary: Elmer Bush	13. Notary Commission expires: 2/8/61 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by Mother	By whom issued and signed: Della May Riggs	Date Issued: 3-5-57	Date Orig. Entry:
	Date of Birth: Jan. 5, 1906; Birth Place: Bonner County, Sandpoint, Idaho	Full Name of Mother: Della May Riggs	Name of Father: Charles Edmund Riggs	
SUPPORTING RECORD 2. Class B	Type of Document: Insurance Policy	By whom issued and signed: Equitable Life Assurance Company of the U.S.	Date Issued: 4-30-30	Date Orig. Entry:
	Date of Birth: Jan. 5, 1906; Birth Place: Bonner Co., Sandpoint, Idaho	Full Name of Mother: Della M. Riggs	Name of Father: Charles E. Riggs	
SUPPORTING RECORD 3. Class B	Type of Document: School Record	By whom issued and signed: Whitman Co. Supt. of Schools - Colfax, Wash.	Date Issued: 1-9-57	Date Orig. Entry: 5-1-1920
	Date of Birth: Jan. 5, 1906; Birth Place:	Full Name of Mother: Mrs. C. E. Riggs	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Shirley Straubhar	Mar. 19, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-288
Local Reg. No.
Reg. Dist. No.

MAR 19 1957

REGISTRANT	1. Registrant's Full Name at Birth: Catherine Miriam Riggs	2. Date of Birth: January (month) 5 (day) 1906 (year)
Person whose birth is being registered	3. Name: White; 4. Sex: Female; 5. Place of Birth: Bonner; 6. County: Sandpoint	6. City or Town of Birth: Sandpoint
FATHER	6. Full Name of Father: Charles Edmund Riggs	7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Della May Brown	9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Miriam Riggs Hammerstad
	Subscribed and sworn to before me on: 19	12. Signature of Notary:
		13. Present Address of Registrant: St. E. Colfax, Washington
		14. Notary Commission expires: 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Della May Riggs	Date Issued: 3-8-57	Date Orig. Entry:
Class: R	Date of Birth: Jan. 5, 1906; Birth Place: Bonner County, Sandpoint, Idaho	Full Name of Mother: Della May Riggs	Name of Father: Charles Edmund Riggs	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Equitable Life Assurance Company of the U.S.	Date Issued: 4-30-30	Date Orig. Entry:
Class: R	Date of Birth: Jan. 5, 1906; Birth Place: Bonner Co., Sandpoint, Idaho	Full Name of Mother: Della M. Riggs	Name of Father: Charles E. Riggs	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Whitman Co. Supt. of Schools - Colfax, Wash.	Date Issued: 1-9-57	Date Orig. Entry: 5-1-1920
Class: R	Date of Birth: Jan. 5, 1906; Birth Place:	Full Name of Mother: Mrs. C. E. Riggs	Name of Father:	

QUALIFYING INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the Original Abstract.

State Registrar	Evidence reviewed by	Date Filed
	Shirley Straubhar	Mar. 19, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF IDAHO

386-220-022-915

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-307

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothea Maria Thompson		2. Date Of Birth (month) October (day) 20 (year) 1906	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Fremont	b. City or Town of Birth: St. Anthony, Idaho
FATHER	6. Full Name of Father: Ralph Waldo Thompson		7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Dwinnie Dwight Rankin		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothea D. Bundley	11. Present Address of Registrant: Washington, Iowa	
NOTARY (Seal)	Subscribed and sworn to before me on: March 14 1957	12. Signature of Notary: Cochryne Caldwell	13. Notary Commission expires: July 4 1957	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Social Security Account No.	By whom issued and signed: U.S. Treasury Dept.	Date Issued: 4-5-40	Date Orig. Entry:
	Date of Birth: Oct. 20, 1906 / Birth Place: St. Anthony, Idaho	Full Name of Mother: Dwinnie Dwight Rankin	Name of Father: Ralph Waldo Thompson	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Cousin	By whom issued and signed: Hallie Hull	Date Issued: 2-15-57	Date Orig. Entry:
	Date of Birth: Oct. 20, 1906 / Birth Place: St. Anthony, Idaho	Full Name of Mother: Dwinnie Dwight Rankin Thompson	Name of Father: Ralph Waldo Thompson	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Washington Public Schools Washington, Iowa	Date Issued: 1-29-57	Date Orig. Entry: 5-27-1925
	Date of Birth: Oct. 20, 1906 / Birth Place:	Full Name of Mother:	Name of Father: Ralph Thompson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Straubhar	Mar. 26, 1957

FORM BH 56067

MAR 26 1957

REGISTRANT	1. Registrant's Full Name at Birth	2. Date of Birth	
	3. Color or Name	4. Sex	5. Place of Birth (County)	6. City or Town
FATHER	6. Full Name of Father	7. State or Country of Farmer's Birth	
	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
	9. Mother's Birth	10. Signature of Registrant	11. Present Address of Registrant
	12. Signature of Notary	13. Notary Commission expires	
	March 14 19 57		

SUPPORTING RECORD 1	Type of Document: Application for Social Security Account No.	By whom issued and signed: U.S. Treasury Dept.	Date Issued: 4-5-40	Date Orig. Entry
	Oct. 20, 1906 St. Anthony, Idaho	Dwinnie Dwight Rankin	Ralph Waldo Thompson	
SUPPORTING RECORD 2	Type of Document: Affidavit by Cousin	By whom issued and signed: Hallie Hull	Date Issued: 7-13-57	Date Orig. Entry
	Date of Birth: Oct. 20, 1906 Birth Place: St. Anthony, Idaho	Full Name of Witness: Dwinnie Dwight Rankin Thompson	Name of Witness: Ralph Waldo Thompson	
SUPPORTING RECORD 3	Type of Document: School Record	By whom issued and signed: Washington Public School, Washington, Iowa	Date Issued: 1-29-57	Date Orig. Entry: 5-27-1925
	Date of Birth: Oct. 20, 1906 Birth Place	Full Name of Witness	Name of Father: Ralph Thompson	
QUALIFYING INFORMATION				

Bureau of Vital Statistics

State Registrar	Evidence reviewed by: Shirley Straubhar	Date Filed: Mar. 26, 1957

453-28-0242-759

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-326
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Gail Metcilf		2. Date Of Birth (month) May (day) 28 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Filer
FATHER	6. Full Name of Father: John Edwin Metcilf		7. State or Country of Father's Birth: Ohio	
MOTHER	8. Full Maiden Name of Mother: Cyntha Margaret Percell Metcilf		9. State or Country of Mother's Birth: Indiana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva Gail Metcilf	11. Present Address of Registrant: Filer, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 22 1956	12. Signature of Notary: Leah Cedarholm	13. Notary Commission expires: Jan 13 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	U.S. Census Report	U.S. Dept. of Commerce	10-27-56	1-1-1920
Class* B	Date of Birth: age 1?	Birth Place: Idaho	Full Name of Mother: Cynthia Metcilf	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Application for Social Security Account No.	By whom issued and signed: U.S. Treasury Dept.	Date Issued: 12-14-36	Date Orig. Entry:
Class B	Date of Birth: May 28, 1906	Birth Place: Filer	Full Name of Mother: Chynthia Persell	Name of Father: John Metcilf
SUPPORTING RECORD 3.	Type of Document: Affidavit by Sister	By whom issued and signed: Inda L. Molsee	Date Issued: 3-21-57	Date Orig. Entry:
Class B	Date of Birth: May 28, 1906	Birth Place: Filer, Idaho	Full Name of Mother: Cyntha Margaret Percell Metcilf	Name of Father: John Edwin Metcilf

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Beamon	SS Shirley Straubhar	Mar. 28, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

[redacted]

915-129-044-217

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-327

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Chester Lorenzo Randall
2. Date Of Birth (month) 3 (day) 29 (year) 1906
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth a. County: Washington County
b. City or Town of Birth: Mineral

FATHER

6. Full Name of Father: Cyrenus L. Randall
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Frankie Soyton
9. State or Country of Mother's Birth: Michigan

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Chester Lorenzo Randall
11. Present Address of Registrant: Richland Ore

NOTARY (Seal)

Subscribed and sworn to before me on February 19th 1957 19__

12. Signature of Notary: [signature]
NOTARY PUBLIC FOR OREGON
My Commission Expires July 15, 1960 19__

13. Notary Commission expires

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Frankie Randall		Date Issued: 3-4-57	Date Orig. Entry:
	Date of Birth: March 29, 1906	Birth Place: Mineral, Idaho	Full Name of Mother: Frankie Randall		Name of Father: Cyrenus L. Randall
SUPPORTING RECORD 2.	Type of Document: Son's Birth Certificate	By whom issued and signed: Idaho #205238		Date Issued:	Date Orig. Entry: Child born 7-20-32
	Date of Birth: age 26	Birth Place: Idaho	Full Name of Mother:		Name of Father:
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Gem State Mutual Life Association		Date Issued: 12-14-36	Date Orig. Entry:
	Date of Birth: March 29, 1906	Birth Place: Mineral, Idaho	Full Name of Mother:		Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Berson	ss Shirley Straubhar	March 28, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRATION (Person 1)	1. Full Name of Birth	2. Date of Birth (month) (day) (year)	
	3. Color or Race	4. Sex	5. Place of Birth
			6. Date of Birth
FATHER	7. Full Name of Father		8. State or Country of Father's Birth
MOTHER	9. Full Maiden Name of Mother		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on February 19th 1957	12. Signature of Notary	13. Notary Commission Expires

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By Whom Issued and Signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2	Type of Document	By Whom Issued and Signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 3	Type of Document	By Whom Issued and Signed	Date Issued	Date Orig. Entry
	Insurance Policy	Com State Mutual Life Association	12-14-56	
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	March 29, 1906	Vineyard, Idaho		

SUPPORTING RECORD 4

Remarks: Hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed, which substantiates the facts as set forth in the Statement of Contract.

Signature of Registrar	Evidence reviewed by	Date Filed
	Mrs. Shirley Strandbar	March 28, 1957

STATE BOARD OF HEALTH
STATE OF IDAHO

958-124-037-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-341

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert Ellsworth Reynolds			2. Date Of Birth: (month) June (day) 24 (year) 1906	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Three Creek, Ida Owyhee	b. City or Town of Birth: Three Creek, Idaho	
FATHER	6. Full Name of Father: Allen Charles Reynolds			7. State or Country of Father's Birth: Greenup County, Kentucky	
MOTHER	8. Full Maiden Name of Mother: Neva Anna Dunn			9. State or Country of Mother's Birth: Ogden, Utah.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert Ellsworth Reynolds		11. Present Address of Registrant: Castleford, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 1, 1957 19___	12. Signature of Notary: R E Byrne		13. Notary Commission expires: June 19, 1959 19___	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Western State Life Insurance Company		Date Issued: 7-29-29	Date Orig. Entry:
	Date of Birth: June 24, 1906	Birth Place: Three Creek, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Daughter's Birth Cert.	By whom issued and signed: Idaho #446200		Date Issued:	Date Orig. Entry: Child born 11-15-47
	Date of Birth: age 41	Birth Place: Three Creek, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Application for Social Security Account Number	By whom issued and signed: Treasury Department		Date Issued:	Date Orig. Entry: 3-3-52
	Date of Birth: June 24, 1906	Birth Place: Three Creek, Idaho	Full Name of Mother: Neva Anna Dunn	Name of Father: Allyn Charles Reynolds	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. L. Benson	Evidence reviewed by: Nancy Richards ss		Date Filed: 4-2-57	

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

Status File No. 3657-241

APR 3 19[illegible]

Registration Number	1. Full Name of Birth: Robert Ellsworth Reynolds	2. Date of Birth: June 14 1908	
3. Color or Race: White	4. Sex: male	5. Place of Birth: Three Creek, Ida Owyhee	6. City or Town of Birth: Three Creek, Idaho
FATHER	7. Full Name of Father: Allen Charles Reynolds	8. State or Country of Father's Birth: Greenup County, Kentucky	
MOTHER	9. Full Maiden Name of Mother: Nova Anna Dunn	10. State or Country of Mother's Birth: Ogden, Utah.	
OBJECTIVITY	11. Hereby declare same oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [signature]	13. Present Address of Registrant: Wallace Ward, Idaho
NOTARY SEAL	14. Subscribed and sworn to before me on: March 1, 1957	15. Signature of Notary:	16. Notary Commission Expires: June 30, 1959

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]		
	Date of Birth	Birth Place	Full Name of Father	Name of Father
	[illegible]	[illegible]		
SUPPORTING RECORD 2.	Type of Document: [illegible] Birth Court.	By whom issued and signed: [illegible]	Date Issued	Date Orig. Entry: 11-1[illegible]
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	[illegible]	[illegible]		
SUPPORTING RECORD 3.	Type of Document: Application for Social Security Account Number	By whom issued and signed: Treasury Department	Date Issued	Date Orig. Entry: 3-3-52
	Date of Birth: June 24, 1908	Birth Place: Three Creek, Idaho	Full Name of Mother: Nova Anna Dunn	Name of Father: Allyn Charles Reynolds

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATE

I hereby certify that no prior birth certificate was been found in the Division of Vital Statistics for this registration, that documentary evidence was seen reviewed, which substantiates the facts as set forth in the following form.

State Registrar	Evidence reviewed by: Nancy Richards	Date filed: 4-2-57

STATE BOARD OF HEALTH

249-102-003-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-347

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LaVel Smith.
2. Date Of Birth (month) (day) (year): Sept. 2 1906.
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Idaho. Bannock. b. City or Town of Birth: Grace.

FATHER

6. Full Name of Father: Warren Samuel Smith Sr.
7. State or Country of Father's Birth: Utah USA

MOTHER

8. Full Maiden Name of Mother: Esther Coleman
9. State or Country of Mother's Birth: Utah USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: LaVel Smith
11. Present Address of Registrant: ~~Feb 28 1961~~ Grace, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on MAR 4 1957 19___

12. Signature of Notary: [signature]
13. Notary Commission expires: Feb. 28 19 61

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School Record	School District No. 148 Grace, Idaho	3-25-57	Sept. 1923
	Date of Birth: Sept. 2, 1906 / Birth Place: Grace, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 2.	Church Record - Certificate of Baptism and Confirmation	Grace Ward, Bannock Stake, LDS Church	8-2-14	7-28-14
	Date of Birth: Sept. 2, 1906 / Birth Place: Grace, Idaho	Full Name of Mother: Esther Coleman	Name of Father: Warren S. Smith	
SUPPORTING RECORD 3.	Insurance Policy Application	Idaho Mutual Benefit Association, Boise, Idaho	4-21-50	4-19-50
	Date of Birth: Sept. 2, 1906 / Birth Place: Grace, Idaho	Full Name of Mother: --	Name of Father: --	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Nancy Richards	4-3-57

FORM BH 56067

APR 3 1957

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name of Birth	2. Date of Birth	
	3. Place of Birth	4. Sex	
	5. Place of Birth	6. Sex	
FATHER	7. Full Name of Father	8. State or Country of Father's Birth	
MOTHER	9. Full Maiden Name of Mother	10. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant	
		12. Signature of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on	13. Signature of Notary	14. Notary Commission expires

SUPPORTING RECORD 1	Type of Document	Date Issued	Date Reg. Entry	
	School Record			
	Grace, Idaho			
SUPPORTING RECORD 2	Type of Document	Date Issued	Date Orig. Entry	
	Birth Record - Certificate of Baptism and Confirmation			
	Birth Place	Name of Father		
	Grace, Idaho			
SUPPORTING RECORD 3	Type of Document	Date Issued	Date Orig. Entry	
	Insurance Policy Application			
	Date of Birth / Birth Place	Name of Father		
	Grace, Idaho			

QUALIFYING INFORMATION

DO NOT WRITE BELOW THIS LINE

Type of Document	By Whom Issued and Signed	Date Issued	Date Reg. Entry
School Record	School District No. 148 Grace, Idaho		
Grace, Idaho			
Type of Document	By Whom Issued and Signed	Date Issued	Date Orig. Entry
Birth Record - Certificate of Baptism and Confirmation	Grace Ward, Bernice Stake, Ida Church		
Birth Place	Full Name of Father	Name of Father	
Grace, Idaho	Esther Coleman		
Type of Document	By Whom Issued and Signed	Date Issued	Date Orig. Entry
Insurance Policy Application	Idaho Mutual Benefit Association, Boise, Idaho		
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Grace, Idaho			

QUALIFYING INFORMATION

DEPARTMENT OF HEALTH
STATE OF IDAHO

Reference to Delayed Birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the Delayed Birth Certificate.

Date Filed	Evidence reviewed by	Date Filed
	Nancy Richards	4-3-57

3-4-109-009-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-365

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SYLVESTER SEBASTIAN CAMOZZI		2. Date Of Birth: (month) May (day) 9th (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County	b. City or Town of Birth: Priest River
FATHER	6. Full Name of Father: JOSEPH CAMOZZI			7. State or Country of Father's Birth: ITALY
MOTHER	8. Full Maiden Name of Mother: CARMINA VELTRI			9. State or Country of Mother's Birth: ITALY
AFFIDAVIT —	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: S. S. Camozzi		11. Present Address of Registrant: Westview, B.C., Canada (General Delivery)
NOTARY (Seal)	Subscribed and sworn to before me on: 5th November, 1956	12. Signature of Notary: Jean Poole		13. ~~Notary Commission expires~~ A Notary Public in and for the Province of British Columbia

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Brother	By whom issued and signed: Alexander Camozzi	Date Issued: 11-22-56	Date Orig. Entry:	
	Date of Birth: May 9, 1906	Birth Place: Priest River, Idaho	Full Name of Mother: Carmina Camozzi	Name of Father: Joseph Camozzi	
SUPPORTING RECORD 2.	Type of Document: Employment Record	By whom issued and signed: Vancouver, B.C., Canada Powell River Co. Limited	Date Issued: 11-14-56	Date Orig. Entry: Mar. 16, 1944	
	Date of Birth: May 9, 1906	Birth Place: Priest River, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: National Life Assurance Company of Canada, Toronto	Date Issued: 12-20-44	Date Orig. Entry: 12-11-44	
	Date of Birth: May 9, 1906	Birth Place: Priest River, Ida.	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. Earl Jenson	ss Nancy Richards	4-5-57

FORM BH 56067

APR 5 1967

759-230-028-556

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-378

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rachel Pauline Perrenoud
2. Date of Birth (month) (day) (year): July 30, 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Kootenai
b. City or Town of Birth: Coeur d'Alene

FATHER

6. Full Name of Father: Paul Arthur Perrenoud
7. State or Country of Father's Birth: Switzerland

MOTHER

8. Full Maiden Name of Mother: Grace Alice Newell
9. State or Country of Mother's Birth: Correctionville, Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rachel Pauline Perrenoud Pro
11. Present Address of Registrant: 130 Hargadine Street, Ashland, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: April 2nd 1957
12. Signature of Notary: Sidney E. Unsworth
13. Notary Commission expires: 10/4/ 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Father	Paul Arthur Perrenoud	Nov.8,1956	
	Date of Birth: July 30, 1906 / Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Grace Alice Perrenoud	Name of Father: Paul Arthur Perrenoud	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: First Presbyterian Ch. Coeur d'Alene-Dr.Hunter	Date Issued:	Date Orig. Entry: May 17,1914
	Date of Birth: July 30, 1906 / Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Grace Alice Perrenoud	Name of Father: Paul A. Perrenoud	
SUPPORTING RECORD 3.	Type of Document: U. S. Census Record	By whom issued and signed: U. S. Dept of Commerce Bureau of the Census	Date Issued: 2-28-1947	Date Orig. Entry: Census taken as of 4-15-1910
	Date of Birth: Age 3 / Birth Place: Idaho	Full Name of Mother: Grace A. Perrenoud	Name of Father: Paul A. Perrenoud	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	SS Joyce B. Foltz	April 10, 1957

FORM BH 56067

APR 16 1957

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 57-378

1. Registrant's Full Name at Birth: Gerald Pauline Ferrenoud	2. Date of Birth (month) July (day) 30, 1906	
3. Sex: Female	4. Place of Birth: Kootenai	County: Coeur d'Alene
5. Name of Father: Arthur Ferrenoud	6. State or Country of Father's Birth: Switzerland	
7. Name of Mother: Alice Howell	8. State or Country of Mother's Birth: Charlestonville, Iowa	
9. Signature of Registrant	10. Present Address of Registrant: Ashland, Oregon 80 Hardinge Street	
11. Signature of Memory	12. Notary Commission Expires: 10/4 1957	

APPLICANT: DO NOT WRITE BELOW THIS LINE

Type of Document: Civil Marriage	By Whom Issued and Signed: Paul Arthur Ferrenoud	Date Issued: Nov. 8, 1956
Date of Birth: 1906	Place of Birth: Coeur d'Alene, Idaho	Date Issued: Aug. 17, 1911
Type of Document: Certificate of Baptism	By Whom Issued and Signed: First Presbyterian Ch. Coeur d'Alene-Or Bonter	Date Issued: Aug. 17, 1911
Date of Birth: July 30, 1906	Full Name of Mother: Grace Alice Ferrenoud	Name of Father: Paul A. Ferrenoud
Type of Document: U. S. Census Record	By Whom Issued and Signed: U. S. Dept of Commerce Bureau of the Census	Date Issued: 2-28-1947
Date of Birth: Age 3	Full Name of Mother: Grace A. Ferrenoud	Date Filed: Census taken as of 4-15-1910
Place of Birth: Idaho		Name of Father: Paul A. Ferrenoud

Certificate of Birth Registration Card No. 57-378 Date Filed: April 10, 1957

Signature of Registrar: W. Hanson

Signature of Registrar: Joyce S. Holtz

339-201-002-84

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-405
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eloise Cliff

2. Date of Birth: (month) July (day) 1 (year) 1906

3. Color or Race: White

4. Sex: Fem.

5. Place of Birth: a. County: Blaine; b. City or Town of Birth: Hailey, Idaho

FATHER

6. Full Name of Father: Ford Centennial Cliff

7. State or Country of Father's Birth: Ukiah, California

MOTHER

8. Full Maiden Name of Mother: Josie May Hudleson

9. State or Country of Mother's Birth: Craig, Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eloise Evans

11. Present Address of Registrant: 1501 N. 22nd St. Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 5, 1957

12. Signature of Notary: [signature]

13. Notary Commission expires: May 29 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Bible Record
By whom issued and signed: Father - F. C. Cliff
Date Issued: Near time of birth
Date Orig. Entry:
Date of Birth: July 1, 1906
Birth Place:
Full Name of Mother:
Name of Father: F. C. Cliff
Class*:

SUPPORTING RECORD 2.

Type of Document: School Record
By whom issued and signed: Boise Public Schools
Date Issued: Graduated from Boise High School in 1925
Date Orig. Entry:
Date of Birth: July 1, 1906
Birth Place: Hailey, Idaho
Full Name of Mother:
Name of Father: F. C. Cliff
Class:

SUPPORTING RECORD 3.

Type of Document: Affidavit by Aunt
By whom issued and signed: June Roberts - Aunt
Date Issued: 4-9-57
Date Orig. Entry:
Date of Birth: July 1, 1906
Birth Place: Hailey, Idaho
Full Name of Mother: Josie May Hudleson
Name of Father: Ford Centennial Cliff
Class:

QUALIFYING INFORMATION

Employment record from Davidson Service in Boise, Idaho, shows that Eloise Cliff was born July 1, 1906. She was employed as a bookkeeper on July 1, 1945.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Brown
Evidence reviewed by: sc Shirley Cooper
Date Filed: April 15, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 16 1957

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Local Reg. No.
Reg. Dist. No.

REGISTRAR

1. Registrant's Full Name of Birth: Boise Cliff
2. Date of Birth: July 1 1956
3. Color or Race: a. Sex: [illegible]
4. Place of Birth: a. County: [illegible]
5. Place of Birth: b. City or Town of Birth: Bailey, Idaho

FATHER

6. Full Name of Father: [illegible] Centennial Cliff
7. State or Country of Father's Birth: Idaho, California

MOTHER

8. Maiden Name of Mother: [illegible] Mudleson
9. State or Country of Mother's Birth: Craig, Missouri

AFFIDAVIT

10. Declare upon oath that the above statements are true to the best of my knowledge and belief.
11. Signature of Registrant: [illegible]
12. Present Address of Registrant: [illegible] Ward St., Boise, Idaho

NOTARY

13. Signature of Notary: [illegible]
14. Notary Expiration Expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document: Bible Record
By whom issued and signed: Mother — [illegible] Cliff
Date issued: Date Orig. Entry: Next time of birth
Date of Birth: Birth Place: [illegible]
Full Name of Mother: Mother — [illegible] Cliff
Name of Father: [illegible] Cliff

SUPPORTING RECORD 2

Type of Document: School Record
By whom issued and signed: Boise Bendix Schools
Date issued: Date Orig. Entry: Graduated from Boise High School in 1975
Date of Birth: Birth Place: [illegible]
Full Name of Mother: [illegible]
Name of Father: [illegible] Cliff

SUPPORTING RECORD 3

Type of Document: [illegible]
By whom issued and signed: [illegible]
Date issued: Date Orig. Entry: [illegible]
Date of Birth: Birth Place: [illegible]
Full Name of Mother: [illegible]
Name of Father: Ford Centennial Cliff

QUALIFYING INFORMATION

Document record from Davidson Service in Boise, Idaho, shows that Eloise Cliff was [illegible] July 1, 1956. This was employed as a bookkeeper on July 1, 1964.

SEARCH CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant. Original documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing document.

Date Filed: April 16, 1957

Evidence reviewed by: [illegible]

Registrar: [illegible]

Date Issued: [illegible]

995-112-014-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-421

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Conway Glen Rinard		2. Date Of Birth (month) (day) (year): September 12, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Greenleaf
FATHER	6. Full Name of Father: Conway H. Rinard		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Erma Laura Carter		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Conway Glen Rinard	11. Present Address of Registrant: 7600 Old Auburn Road, Citrus Heights, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: April 4 1957	12. Signature of Notary: Eva R. Leinike	13. Notary Commission expires: August 10th 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: The Penn Mutual Life Insurance Co. of Philadelphia	Date issued:	Date Orig. Entry: 4-6-1929
	Date of Birth: Sept. 12, 1906; Birth Place: Canyon County, Greenleaf, Idaho	Full Name of Mother: Mrs. Erma L. Rinard	Name of Father: Conway H. Rinard	
SUPPORTING RECORD 2.	Type of Document: Son's Birth Certificate	By whom issued and signed: Mercy Hospital; Denver, Colorado; C.W. Anderson M.D.	Date issued:	Date Orig. Entry: Child born 12-6-1939
	Date of Birth: Sept. 12, 1906; Birth Place: Greenleaf, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Conway H. Rinard	Date issued: 3-29-57	Date Orig. Entry:
	Date of Birth: Sept. 12, 1906; Birth Place: Canyon County Greenleaf, Idaho	Full Name of Mother: Erma Laura Carter Rinard	Name of Father: Conway H. Rinard	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: D. L. Benson	Evidence reviewed by: ss Nancy Richards	Date Filed: April 17, 1957	

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 18 1957

REGISTRAR	1. Name of Child Full Name of Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race	4. Sex
	5. Place of Birth (Name of Birth) (Name of Country)	6. Birth or Town of Birth
FATHER	7. Full Name of Father	8. State or Country of Father's Birth
MOTHER	9. Full Maiden Name of Mother	10. State or Country of Mother's Birth
AFFIDAVIT	11. Name of Person Who Can Attest that the Certificate is the Same to the Best of Her Knowledge and Belief.	12. Signature of Registrant
	13. Signature of Notary	14. Present Address of Registrant
NOTARY	15. Verified and Sworn to before me on	16. Notary Commission Expires

APPLICATION DO NOT WRITE ABOVE THIS LINE

SUPPORTING RECORD 1	Type of Document	By Whom Issued and Signed	Date Issued	Date Orig. Entry
		Name of Person	Name of Father	
SUPPORTING RECORD 2	Type of Document	By Whom Issued and Signed	Date Issued	Date Orig. Entry
	Date of Birth (Birth Place)	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3	Type of Document	By Whom Issued and Signed	Date Issued	Date Orig. Entry
	Date of Birth (Birth Place)	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

SEARCH OF THE CERTIFICATE

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this person, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the above.

State Registrar	Evidence reviewed by	Date Filed
		April 17, 1957

962-217029-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-435

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Selma Dorothy Roskammer
2. Date of Birth (month) (day) (year): January 17, 1906
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Latah; b. City or Town of Birth: Genesee, Idaho

FATHER

6. Full Name of Father: Louis D. Roskammer
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Sophia C. Buechler
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Selma D Roskammer Anderson
11. Present Address of Registrant: Genesee, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 4, 1957
12. Signature of Notary: Donald E Spencer
13. Notary Commission expires: August 25, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Louis D. Roskammer	4-4-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 17, 1906	Genesee, Idaho	Sophia C. Buechler	Louis D. Roskammer

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church record	St. John's Lutheran Church Genesee, Idaho	4-4-57	Feb. 18, 1906

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 17 1906	--	Sophia Buechler	Ludwig Roskammer

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Extract from newspaper	The Genesee News, Genesee, Ida.		Jan. 26, 1906

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 1906	Genesee, Idaho	--	Louis Roskemmer

QUALIFYING INFORMATION

Daughter's Birth Certificate, Idaho#150502, child born 3-17-27: age 21;

birthplace Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D E Benson	Nancy Richards	April 22, 1957

FORM BH 56067

APR 23 19[illegible]

RELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birthdate being registered)	1. Registrant's Name at Birth: Palma Dorothy Hoskammer	2. Date of Birth: January 17, 1908
	3. Color or Race: White	4. Sex: Female
	5. Place of Birth: Genesee	6. County: Latah
		7. City or Town of Birth: Genesee, Idaho
FATHER	8. Full Name of Father: Louis G. Hoskammer	9. State or Country of Father's Birth: Germany
MOTHER	10. Full Maiden Name of Mother: Sophia C. Buechler	11. State or Country of Mother's Birth: Missouri
PROCEDURE	12. Certify: I hereby declare and deed that the [illegible] is true to the [illegible] and belief.	13. Signature of Registrant: [illegible]
		14. Present Address of Registrant: Genesee, Idaho
NOTARY	15. Subscribed and sworn to before me on: April 4, 19[illegible]	16. Signature of Notary: [illegible]
		17. Notary Commission expires: August 26, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	2. When Issued and Signed: Louis G. Hoskammer	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Date Orig. Entry: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	3. When Issued and Signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: Sophia Buechler	Date Orig. Entry: [illegible]
SUPPORTING RECORD 3	Type of Document: [illegible]	4. When Issued and Signed: [illegible]	Date Issued: [illegible]
	Date of Birth: Jan. 1908	Full Name of Mother: —	Date Orig. Entry: [illegible]

QUALIFIED INFORMATION: [illegible] Birth Certificate, [illegible], child born [illegible]; age [illegible]

[illegible] Idaho.

[illegible] Certificate has been found in the Division of Vital Statistics for this registration [illegible] has been reviewed [illegible] the facts as set forth in the [illegible] registrant.

State Registrar	Evidence reviewed by	Date Filed
	[illegible]	April 22, 1957

FORM [illegible]

(32-205038-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-444

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucille Laura Albert	3. Color or Race	4. Sex / 5. Place of Birth a. County
	2. Date Of Birth (month) May (day) 5 (year) 1906	b. City or Town of Birth: Payette, Idaho	
FATHER	6. Full Name of Father: Otto Albert	7. State or Country of Father's Birth: Iowa, U. S. A.	
MOTHER	8. Full Maiden Name of Mother: Clara Belle Strohbehn	9. State or Country of Mother's Birth: Iowa, U. S. A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucille L. Kerns	11. Present Address of Registrant: 104 Sunnyside Ave Waterloo, Iowa
NOTARY (Seal)	Subscribed and sworn to before me on: March 26 1957	12. Signature of Notary: Helen M. Hopkins	13. Notary Commission expires: July 1 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Clara Belle Albert		Date Issued: 3-26-57	Date Orig. Entry:
	Date of Birth: May 5, 1906	Birth Place: Payette, Idaho	Full Name of Mother: Clara Belle Albert Strohbehn		Name of Father: Otto Albert
SUPPORTING RECORD 2.	Type of Document: Application for Social Security Account Number	By whom issued and signed: Treasury Department		Date Issued:	Date Orig. Entry: 11-24-36
	Date of Birth: May 5, 1906	Birth Place: Payette, Idaho	Full Name of Mother: Clara Belle Strohbehn		Name of Father: Otto Albert
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Iowa #7 42 756 certified copy		Date Issued: 4-12-57	Date Orig. Entry: child born Oct. 31, 1942
	Date of Birth: age 36	Birth Place: Payette, Idaho	Full Name of Mother: ---		Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. L. Benson	nr Nancy Richards	April 23, 1957

FORM BH 56067

APR 24 1957

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 16 1956

1. Full Name of Birth	[illegible] Albert
2. Date of Birth	May 5, 1906
3. Sex	[illegible]
4. Place of Birth	[illegible], Idaho
5. Full Name of Father	Otto Albert
6. Place of Birth	[illegible], U. S. A.
7. Full Maiden Name of Mother	Clara Belle Strahlhelm
8. Place of Birth	[illegible], U. S. A.
9. Date of Marriage	[illegible]
10. Place of Marriage	[illegible]
11. Date of Death	[illegible]
12. Place of Death	[illegible]
13. Signature of Registrar	[illegible]
14. Date Filed	March 25 1957

APPLICATION — DO NOT WRITE BELOW THIS LINE

Application for Social Security Account Number	Clara Belle Albert	Date Issued	Date Orig. Entry
Date of Birth	Place of Birth	Full Name of Mother	Place of Birth
[illegible], Idaho	Clara Belle Strahlhelm		[illegible]
Date of Birth	Place of Birth	Full Name of Mother	Place of Birth
[illegible], Idaho	Clara Belle Strahlhelm		[illegible], Idaho

STATE BOARD OF HEALTH
STATE OF IDAHO

331-20-001-812

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-447

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Newton Clark			2. Date of Birth (month) December (day) 20 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Boise / Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Guy Bishop Clark			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Nellie Irene Haskins			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John N. Clark		11. Present Address of Registrant: 2769 Harkness St. Sacramento 18, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: April 12 1957	12. Signature of Notary: Archie Hefner		13. Notary Commission expires: August 18 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by 2nd cousin age 69	By whom issued and signed: Mary I. Sipple		Date Issued: 4-6-57	Date Orig. Entry:
	Date of Birth: Dec. 20, 1906	Birth Place: Ada County, Idaho	Full Name of Mother: Nellie Irene Haskins Clark	Name of Father: Guy Bishop Clark	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: California #284		Date Issued:	Date Orig. Entry: child born Sept. 8, 1935
	Date of Birth: age 28	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Application for Insurance	By whom issued and signed: Kansas City Life Ins. Co.		Date Issued:	Date Orig. Entry: Sept. 26, 1942
	Date of Birth: Dec. 20, 1906	Birth Place: Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

Honorable Discharge from Nat'l. Guard, Calif. 3-28-28; date of entry 3-20-25: age 18; birthplace-Boise, Idaho.

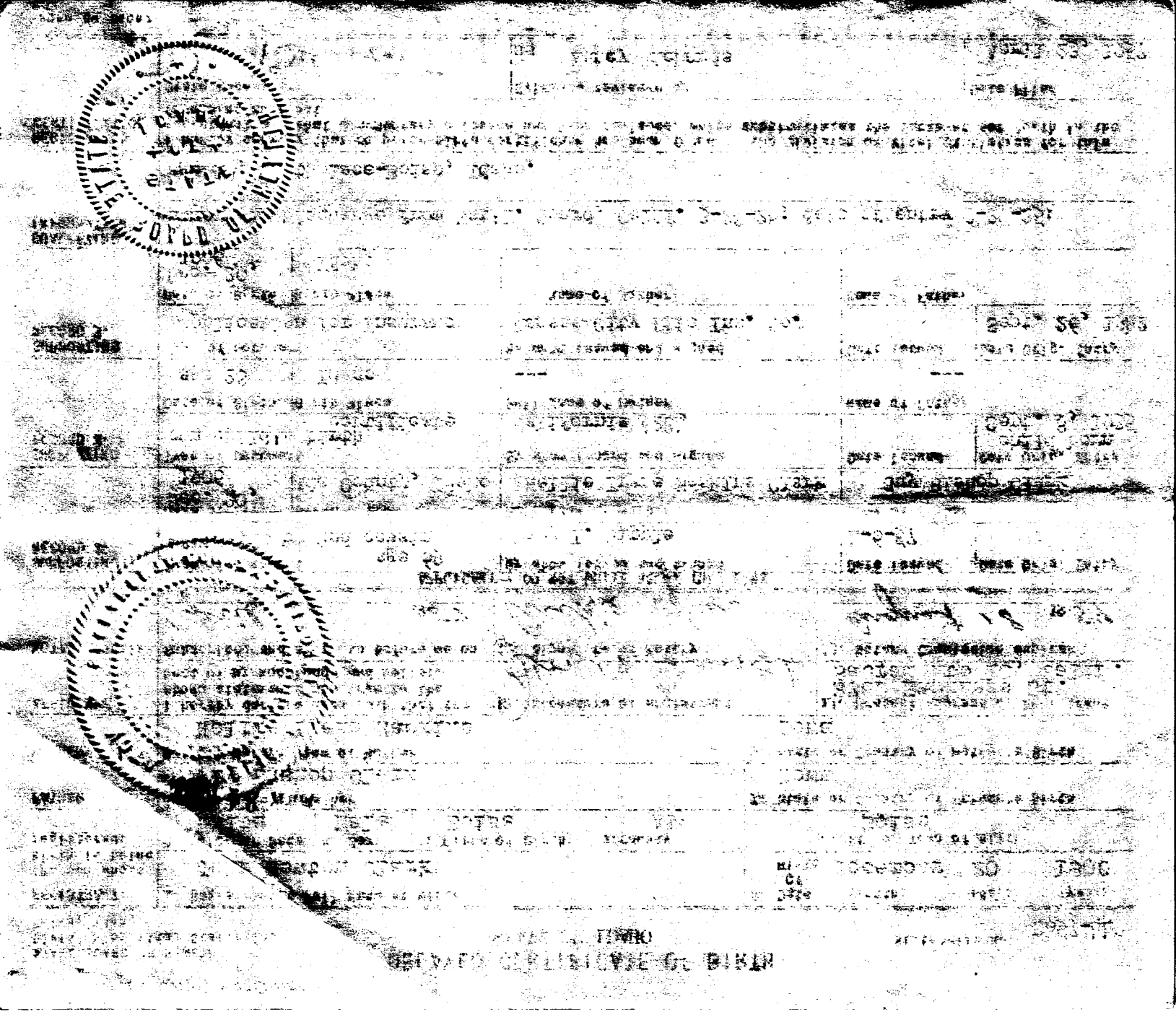
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	ss Nancy Richards	April 23, 1957

FORM BH 56067

4 Copies Pd



168-202-004-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-498

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Velma Johnston			2. Date Of Birth: (month) Nov. (day) 2 (year) 1906	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Idaho — Bear Lake	b. City or Town of Birth: Paris	
FATHER	6. Full Name of Father: Edward Johnston ~~Bathville~~,			7. State or Country of Father's Birth: Bathville, Scotland	
MOTHER	8. Full Maiden Name of Mother: Mary Kelsey			9. State or Country of Mother's Birth: Bear Lake County, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Alice Velma Johnston	11. Present Address of Registrant: Burns, 231 N. 10th Montpelier Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 2, 1957		12. Signature of Notary: Ruth Aland	13. Notary Commission expires: RUTH ALAND Notary Public Montpelier, Idaho My Commission Expires ____ 19____	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: Montpelier Ward, Montpelier Stake, LDS Church	Date Issued: 4-30-57	Date Orig. Entry: May 29, 1915
	Date of Birth: Nov. 2, 1906	Birth Place: Bear Lake Co. Paris, Idaho	Full Name of Mother: Mary Kelsey	Name of Father: Edward Johnston	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #191820	Date Issued:	Date Orig. Entry: child born June 25, 1931
	Date of Birth: age 24	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend at time of birth age 72		By whom issued and signed: Eliza Pritchard Kelsey	Date Issued: 4-26-57	Date Orig. Entry:
	Date of Birth: Nov. 2, 1906	Birth Place: Bear Lake Co. Paris, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. L. Bengoa	Nancy Richards	May 9, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 1 D

496-229-036-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-540

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Martha Mifflin
2. Date of Birth: March 29 1906
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Oneida; b. City or Town of Birth: Malad

FATHER

6. Full Name of Father: Howell Henry Mifflin
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Lucretia Williams
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ada Mifflin Standing
11. Present Address of Registrant: 1458 Jeff. Ave. Ogden

NOTARY (Seal)

Subscribed and sworn to before me on: May 10 1957

12. Signature of Notary: Eugene Stanger
13. Notary Commission expires: 7-71 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record	LDS Church, Salt Lake City, Utah	5-10-57	July 3, 1914
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	March 29, 1906	Malad City, Idaho	Lucreta Williams	Howell H. Mifflin
SUPPORTING RECORD 2.	Census Record	Dept. of Commerce Bureau of the Census	2-5-42	Jan. 1, 1920
	age 13	Idaho	Alice Miffian	Henry H. Miffian
SUPPORTING RECORD 3.	Civil Service Record	U.S. Civil Service Commission		May 26, 1942
	March 29, 1906	---	---	---

QUALIFYING INFORMATION

own child's birth certificate, Utah #581, child born Sept. 7, 1927: age 21;

birthplace - Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Bowen	Nancy Richards	May 22, 1957

FORM BH 56067

MAY 22 1957

314-28-029-259

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-577
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Katherine Campbell		2. Date Of Birth (month) (day) (year): October 28 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Latah; b. City or Town of birth: Potlatch
FATHER	6. Full Name of Father: Jasper Jennings Campbell		7. State or Country of Father's Birth: Wilson Co. Kansas
MOTHER	8. Full Maiden Name of Mother: Emma Jane Campbell Berry		9. State or Country of Mother's Birth: Salem Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elizabeth Katherine Campbell	11. Present Address of Registrant: 2175 Lincoln College E. Pasadena
NOTARY (Seal)	Subscribed and sworn to before me on: February 15, 1957	12. Signature of Notary: Charles J. Seifert Jr.	13. Notary Commission expires: June 16, 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Record	By whom issued and signed: The Prudential Insurance Co. of America	Date Issued: 8-13-56	Date Orig. Entry: 2-12-1937
Class* B	Date of Birth: Oct. 28, 1906 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Application for Social Security Account Number	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: May 4, 1937
Class B	Date of Birth: Oct. 28, 1906 / Birth Place: Potlatch, Idaho	Full Name of Mother: Emma Campbell	Name of Father: Jasper J. Campbell	
SUPPORTING RECORD 3.	Type of Document: Bible record	By whom issued and signed: Viewed by Notary Public, Charles J. Seifert, Jr.; San Mateo, Calif.	Date Issued: on 5-8-57	Date Orig. Entry: obviously 12 to 50 yrs old.
Class B	Date of Birth: Oct. 28, 1906 / Birth Place: ---	Full Name of Mother: Emma Berry Campbell	Name of Father: Jasper J. Campbell	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ss nr Nancy Richards	May 31, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

De57-577

State File No.

Local Reg. No.

Registrar's No.

APPLICANT

1. Place of Birth

2. Date of Birth

3. Sex

4. Color or Race

5. Place of Birth

6. Full Name of Father

7. State or Country of Father's Birth

8. Maiden Name of Mother

9. State or Country of Mother's Birth

10. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Signature of Registrant

12. Present Address of Registrant

13. Subscribed and sworn to before me on

14. Signature of Notary

15. Notary Commission expires

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document: Birth record

By whom issued and signed: [illegible]

Date Issued: [illegible]

Date Orig. Entry: [illegible]

Date of Birth: [illegible]

Birth Place: [illegible]

Full Name of Mother: [illegible]

Name of Father: [illegible]

Class: [illegible]

SUPPORTING RECORD 2

Type of Document: Application for Special Account Number

By whom issued and signed: Treasury Dept.

Date Issued: Mar. 1, 1937

Date of Birth: [illegible]

Birth Place: [illegible]

Full Name of Mother: Emma Campbell

Name of Father: Jasper J. Campbell

Class: B

SUPPORTING RECORD 3

Type of Document: Bible record

By whom issued and signed: Viewed by Lottie [illegible], Charles J. Deifert, Jr., Sam [illegible], Mason, Co. Ill.

Date Issued: [illegible]

Date Orig. Entry: [illegible] to 50 yrs old.

Date of Birth: Oct. 23, [illegible]

Birth Place: [illegible]

Full Name of Mother: Emma Jerry Campbell

Name of Father: Jasper J. Campbell

Class: B

QUALIFYING INFORMATION

CERTIFICATION

Registrar certifies that no prior birth certificate has been found in the Division of Vital Statistics for this registrant; that the documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Registrar: W. D. Jenson

Evidence reviewed by: Nancy Richards

Date Filed: May 31, 1937

Class A [illegible] made and data [illegible] only [illegible]

Class B [illegible] made after the [illegible] birth [illegible]

Form DPH-[illegible]

491-223-039-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-587

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Harriet Draper		2. Date Of Birth (month) (day) (year): June 23 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth (Name) a. County: Rockland, Ida. (Power) b. City or Town of Birth: Rockland, Idaho
FATHER	6. Full Name of Father: Andrew George Draper		7. State or Country of Father's Birth: Riverton, Utah
MOTHER	8. Full Maiden Name of Mother: Nina Bell Stewart		9. State or Country of Mother's Birth: Ogden, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred H. Mickelson	11. Present Address of Registrant: West Star Rt., Fallon, Nevada
NOTARY (Seal)	Subscribed and sworn to before me on: 28 April 1957	12. Signature of Notary: R. W. Ogden	13. Notary Commission expires: August 28, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Social Security Account Number	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Sept. 28, 1943
	Date of Birth: June 23, 1906 / Birth Place: Power Co. Rockland, Idaho	Full Name of Mother: Ninabelle Stewart	Name of Father: Andrew George Draper	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: Rockland Ward, LDS Church	Date Issued:	Date Orig. Entry: Sept. 2, 1906
	Date of Birth: June 23, 1906 / Birth Place: Rockland, Idaho	Full Name of Mother: Ninabell Stewart	Name of Father: A. G. Draper	
SUPPORTING RECORD 3.	Type of Document: Own Child's Birth Certificate	By whom issued and signed: on File, Idaho # 151319	Date Issued:	Date Orig. Entry: child born April 1, 1927
	Date of Birth: Age 20 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	mr Nancy Richards	June 4, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 5 1957

683-20-4004-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-609

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Wyler			2. Date of Birth (month) Jan (day) 4 (year) 1906	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Paris Idaho Bear Lake	b. City or Town of Birth: Paris Idaho.	
FATHER	6. Full Name of Father: Charles Arthur Wyler.			7. State or Country of Father's Birth: Bern Switzerland	
MOTHER	8. Full Maiden Name of Mother: Louise Johnely.			9. State or Country of Mother's Birth: Bern Switzerland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Bertha H Roberts	11. Present Address of Registrant: 256 N 9th Pocatello Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 6th 1957		12. Signature of Notary: L Hugh Shepherd	13. Notary Commission expires: Oct 10- 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: Paris Second Ward LDS Church	Date Issued:	Date Orig. Entry: July 3, 1914
	Date of Birth: Jan. 4, 1906	Birth Place: Bear Lake Co. Paris, Idaho	Full Name of Mother: Louise Johnely	Name of Father: Charles Wyler	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister, age 61		By whom issued and signed: Edna Wyler Bolton	Date Issued: 4-6-57	Date Orig. Entry:
	Date of Birth: Jan. 4, 1906	Birth Place: Bear Lake Co. Paris, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Employment Record		By whom issued and signed: Employment Supt., U. S. Naval Ordnance Plant, Pocatello, Ida.	Date Issued: June 3-57	Date Orig. Entry: May 4, 1943
	Date of Birth: Jan. 4, 1906	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Nancy Richards	June 14, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 14 1962

386-225-006-366

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-650
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Eveline Thomas	2. Date of Birth (month) January (day) 25 (year) 1906
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Moreland; a. County: Bingham	b. City or Town of Birth: Moreland
FATHER	6. Full Name of Father: Jacob William Thomas	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mabel Edith Cowles	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel T. Poole; 11. Present Address of Registrant: Menan Idaho
NOTARY (Seal)	Subscribed and sworn to before me on May 11th 1957	12. Signature of Notary: George M Larsen; 13. Notary Commission expires: Dec. 12, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Mabel E. Thomas (Cowles)	Date issued: 5-22-57	Date Orig. Entry:
Class* B	Date of Birth: Jan. 25, 1906	Birth Place: Moreland, Idaho	Full Name of Mother: Mabel E. Thomas (Cowles)	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: Menan Ward, LDS Church	Date issued: 8-2-14	Date Orig. Entry: Aug. 1, 1914
Class B	Date of Birth: Jan. 25, 1906	Birth Place: Morland, Idaho	Full Name of Mother: Mabel E. Cowles	Name of Father: J. W. Thomas	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #155123	Date issued:	Date Orig. Entry: child born Aug. 12, 1927
Class B	Date of Birth: age 21	Birth Place: Moreland, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	nr Nancy Richards	June 24, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 3 1957

JUN 24 1957

253-226-001-218

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-673
Local Reg. No. 673
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Harriett Gertrude Kelley
2. Date of Birth (month) (day) (year): Sept. 26 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Boise 1713 N. 8th
b. City or Town of Birth: Boise Ida.

FATHER

6. Full Name of Father: Warren Ellsworth Kelley
7. State or Country of Father's Birth: Mills Co. Iowa

MOTHER

8. Full Maiden Name of Mother: Angeline Rosetta Bay
9. State or Country of Mother's Birth: Pottawatomie Co. Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harriett G. Rutledge
11. Present Address of Registrant: 1215 E. Washington Boise Ida.

NOTARY (Seal)

Subscribed and sworn to before me on June 26 1957.

12. Signature of Notary: Anton Gordon
13. Notary Commission expires: March 20 1959.

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class*	Family Bible Record	Mother - Angeline Kelley	Near time of child's birth viewed by Notary - no erasures	
	Date of Birth: Sept. 26, 1906 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class	Type of Document: Original Birth Notice in Idaho Daily Statesman	By whom issued and signed: Idaho Daily Statesman Boise, Idaho	Date Issued: Feb. 9, 1953	Date Orig. Entry: 9-27-06
	Date of Birth: Sept. 26, 1906 / Birth Place: Boise, Idaho	Full Name of Mother: Mr. and Mrs.	Name of Father: W.E. Kelley	
SUPPORTING RECORD 3. Class	Type of Document: Affidavit by person present at the time of this birth	By whom issued and signed: Gertrude McFarland - Age 71	Date Issued: 29 June 57	Date Orig. Entry:
	Date of Birth: Sept. 26, 1906 / Birth Place: Boise, Idaho	Full Name of Mother: Angeline Rosetta Bay	Name of Father: Warren Ellsworth Kelley	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sc Shirley Cooper	1 July 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Number of Certificate [illegible]

Sales Idaho

1. Name of Person [illegible] Birth

2. Date of Birth [illegible]

3. Place of Birth [illegible]

4. Sex [illegible]

5. Color or Race [illegible]

6. Full Name of Father [illegible]

7. State or Country of Father's Birth [illegible]

8. Maiden Name of Mother [illegible]

9. State or Country of Mother's Birth [illegible]

10. Signature of Registrant [illegible]

11. Present Address of Registrant [illegible]

12. Signature of Notary [illegible]

13. Notary Commission expires [illegible]

ADDITIONAL SUPPORTING RECORDS

Type of Document	Date Issued	Date Filed
Family Bible Record	Mother - Angeline Kelley	Near time [illegible] birth [illegible] - no [illegible]

SUPPORTING RECORD 2

Type of Document	Date Issued	Date Filed
[illegible] Birth Notice in [illegible] Statesman	[illegible] Daily Statesman [illegible] Idaho	[illegible] 9-27-06

Date of Birth Birth Place

Name of Mother

[illegible] Kelley

SUPPORTING RECORD 3

Type of Document	Date Issued	Date Filed
Affidavit by person present at the time of this birth	[illegible]	[illegible]

Date of Birth Birth Place

Full Name of Mother

Class

[illegible] Kelley

QUALIFIED INFORMATION

RECORDS OF CERTIFICATE

Hereby certify that no other birth certificate has been issued in the Bureau of Vital Statistics for this registration, and that documentary evidence has been reviewed. With substantiation, the facts as set forth in the [illegible] are true.

State Registrar

Evidence reviewed by

Date Filed

[illegible] Shirley Cooper

1 July 1967

669-130-039-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-681

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: GLEN CHARLESWORTH
2. Date of Birth: (month) Sep. (day) 30 (year) 1906
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County POWER; b. City or Town of Birth: Neeley

FATHER

6. Full Name of Father: JOHN CHARLESWORTH
7. State or Country of Father's Birth: Colorado

MOTHER

8. Full Maiden Name of Mother: JANE MORGAN
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Glen Charlesworth
11. Present Address of Registrant: 2118 c.a.a. ave. Coeur d'Alene Idaho

NOTARY (Seal)

Subscribed and sworn to before me on June 22 1957

12. Signature of Notary: Margaret Kelly
13. Notary Commission expires: Jan 1 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Application for Social Security Account Number	Treasury Dept.		Jan. 20, 1947
	Date of Birth: Sept. 30, 1906 / Birth Place: Neely, Idaho	Full Name of Mother: Jane Morgan	Name of Father: John M. Charlesworth	
SUPPORTING RECORD 2.	Honorable Discharge Paper	U. S. Army	Date Issued: discharged 9-18-45	Date Orig. Entry: inducted March 7, 1942
	Date of Birth: Sept. 30, 1906 / Birth Place: Neeley, Idaho	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3.	Affidavit by person present at birth, age 68	Nora Godfrey	Date Issued: 6-3-57	Date Orig. Entry:
	Date of Birth: Sept. 30, 1906 / Birth Place: Nuley, Idaho	Full Name of Mother: Jane Charlesworth	Name of Father: John Charlesworth	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Nancy Richards	July 2, 1957

FORM BH 56067 1 Copy paid

affidavit
had typed
"Nuley"

753-220-010-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-691
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Nima Elvira Peterson
2. Date of Birth (month) (day) (year): February 20 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Grandmother's Home
b. City or Town of Birth: Idaho Falls, Idaho

FATHER

6. Full Name of Father: Carl Anton Peterson
7. State or Country of Father's Birth: Stockholm, Sweden

MOTHER

8. Full Maiden Name of Mother: Carlson Annette Peterson
9. State or Country of Mother's Birth: Kalmar-Smoland- Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nima Elvira Peterson Niemann
11. Present Address of Registrant: 8222 Drexel Avenue Chicago 19, Illinois

NOTARY (Seal)

Subscribed and sworn to before me on: Jun 6 19 56
12. Signature of Notary: Sheldon E. Budd
13. Notary Commission expires: May 5 19 58

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Annette Peterson Selgren	7-23-55	
Class* B	Date of Birth: Feb. 20, 1906 / Birth Place: Idaho Falls, Ida.	Full Name of Mother: Annette Peterson	Name of Father: ---	
SUPPORTING RECORD 2.	School Record	Board of Education Chicago, Illinois	3-31-55	Sept. 20, 1911
Class B	Date of Birth: Feb. 20, 1906 / Birth Place: Idaho Falls, Ida.	Full Name of Mother: Nettie Peterson	Name of Father: Anton Peterson	
SUPPORTING RECORD 3.	Church Record	Saint James Church Chicago, Illinois	3-21-55	April 6, 1919
Class B	Date of Birth: age 13 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: D. W. Benson
Evidence reviewed by: Nancy Richards
Date Filed: July 8, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

258-103-041-393

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D57-695
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frank Leonard Pehrson		2. Date of Birth (month) (day) (year): Aug. 3 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Teton; b. City or Town of Birth: Hayden
FATHER	6. Full Name of Father: Nels Frank Pehrson		7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Zina Estella Little		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frank L Pehrson	11. Present Address of Registrant: Salt Lake City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: June 26 1957	12. Signature of Notary: Swan G. Austin	13. Notary Commission expires: ____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Church Record	By whom issued and signed: Pioneer Stake, Pleasant Green Record, LDS Church	Date Issued: 8-9-40	Date Orig. Entry: Sept. 6, 1914
	Date of Birth: Aug. 3, 1906	Birth Place: Hayden, Idaho	Full Name of Mother: Estella Little	Name of Father: Nels Pehrson
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit by mother	By whom issued and signed: Estella Little Pehrson	Date Issued: 2-13-57	Date Orig. Entry:
	Date of Birth: Aug. 3, 1906	Birth Place: Teton Co. Hayden, Idaho	Full Name of Mother: Estella Little Pehrson	Name of Father: Nels Frank Pehrson
SUPPORTING RECORD 3. Class B	Type of Document: Employment Record	By whom issued and signed: Utah Copper Division, Arthur Plant, Garfield, Utah	Date Issued:	Date Orig. Entry: June 2, 1952
	Date of Birth: Aug. 3, 1906	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Nancy Richards	Date Filed: July 9, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Local Reg. No.

Reg. Dist. No.

Department of Public Health
Division of Vital Statistics
State of Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: [illegible] Leonard Pehrson	2. Date (Month) Aug. 3, 1906
	3. Color or Race: White	4. Sex: Male
	5. Place of Birth: Teton	6. City or Town of Birth: Hayden
FATHER	7. Full Name of Father: Nels Frank Pehrson	8. State or Country of Father's Birth: Denmark
MOTHER	9. Full Maiden Name of Mother: Zina Estella Little	10. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief	11. Present Address of Registrant: Salt Lake City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Pioneer Stake, Pleasant Green Record, LDS Church	Date Issued: 9-2-40	Date Orig. Entry: Sept. 6, 1911
Class B	Date of Birth: Aug. 3, 1906	Birth Place: Hayden, Idaho	Full Name of Mother: Estella Little	Name of Father: Nels Pehrson
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Estella Little Pehrson	Date Issued: 2-13-57	Date Orig. Entry:
Class	Date of Birth: Aug. 3, 1906	Birth Place: Teton Co. Hayden, Idaho	Full Name of Mother: Estella Little Pehrson	Name of Father: Nels Frank Pehrson
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Utah Copper Division, Garfield, Utah	Date Issued:	Date Orig. Entry: June 2, 1952
Class B	Date of Birth: Aug. 3, 1906	Birth Place:	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

REGISTRATION CERTIFICATION: I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which satisfies the facts as set forth in the Appendix Report.

State Registrar

Evidence reviewed by: Nancy Richards

Date Filed: July 9, 1957

STATE OF IDAHO

792-228-001-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-702
707

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Frances Belle Gibbs
2. Date of Birth: August 28, 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Meridian

FATHER

6. Full Name of Father: Francis Allen Gibbs
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Dora Belle Daly
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frances B. Reynolds
11. Present Address of Registrant: Bremerton Wash. R#4 13.2579

NOTARY (Seal)

Subscribed and sworn to before me on July 10 1957

12. Signature of Notary: Hazel L. Hurlbert.
13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own Child's Birth Certificate	State of Idaho #156496	Child's Birthdate Sept. 30, 1927	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 21	Idaho		

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt	Daisy Ora Daly Age 64	7-10-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 28, 1906	Meridian, Idaho	Dora Belle Daly	Francis Allen Gibbs

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified Copy of Minister's Report for Marriage License	Boise, Idaho Ada County	7-10-57	Sept. 28, 1925

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 19	Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	sc Shirley Cooper	July 10, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Idaho

Idaho

293-123-001-418

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-726

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lloyd D. Killian			2. Date Of Birth (month) (day) (year): August 23 1906	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise	
FATHER	6. Full Name of Father: John W Killian			7. State or Country of Father's Birth: Salem Utah	
MOTHER	8. Full Maiden Name of Mother: Ella Mayne			9. State or Country of Mother's Birth: Boise Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lloyd Killian		11. Present Address of Registrant: 1008 Redenbaugh. Boise Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: June 6 1957	12. Signature of Notary: Robert Merrell		13. Notary Commission expires: 14-H 1960	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy Application	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued:	Date Orig. Entry: Oct. 12, 1943	
	Date of Birth: Aug. 23, 1906	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Lodge Record	By whom issued and signed: Boise Aerie No. 115, Eagles Boise, Idaho	Date Issued: 6-10-57	Date Orig. Entry: Nov. 16, 1925	
	Date of Birth: Aug. 23, 1906	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 23, 1936	
	Date of Birth: Aug. 23, 1906	Birth Place: Boise, Idaho	Full Name of Mother: Ella Mayne	Name of Father: John Killian	
QUALIFYING INFORMATION					

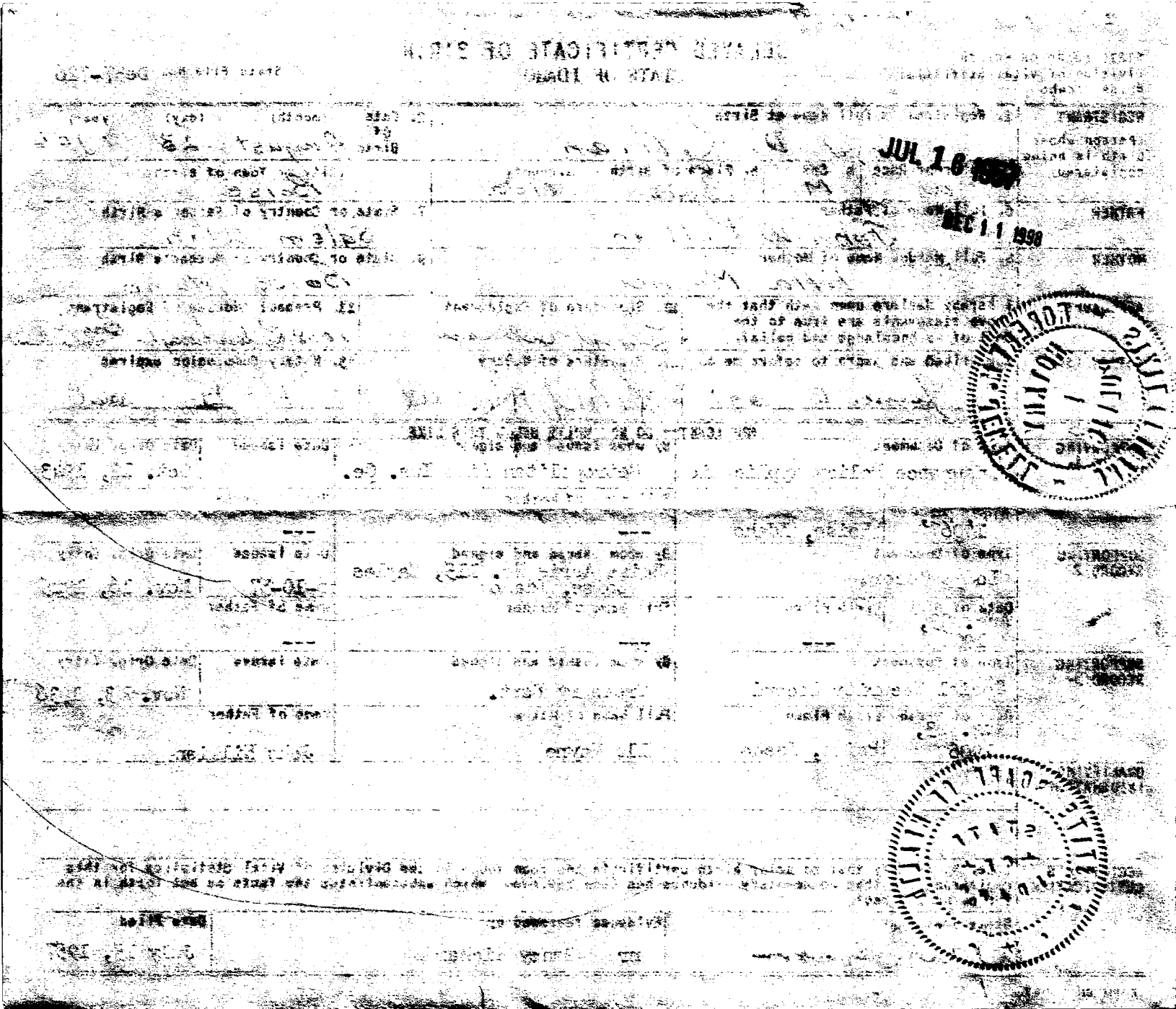
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	July 15, 1957

FORM BH 56067

1 copy paid



437-204-034-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D57-755

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Georgia Ella McGovern
2. Date of Birth (month) 3 (day) 4 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Minidoka
   b. City or Town of Birth: Minidoka

FATHER

6. Full Name of Father: George W. McGovern
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Elizabeth Kennedy
9. State or Country of Mother's Birth: Ireland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Georgia E. Johnson
11. Present Address of Registrant: 925 E. Jefferson, Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on July 23 1957

12. Signature of Notary: Frances A. Fisher
13. Notary Commission expires: Dec. 5, 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Elizabeth Whitworth	July 2, 1957	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 4, 1906	Minidoka, Idaho	Elizabeth Kennedy	George W. McGevern

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Saint Joseph's Church Pocatello, Idaho	June 27, 1957	April 27, 1906

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 4, 1906	Minidoka, Idaho	Elizabeth Kennedy	George W. McGovern

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	The Equitable Life Assurance Society of the U. S.		Oct. 11, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 4, 1906	Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Cooper	July 23, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

REGISTRAR

1. Registrar's full name of birth
2. Date of birth (month, day, year)
3. Date of birth (month, day, year)
4. Place of birth (city, county, state)
5. Place of birth (city, county, state)
6. Name of father
7. State or country of father's birth
8. Maiden name
9. Mother's country of mother's birth

AFFIDAVIT

1. Signature of Registrar
2. Present address of Registrar
3. Signature of Notary
4. Notary Commission expires

[illegible]

Affidavit by Mother		Elizabeth Whitworth	July 2, 1957
Date of birth	Birth Place	Full Name of Mother	Name of Father
1906	Minidoka, Idaho	Elizabeth Kennedy	[illegible]
Date of Document		By whom issued and signed	Date Issued / Date Orig. Entry
Certificate of Baptism		Saint Joseph's Church Pocatello, Idaho	June 27, 1957 April 27, 1906
Date of Birth	Birth Place	Full Name of Mother	Name of Father
1906	Minidoka, Idaho	Elizabeth Kennedy	George W. Yadowin
Date of Document		By whom issued and signed	Date Issued / Date Orig. Entry
Insurance Policy		The Equitable Life Assurance Society of the U. S.	Oct. 31, 1944
Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 4, 1906	Idaho		

QUALIFYING INFORMATION

[illegible] that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] that documentary evidence has been reviewed, which [illegible] the facts as set forth in the [illegible]

Date Reviewed	Evidence reviewed by	Date Filed
[illegible]	Shirley Cooper	July 23, 1957

218-201-026-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-776

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Erva Iretta Sayer
2. Date of Birth (month) Sept. (day) 1 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Idaho / Jefferson; b. City or Town of Birth: Lewisville (Bybee) Ward

FATHER

6. Full Name of Father: Thomas Alma Sayer
7. State or Country of Father's Birth: Utah (Hooper, Weber County)

MOTHER

8. Full Maiden Name of Mother: Luzella Scott Morgan
9. State or Country of Mother's Birth: Idaho (Menan) town

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Erva S. Duff
11. Present Address of Registrant: 162 College Way, Auburn, California

NOTARY (Seal)

Subscribed and sworn to before me on: APRIL 16, 1957
12. Signature of Notary: Russell F. Brandon
13. Notary Commission expires: Sept. 15 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		Dec. 2, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 1, 1906	Lewisville, Idaho	Luzella Scott Morgan	Thomas Alma Sayer

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	LDS Church, Salt Lake City, U.	4-10-57	Sept. 4, 1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 1, 1906	(Ward) Bybee, Idaho	Luzella Morgan	Thomas A. Sayer

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by uncle (over 10 yrs. at birth)	John R. Sayer	4-12-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 1, 1906	Lewisville, Idaho	Luzella Scott Morgan	Thomas Alma Sayer

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Bowman	Nancy Richards	July 31, 1957

FORM BH 56067 1 Copy Mailed

JUL 31

238-403-014-592

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-809

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Murray Edison Schrock			2. Date of Birth (month) November (day) 3 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa, Idaho	
FATHER	6. Full Name of Father: Andrew Jesse Schrock			7. State or Country of Father's Birth: Middlebury, Indiana	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Niswander			9. State or Country of Mother's Birth: Gilboa, Ohio	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Murray E Schrock		11. Present Address of Registrant: 51 Brookside Dr. San Anselmo, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 11 19 57	12. Signature of Notary: Helen Moriarty		13. Notary Commission expires: August 31 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father with photostat of family record	By whom issued and signed: Andrew J. Schrock		Date Issued: 9-12-56	Date Orig. Entry:
	Date of Birth: Nov. 3, 1906	Birth Place: Nampa, Idaho	Full Name of Mother: Elizabeth Niswander	Name of Father: Andrew J. Schrock	
SUPPORTING RECORD 2.	Type of Document: Application for Social Security Account Number	By whom issued and signed: Treasury Department		Date Issued:	Date Orig. Entry: Nov. 4, 1936
	Date of Birth: Nov. 3, 1906	Birth Place: Idaho	Full Name of Mother: Elizabeth Nisewander	Name of Father: Andrew J. Schrock	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: West Coast Life Ins. Co.		Date Issued: 11-5-34	Date Orig. Entry: Oct. 24, 1934
	Date of Birth: Nov. 3, 1906	Birth Place: Idaho	Full Name of Mother: Elizabeth Schrock	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr Nancy Richards	August 12, 1957

FORM BH 56067

AUG 12 1957

793-22/-028-367

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-812
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ella Gillam			2. Date of Birth (month) August (day) 21 (year) 1906
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Kootani	b. City or Town of Birth: Post Falls Idaho
FATHER	6. Full Name of Father: Amos Melvin Gillam			7. State or Country of Father's Birth: Springfield Ill.
MOTHER	8. Full Maiden Name of Mother: Alma Roszene Cox			9. State or Country of Mother's Birth: Salem Ore.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ella Gillam Capps		11. Present Address of Registrant: 2603 Belvedere Seattle Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: April 6, 1956	12. Signature of Notary: John O'Kruger		13. Notary Commission expires: Nov. 30, 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: more than 10 yrs. older Affidavit by sister	By whom issued and signed: Jessie Lacy, nee Gillam		Date Issued: 8-2-57	Date Orig. Entry:
	Date of Birth: Aug. 21, 1906	Birth Place: Post Falls, Idaho	Full Name of Mother: Alma Rozene Gillam, nee Cox	Name of Father: Amos Melvin Gillam	
SUPPORTING RECORD 2. Class B	Type of Document: Insurance Policy	By whom issued and signed: Equitable Life Assurance Soc.		Date Issued: 4-2-40	Date Orig. Entry: March 25, 1940
	Date of Birth: Aug. 21, 1906	Birth Place: Post Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3. Class B	Type of Document: Voting Registration Record	By whom issued and signed: City of Seattle, Precinct #34-7		Date Issued: 4-26-56	Date Orig. Entry: Sept. 24, 1940
	Date of Birth: age 34	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

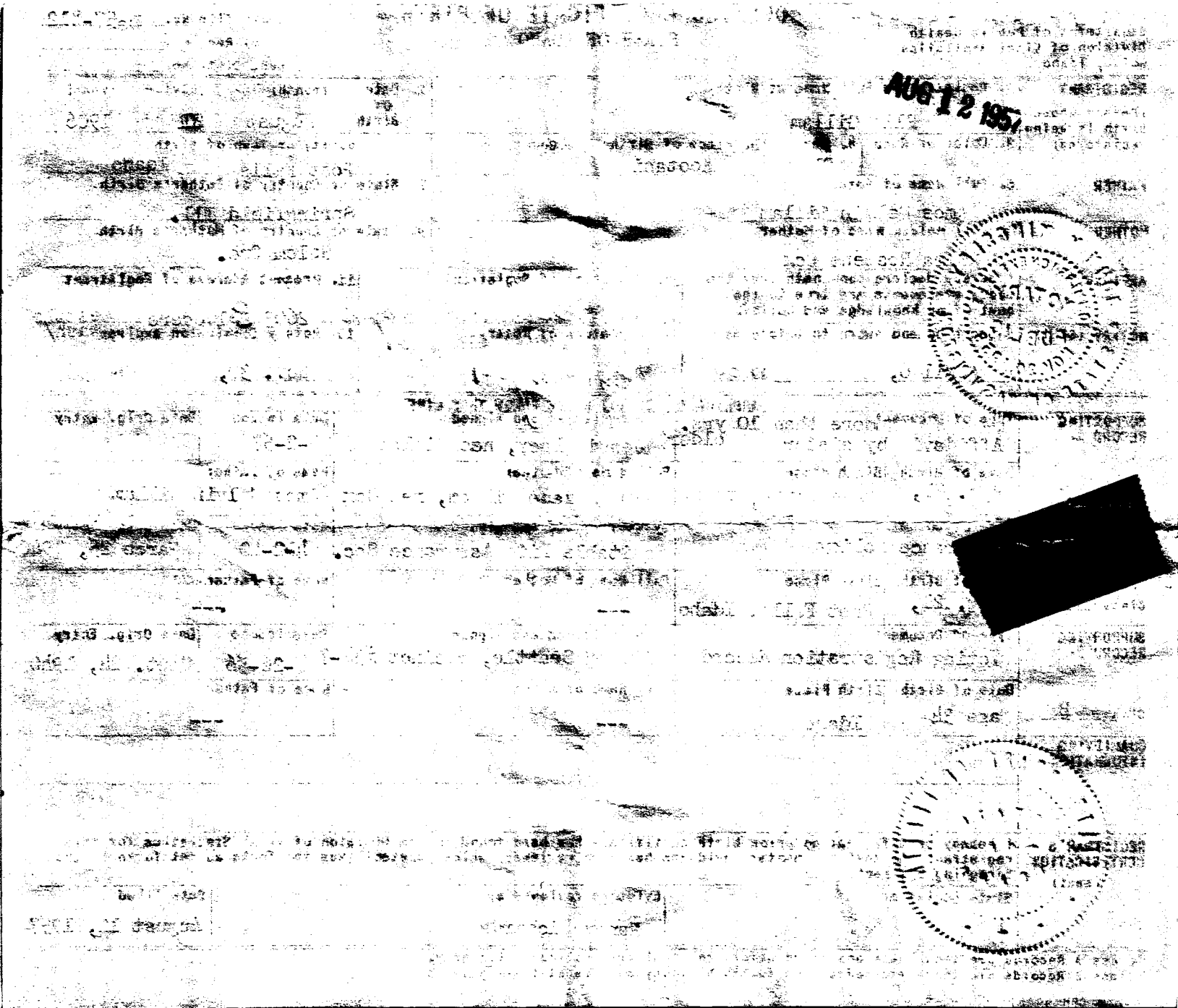
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Nancy Richards	August 12, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 12 1957



244-22-6-035-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-836

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothy Helen Summers
2. Date Of Birth (month) August (day) 26 (year) 1906
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Nez Perce
b. City or Town of Birth: Lewiston

FATHER

6. Full Name of Father: Lee Summers
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Elizabeth Ellen Dowell
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothy Helen Summers Crozier
11. Present Address of Registrant: 318-6th Ave. Lewiston, Ida

NOTARY (Seal)

Subscribed and sworn to before me on: JUL 31 1957 19___
12. Signature of Notary: A. R. Lyon
13. Notary Commission expires: 7/21 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by parents	Elizabeth E. Summers and Lee Summers	7-31-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 26, 1906	Nez Perce Co. Lewiston, Idaho	Elizabeth E. Summers	Lee Summers

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Inter-Mountain Life Ins. Co.	10-29-27	Oct. 13, 1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 26, 1906	Lewiston, Idaho	Elizabeth Summers	Lee Summers

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage Record	Asotin County, Clarkston, Wash.	8-12-57	June 21, 1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 25	Lewiston, Idaho	Elizabeth Dowell	Lee Summers

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	nr Nancy Richards	August 20, 1957

FORM BH 56067 1 Copy Paid

DELAYED CERTIFICATE OF BIRTH

AUG 21

381-25-1010-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-898

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Alvirda Rose Chaffin
2. Date of Birth (month) (day) (year): January 15 1906
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Bonneville
b. City or Town of Birth: Lincoln Idaho

FATHER

6. Full Name of Father: John Walter Chaffin
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Sarah Louisa Collings
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alvirda Rose Chaffin
11. Present Address of Registrant: 292 Elm Street Blackfoot, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: July 15 1957
12. Signature of Notary: [signature]
13. Notary Commission expires: June 16 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own child's birth certificate	Idaho #280985		child born June 15, 1939
	Date of Birth: age 33	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Social Security Record	Treasury Dept.		Dec. 29, 1944
	Date of Birth: Jan. 15, 1906	Birth Place: Bonneville Co. Lincoln, Idaho	Full Name of Mother: Sarah L. Collins	Name of Father: John W. Chaffin
SUPPORTING RECORD 3.	Type of Document: Insurance Record	By whom issued and signed: American Home Benefit Assoc.	Date Issued: 8-23-45	Date Orig. Entry: Aug. 17, 1945
	Date of Birth: Jan. 15, 1906	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	Sept. 9, 1957

FORM BH 56067

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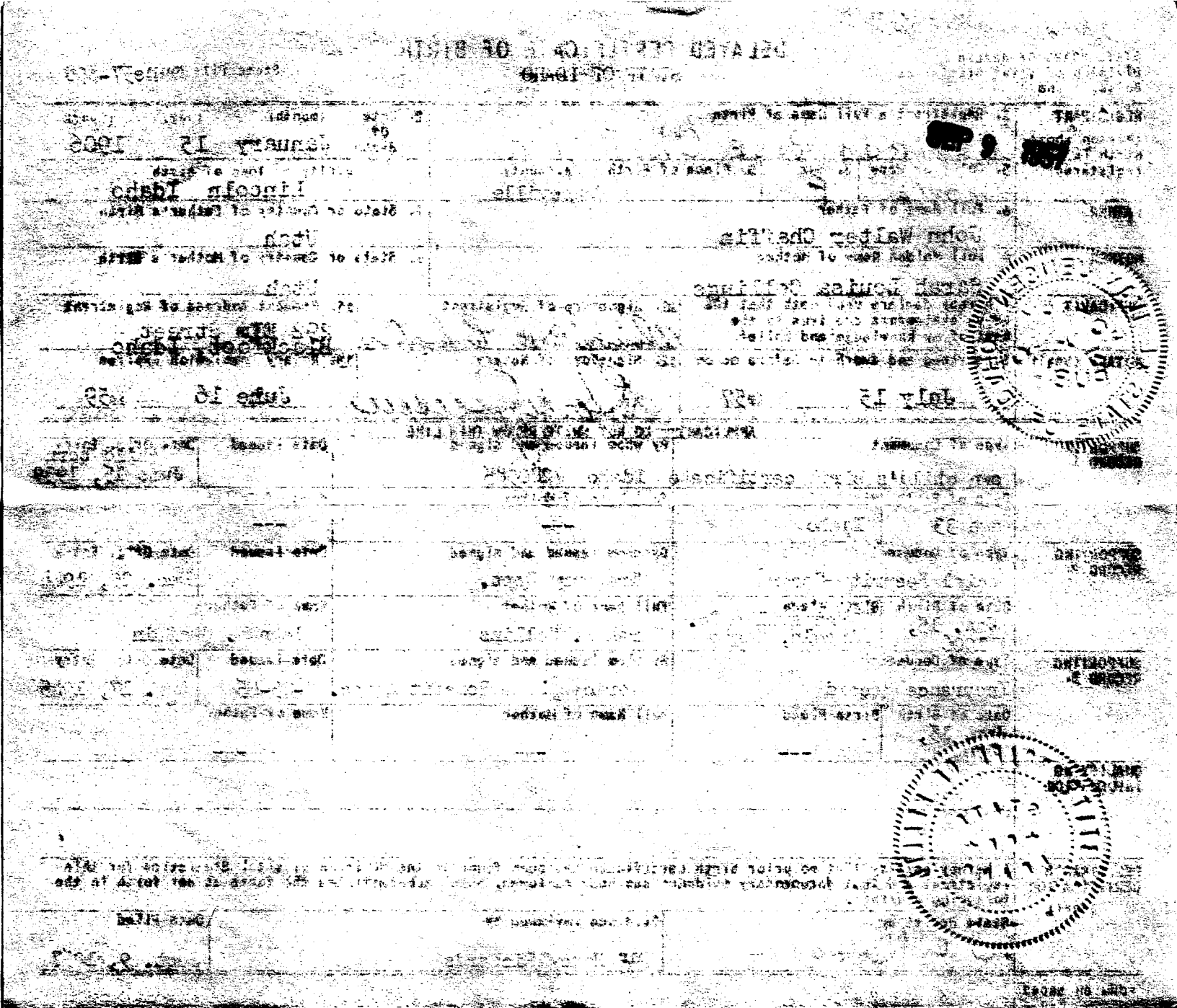

554-227-935-691

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-903
903

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hildagard Emma Neumann			2. Date Of Birth (month) August (day) 27 (year) 1906	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Leland	
FATHER	6. Full Name of Father: Jacob F. Neumann			7. State or Country of Father's Birth: Pontiac, Michigan	
MOTHER	8. Full Maiden Name of Mother: Emma Ida Frank			9. State or Country of Mother's Birth: New Rome, Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Hilda E. Renfrow	11. Present Address of Registrant: Melba Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: August 28 1957		12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept 28 1960	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: Lutheran Church Cameron, Idaho	Date Issued:	Date Orig. Entry: Oct. 14, 1906
	Date of Birth: Aug. 27, 1906	Birth Place: Leland, Idaho	Full Name of Mother: Emma Frank	Name of Father: Jacob Neumann	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle		By whom issued and signed: Hugo A. Frank - Age 67	Date Issued: 9-5-57	Date Orig. Entry:
	Date of Birth: Aug. 27, 1906	Birth Place: Leland, Idaho	Full Name of Mother: Emma Ida Frank	Name of Father: Jacob F. Neumann	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Royal Neighbors of America	Date Issued:	Date Orig. Entry: June 28, 1940
	Date of Birth: Aug. 27, 1906	Birth Place: Leland, Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

Hospital Record from the Samaritian Hospital in Nampa, Idaho, gives the birthdate of Mrs. Hilda Renfrow as August 27, 1906. This record was dated Jan. 31, 1939.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Cooper	Sept. 9, 1957

FORM BH 56067

DECEASED

962-208-020-232

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-919
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruthe Anne Robertson			2. Date of Birth (month) (day) (year): September 8 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth: Idaho a. County: Elmore	b. City or Town of Birth: Glenns Ferry
FATHER	6. Full Name of Father: William David Robertson			7. State or Country of Father's Birth: Eau Claire, Wisconsin
MOTHER	8. Full Maiden Name of Mother: Lottie Bertha Storey			9. State or Country of Mother's Birth: Breckenridge, Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruthe Anne Price		11. Present Address of Registrant: 741 Loveland ave. Salt Lake City U.
NOTARY (seal)	Subscribed and sworn to before me on: Sept. 13 1957	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: affidavit by mother	By whom issued and signed: Lottie Robertson Krezenbeck		Date Issued: 6-4-56	Date Orig. Entry:
	Date of Birth: September 8, 1906	Birth Place: Glenns Ferry Idaho	Full Name of Mother: Lottie Bertha Storey	Name of Father: William David Robertson	
SUPPORTING RECORD 2. Class B	Type of Document: church record	By whom issued and signed: L.D.S. Church Forest Dale Ward		Date Issued: 10-2-38	Date Orig. Entry: Baptized Sept. 29, 1938
	Date of Birth: September 8, 1906	Birth Place: Glenns Ferry Idaho	Full Name of Mother: Lottie Storey	Name of Father: William David Robertson	
SUPPORTING RECORD 3. Class	Type of Document: Own Child's Birth Certificate	By whom issued and signed: State of Utah		Date Issued: Child's Birthdate April 12, 1932	Date Orig. Entry:
	Date of Birth: Age 25	Birth Place: Glenns Ferry, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bw Shirley Cooper	Sept. 13, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy prod

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Local Reg. No.

Reg. Dist. No.

Registration of Public Health
Division of Vital Statistics
Office of Idaho

Registrar's Name	Registrar's Full Name of Birth	Date (month) (day) (year)	
Registrar's Birth Number	Ruthe Anne Robertson	Birth September 8 1906	
Registrar's Birth Number	1. Color or Race: Female	2. Place of Birth: Idaho	3. Place of Birth: Glenns Ferry
FATHER	4. Full Name of Father: William David Robertson	5. State or Country of Father's Birth: Eau Claire, Wisconsin	
MOTHER	6. Full Maiden Name of Mother: Lottie Martha Storey	7. State or Country of Mother's Birth: Breckenridge, Colorado	
AFFIDAVIT	8. Affirmed before me upon oath that the above is true to the best of my knowledge and belief.	10. Signature of Registrar	11. Present Address of Registrar
NOTARY	9. Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires

SUPPORTING RECORD	Type of Document: Church Record	By whom issued and signed: Rev. Dale Hand	Date Issued: 6-4-38	Date Orig. Entry
Class	Date of Birth: Sept. 8, 1906	Full Name of Mother: Lottie Storey	Name of Father: William David Robertson	
SUPPORTING RECORD	Type of Document: Church Record	By whom issued and signed: [illegible]	Date Issued: 10-5-38	Date Orig. Entry: Sept. 8, 1938
Class	Date of Birth: September 8, 1906	Full Name of Mother: Lottie Storey	Name of Father: William David Robertson	
SUPPORTING RECORD	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry
Class	Date of Birth: [illegible]	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed, which consistent also the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
	[illegible]	Sept. 13, 1957

Class A Records are those [illegible] the registrant's [illegible] birth.
Class B Records are those [illegible] the [illegible] birth [illegible] means of [illegible]

791-107-035-165

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-923
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Benjamin Franklin Graham		2. Date of Birth (month) Sept. (day) 7 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Nezperce	b. City or Town of Birth: Peck
FATHER	6. Full Name of Father: Major Anderson Graham		7. State or Country of Father's Birth: Penn.	
MOTHER	8. Full Maiden Name of Mother: Eliza Jane Jones		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ben. F. Graham	11. Present Address of Registrant: Danville Ore.	
NOTARY (Seal)	Subscribed and sworn to before me on: 15 day of August 1957	12. Signature of Notary: Walter W Mascall	13. Notary Commission expires: Dec 19 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Statement by attending physician	By whom issued and signed: J. M. Lyle, M.D.; Lewiston, Ida.	Date Issued: 4-20-57	Date Orig. Entry:	
	Date of Birth: Sept. 7, 1906	Birth Place: Peck, Idaho	Full Name of Mother: Eliza Jane Jones	Name of Father: Major Anderson Graham	
SUPPORTING RECORD 2. Class B	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #221858	Date Issued:	Date Orig. Entry: child born May 8, 1934	
	Date of Birth: age 27	Birth Place: Nez Perce Co. Peck, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3. Class B	Type of Document: Insurance Record	By whom issued and signed: World Ins. Co. of Omaha, Nebr.	Date Issued:	Date Orig. Entry: Sept. 11, 1948	
	Date of Birth: Sept. 7, 1906	Birth Place: Peck, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barnes	nr Nancy Richards	Sept. 16, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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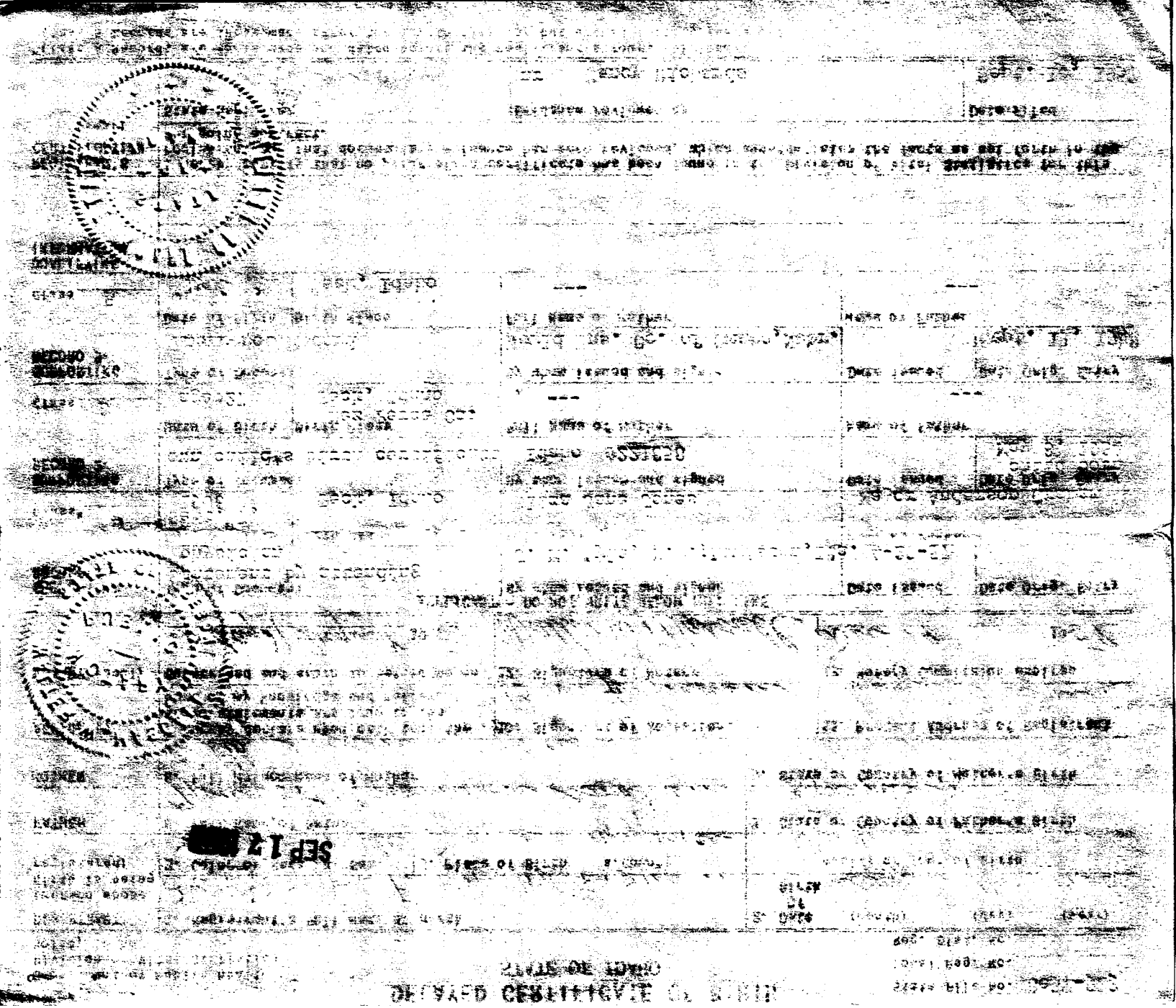
Form DPH 49067



751-224-028-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-925

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Laura Pearson		2. Date of Birth (month) Aug (day) 24 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Post Falls, Idaho
FATHER	6. Full Name of Father: Miles Elwin Pearson		7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Bessie Mariba Ross		9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva L. Duffus	11. Present Address of Registrant: Rt 2 Box 61 Merced, Calif	
NOTARY (Seal)	Subscribed and sworn to before me on: August 22 1957	12. Signature of Notary: J. J. Atkinson	13. Notary Commission expires: My Commission Expires October 24, 195 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Bessie M. Pearson	Date Issued: 8-22-57	Date Orig. Entry:
	Date of Birth: Aug. 24, 1906 / Birth Place: Post Falls, Idaho	Full Name of Mother: Bessie M. Pearson	Name of Father: Miles E. Pearson	
SUPPORTING RECORD 2.	Type of Document: Insurance Record (photostat)	By whom issued and signed: Calif. State Life Ins. Co.	Date Issued: 8-5-57	Date Orig. Entry: March 18, 1930
	Date of Birth: Aug. 24, 1906 / Birth Place: Post Falls, Idaho	Full Name of Mother: Bessie M. Pearson	Name of Father: Miles Pearson	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Sacramento County, Calif.	Date Issued:	Date Orig. Entry: May 17, 1935
	Date of Birth: age 28 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Nancy Richards	Date Filed: Sept. 16, 1957

FORM BH 56067

1 Copy Rd

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 17

893-105-035-681

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-944

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jasper Ora Hillaker			2. Date of Birth (month) June (day) 5 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: near Kamiah, Idaho
FATHER	6. Full Name of Father: Ora Leroy Hillaker			7. State or Country of Father's Birth: Sanilac County, Michigan
MOTHER	8. Full Maiden Name of Mother: Josephine O'Hare			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: J.O. Hillaker		11. Present Address of Registrant: 445 Laurel Street, Fort Bragg, California
NOTARY (Seal)	Subscribed and sworn to before me on: September 18, 1957	12. Signature of Notary: [signature]		13. Notary Commission expires: October 20, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Ora L. Hillaker and Edna Josephine Hillaker		Date Issued: 8-28-57	Date Orig. Entry:
	Date of Birth: June 5, 1906	Birth Place: Nez Perce Co. near Kamiah, Idaho	Full Name of Mother: Josephine O'Hare		Name of Father: Ora Leroy Hillaker
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: May 6, 1938
	Date of Birth: June 5, 1906	Birth Place: Camiah, Idaho	Full Name of Mother: Edna Josaphine O'Hare Hillaker		Name of Father: Ora Leroy Hillaker
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed (certified): California Reg. No. 101		Date Issued: 1-4-52	Date Orig. Entry: child born Oct. 16, 1932
	Date of Birth: age 26	Birth Place: ---	Full Name of Mother: ---		Name of Father: ---
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Jenson	nr Nancy Richards	Sept. 24, 1957

FORM BH 56067

2 copies paid

SEP 24 1957

285702 044-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-972

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Herald Edwin Sherman			2. Date of Birth (month) November (day) 2 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington	b. City or Town of Birth: Midvale
FATHER	6. Full Name of Father: Edwin Manchester Sherman			7. State or Country of Father's Birth: ILLINOIS
MOTHER	8. Full Maiden Name of Mother: Nancy Marilla Dowd			9. State or Country of Mother's Birth: KANSAS
AFEIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Herald Edwin Sherman		11. Present Address of Registrant: Midvale, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 2 1957	12. Signature of Notary: May Collins		13. Notary Commission expires: June 3, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own Child's Birth Certificate	By whom issued and signed: on file Vital Statistics Idaho #218708		Date Issued:	Date Orig. Entry: Child born Dec 29,1933
	Date of Birth: Age 27	Birth Place: Midvale, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Half-Sister	By whom issued and signed: Ella M. Wicks		Date Issued: 10-2-1957	Date Orig. Entry:
	Date of Birth: Nov 2,1906	Birth Place: Midvale, Idaho	Full Name of Mother: Nancy Marilla Dowd	Name of Father: Edwin Manchester Sherman	
SUPPORTING RECORD 3.	Type of Document: Statement by Weiser Lodge No. 17, I.O.O.F.	By whom issued and signed: Glen a. Storm, Noble Grand Albert S. Kuntz, Secretary		Date Issued: Oct 3,1957	Date Orig. Entry: Joined Lodge Dec. 8,1944
	Date of Birth: Nov. 2,1906	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: October 7, 1957

FORM BH 56067 1 copy paid

DELAYED CERTIFICATE OF BIRTH

OCT 7 1957

Herald Edwin Sherman — November 2 1906

White — Washington — Midvale

Edwin Manchester Sherman

Nancy Marilla Dowd

Midvale, Idaho

June 3, 1951

Own Child's Birth Certificate — Idaho Vital Statistics — Child born Dec 28, 1933

Midvale, Idaho

Affidavit by Half-Sister — Ella E. Hicks — 10-2-1957

Nov 2, 1906 — Midvale, Idaho — Nancy Marilla Dowd — Edwin Manchester Sherman

State Lutz Seiner Lodge No. 17, I.O.O.F. — Glen A. Storm, Noble Grand — Albert S. Kuntz, Secretary — Joined Lodge Oct 3, 1937 Dec. 8, 1944

1906

October 7, 1957

355-118-026-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-980

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: David Andrew Lee		2. Date Of Birth (month) 8 (day) 18 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Jefferson; b. City or Town of Birth: Rt. 1 Rigby (Bybee Ward)
FATHER	6. Full Name of Father: David Lee		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Taylor		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: David Andrew Lee	11. Present Address of Registrant: Rt. 1; Rigby, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on June 8, 1957	12. Signature of Notary: A. P. Smith	13. Notary Commission expires: NOTARY PUBLIC - RIGBY, IDAHO ~~My Commission Expires Feb. 19, 1959.~~

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents		By whom issued and signed: David Lee and Mary Ellen Taylor Lee	Date issued: 5-24-57	Date Orig. Entry:
	Date of Birth: Aug. 18, 1906	Birth Place: Jefferson Co. Rigby (Bybee), Ida.	Full Name of Mother: Mary Ellen Taylor	Name of Father: David Lee	
SUPPORTING RECORD 2.	Type of Document: School Record		By whom issued and signed: Joint Class A School Dist. No. 251, Rigby, Idaho	Date issued: 7-19-57	Date Orig. Entry: graduated 1925
	Date of Birth: Aug. 18, 1906	Birth Place: —	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: Church Record		By whom issued and signed: Lewisville 2nd Ward, Rigby Stake, LDS Church	Date issued:	Date Orig. Entry: Feb. 1944
	Date of Birth: Aug. 18, 1906	Birth Place: Rigby, Idaho	Full Name of Mother: Mary Ellen Taylor	Name of Father: David Lee	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Oct. 8, 1957

FORM BH 56067 Copy Rd

451-116-003-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-981

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MALDEN THEODORE DEATON
2. Date Of Birth: (month) APRIL (day) 16 (year) 1906
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County BANNOCK; b. City or Town of Birth BANCROFT IDAHO

FATHER

6. Full Name of Father: WILLIAM OLIVER DEATON
7. State or Country of Father's Birth: NORTH CAROLINA

MOTHER

8. Full Maiden Name of Mother: AMY ELIZABETH FREEMAN
9. State or Country of Mother's Birth: NORTH CAROLINA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Malden Theodore Deaton / M. T. Deaton
11. Present Address of Registrant: 173 So 15th Pocatello Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: September 12 1957

12. Signature of Notary: T. S. Hawkins
13. Notary Commission expires: November 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 64		By whom issued and signed: Effie Deaton Davis	Date Issued: 9-23-57	Date Orig. Entry:
	Date of Birth: April 16, 1906	Birth Place: Bancroft, Idaho	Full Name of Mother: Amy Elizabeth Freeman	Name of Father: William Oliver Deaton	
SUPPORTING RECORD 2.	Type of Document: Lodge Record		By whom issued and signed: Portneuf Lodge No. 18, Masonic Lodge, Pocatello, Ida.	Date Issued:	Date Orig. Entry: Feb. 5, 1941
	Date of Birth: April 16, 1906	Birth Place: Bancroft, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: 12-16-48	Date Orig. Entry: Oct. 12, 1948
	Date of Birth: April 16, 1906	Birth Place: Bancroft, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Nancy Richards	Oct. 8, 1957

Copy Mat

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

OCT 8 1957

753-129-023-495

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1024

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Arthur Peterman
2. Date of Birth (month) (day) (year): September 29, 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County:
b. City or Town of Birth: Pearl, Idaho

FATHER

6. Full Name of Father: Frank Peterman
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Mary Jane Mintz
9. State or Country of Mother's Birth: Glase, West Virginia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Arthur Peterman
11. Present Address of Registrant: 4750 So. 9 East, Murray, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: October 21, 1957
12. Signature of Notary:
13. Notary Commission expires: February 23, 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Social Security Record	Treasury Dept.		Feb. 8, 1938
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept. 29, 1906 / Pearl, Idaho	Mary Jane Mintz	Frank Peterman	
SUPPORTING RECORD 2.	Insurance Policy	Surety Mutual Life Ins.Co.	6-5-37	May 27, 1937
	Sept. 29, 1906 / Pearl, Idaho	Mary J. Peterman	---	
SUPPORTING RECORD 3.	Bible Record	viewed by Division of Vital Statistics on	10-17-57	obviously old
	Sept. 29, 1906 / ---	Mary J. Mintz	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Benson
Evidence reviewed by: nr Nancy Richards
Date Filed: Oct. 23, 1957

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 22 1959

735-215-008-652

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1027

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Norma Glenn			2. Date of Birth (month) (day) (year): December 15, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Boise	b. City or Town of Birth: Idaho City
FATHER	6. Full Name of Father: Sherman Glenn			7. State or Country of Father's Birth: Adrian, Oregon
MOTHER	8. Full Maiden Name of Mother: Naomi Elizabeth Webb			9. State or Country of Mother's Birth: Idaho City, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Blessinger		11. Present Address of Registrant: 510 E. 5th St Emmett Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 1957	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Mother - Naomi Glenn	Date Issued: viewed by vital stat. obviously old - no	Date Orig. Entry: alterations
	Date of Birth: Dec. 15, 1906	Birth Place: Idaho City, Idaho	Full Name of Mother: Naomi E. Glenn	Name of Father: Sherman Glenn
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Boise Senior High School Boise, Idaho	Date Issued: 10-23-57	Date Orig. Entry: 9-10-1923
	Date of Birth: Dec. 15, 1906	Birth Place: Idaho City, Idaho	Full Name of Mother: Mrs. Sherman Glenn	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Naomi Glenn - Mother	Date Issued: 10-23-57	Date Orig. Entry:
	Date of Birth: Dec. 15, 1906	Birth Place: Idaho City, Idaho	Full Name of Mother: Naomi Elizabeth Webb	Name of Father: Sherman Glenn

QUALIFYING INFORMATION

Own child's birth certificate issued by the State of Idaho, #174743.

Child's birthdate - August 11, 1929. Mother's age given as 22; birthplace is given as Idaho City, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Brown	Shirley Cooper	Oct. 23, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. Ne57-1027

REGISTRATION

1. Registrant's Full Name of Birth: Helen Norma Glenn
2. Date of Birth: December 15, 1906
3. Color or Race: Female
4. Sex: Female
5. Place of Birth: Boise
6. Place of Birth: Idaho City
7. State or Country of Father's Birth: Adrian, Oregon
8. Full Maiden Name of Mother: Naomi Elizabeth Webb
9. State or Country of Mother's Birth: Idaho City, Idaho

AFFIDAVIT

Signature of Registrant

10. Present Address of Registrant

Signature of Notary

11. Notary Chosen to Address

APPLICANT: DO NOT WRITE WHICH THIS LINE

Date of Document	By Whom Issued and Signed	Date Issued	Date Orig. Entry
Fully Bible Record	Mother - Naomi Glenn		
Dec. 15, 1906	Idaho City, Idaho	Naomi E. Glenn	Sherman Glenn

SUPPORTING SECOND 1

Date of Document	By Whom Issued and Signed	Date Issued	Date Orig. Entry
School Record	Boise Senior High School Boise, Idaho	10-23-57	9-10-1923
Dec. 15, 1906	Idaho City, Idaho	Mrs. Sherman Glenn	

SUPPORTING SECOND 2

Date of Document	By Whom Issued and Signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Naomi Glenn - Mother	10-23-57	
Dec. 15, 1906	Idaho City, Idaho	Naomi Elizabeth Webb	Sherman Glenn

QUALIFICATION

Own child's birth certificate issued by the State of Idaho, #174763.

Birthdate - August 11, 1928. Mother's age given as 22, birthplace is given as Idaho City, Idaho.

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been [illegible] which substantiates the facts as set forth in the [illegible] of birth.

Date Registered	Evidence Verified by	Date Filed
	Shirley [illegible]	Oct. 23, 1957

565-212-025-967

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1031

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Emma Belle vonBargen
2. Date Of Birth: (month) June (day) 12 (year) 1906
3. Color or Race: white
4. Sex: Female
5. Place of Birth a. County: Idaho
b. City or Town of Birth: Cottonwood

FATHER

6. Full Name of Father: Frederick Nicholas August von Bargen
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Amelia Martha Rogge
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Emma Belle Aschen
11. Present Address of Registrant: Grangeville, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Oct. 14 1957
12. Signature of Notary: [signature]
13. Notary Commission expires: July 31, 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by mother
By whom issued and signed: Amelia Martha von Bargen
Date Issued: 10-10-57
Date Orig. Entry:
Date of Birth: June 12, 1906
Birth Place: Idaho Co. Cottonwood, Idaho
Full Name of Mother: Amelia Martha von Bargen
Name of Father: Frederick Nicholas August von Bargen

SUPPORTING RECORD 2.

Type of Document: Newspaper record
By whom issued and signed: C. Wimer, Editor, "Cottonwood Chronicle"
Date Issued: 4-12-57
Date Orig. Entry: June 16, 1906
Date of Birth: June 12, 1906
Birth Place: ---
Full Name of Mother: ---
Name of Father: August von Bargen

SUPPORTING RECORD 3.

Type of Document: own child's birth certificate
By whom issued and signed: Idaho #169919
Date Issued:
Date Orig. Entry: child born Jan. 3, 1929
Date of Birth: age 22
Birth Place: Cottonwood, Idaho
Full Name of Mother: ---
Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Denson
Evidence reviewed by: Nancy Richards
Date Filed: Oct. 24, 1957

FORM BH 56067 1 copy mail

OCT 25 1957

714-103-009-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1077

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: VICTOR CARL PAULSON
2. Date Of Birth (month) (day) (year): February 3, 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bonner Co.
b. City or Town of Birth: Clarks Fork, Idaho

FATHER

6. Full Name of Father: Andrew Frudolph Paulson
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Alvina Hazelroth
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Victor C. Paulson.
11. Present Address of Registrant: 9123 N. Wall St. Spokane, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 2 1957
12. Signature of Notary: Fern Von Erichsen
13. Notary Commission expires: May 25 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: (born 6-12-1893) Affidavit by mother's sister
By whom issued and signed: Jeanette F. Benson
Date Issued: 10-5-57
Date Orig. Entry:
Date of Birth: Feb. 3, 1906
Birth Place: Bonner Co. Clarks Fork, Idaho
Full Name of Mother: Alvina Hazelroth
Name of Father: Andrew Frudolph Paulson

SUPPORTING RECORD 2.

Type of Document: Social Security Record
By whom issued and signed: Treasury Dept.
Date Issued:
Date Orig. Entry: Nov. 30, 1936
Date of Birth: Feb. 3, 1906
Birth Place: Clarks Fork, Idaho
Full Name of Mother: Alvena Hazelroth
Name of Father: Andrew Paulson

SUPPORTING RECORD 3.

Type of Document: Insurance Record
By whom issued and signed: Metropolitan Life Ins. Co.
Date Issued: 2-7-56
Date Orig. Entry: March 5, 1934
Date of Birth: Feb. 3, 1906
Birth Place: Clark's Fork, Idaho
Full Name of Mother: ---
Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar:
Evidence reviewed by: nr Nancy Richards
Date Filed: Nov. 12, 1957

FORM BH 56067

1 copy paid

NOV 13 1957

369-211-033-444

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1082

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LIDA Lida Lucinda Corey	2. Date Of Birth (month) Jan (day) 11 (year) 1906
	3. Color or Race: White; 4. Sex: female; 5. Place of Birth: Thornton; a. County: Madison	b. City or Town of Birth
FATHER	6. Full Name of Father: George Lyman Corey	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sophia Burnham Dudley	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lida Corey Miller; 11. Present Address of Registrant: St Christopher's School Clubbs Ferry N.Y.
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 11, 1957	12. Signature of Notary: Richard J Haug; 13. Notary Commission expires: Mar 30 1957

RICHARD J. HAUG
Notary Public in the State of New York
Appointed for Westchester County
Commission Expires March 30, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin (born 8-10-1889)	By whom issued and signed: Roy B. Corey	Date issued: 8-9-57	Date Orig. Entry:
	Date of Birth: Jan. 11, 1906; Birth Place: Thornton, Idaho	Full Name of Mother: Sophia Burnham Dudley	Name of Father: George Lyman Corey	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: St. Joseph's R. C. Church Ogden, Utah	Date issued: 8-18-57	Date Orig. Entry: Dec. 7, 1920
	Date of Birth: Jan. 11, 1906; Birth Place: Thornton, Idaho	Full Name of Mother: Sophia Dudley	Name of Father: George L. Corey	
SUPPORTING RECORD 3.	Type of Document: Insurance Record	By whom issued and signed: Equitable Life Assurance Soc. of the U.S.	Date issued:	Date Orig. Entry: Oct. 31, 1944
	Date of Birth: Jan. 11, 1906; Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

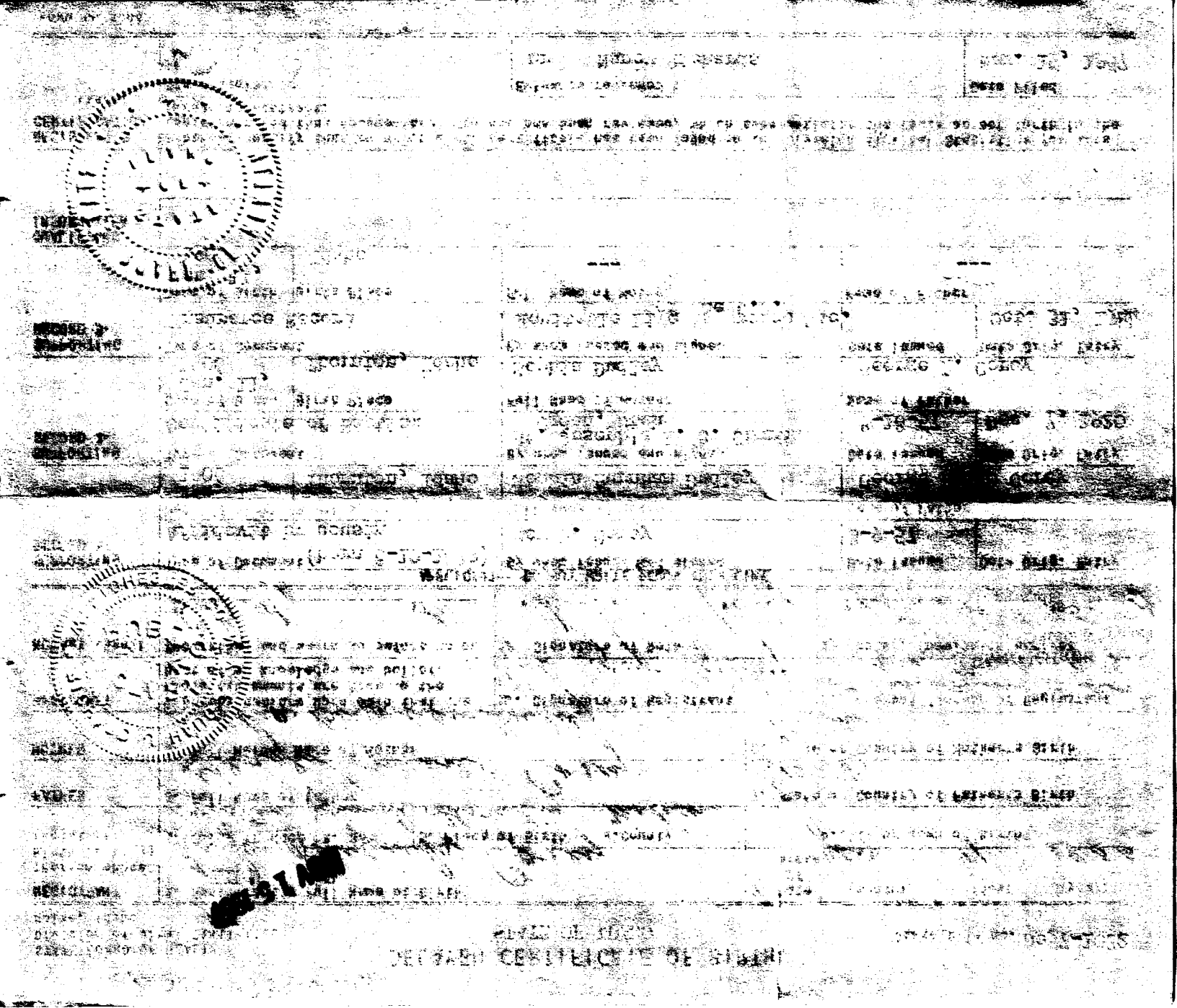
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	nr Nancy Richards	Nov. 15, 1957

FORM BH 56067

1 copy paid



434-217-035-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1090
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Iris Leota McDonald			2. Date of Birth (month) (day) (year): September 17, 1906
	3. Color or Race: White	4. Sex: Fem	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Ilo
FATHER	6. Full Name of Father: John Simpson McDonald			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Lydia Avis Blyth			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Iris McDonald Graf		11. Present Address of Registrant: 524 Second Kellogg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 3 1957	12. Signature of Notary: Anna K Battick		13. Notary Commission expires: 9/2 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Photostatic Notarized copy from Family Bible	By whom issued and signed: Anna K. Battick, Notary	Date Issued: Oct. 16, 1956	Date Orig. Entry: Photostatic copy viewed	
	Date of Birth: Set. 17, 1906	Birth Place: Nez Perce Co. Ilo, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: School Records	By whom issued and signed: Cheney Normal School, Wash. Aleda Rehm, Registrar	Date Issued: Nov. 27, 1956	Date Orig. Entry: June 6, 1921	
	Date of Birth: Sept. 17, 1906	Birth Place: Ilo, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by aunt, age 78	By whom issued and signed: Barbara Myers	Date Issued: 11-12-57	Date Orig. Entry:	
	Date of Birth: Sept. 17, 1906	Birth Place: Nez Perce Co. Ilo, Idaho	Full Name of Mother: Lydia Avis Blyth	Name of Father: John Simpson McDonald	

QUALIFYING INFORMATION

Insurance Record, Idaho Mutual Benefit Assoc., 9-17-57: dated Nov. 17, 1938; born on Sept. 17, 1906 at Ilo, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	SS nr Nancy Richards	Nov. 15, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Registrant's Full Name of Birth: [illegible] McDonald	2. Date of Birth: September 17, 1906	
3. Calendar Race (A. Sex): White	5. Place of Birth: Tem Perce	6. City or Town of Birth: Ilo
4. Full Name of Father: John Simpson McDonald	7. State or Country of Father's Birth: Illinois	
8. Full Maiden Name of Mother: Lydia Avis Blyth	9. State or Country of Mother's Birth: Missouri	
10. Signature of Registrant	11. Present Address of Registrant: 524 Second Ave., Idaho	
12. Signature of Notary	13. Notary Commission expires	

AFFIDAVIT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

NOTARY (Seal): Subscribed and sworn to before me on

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Pneumatic Motor Sec Copy Crop Family Bible	By whom issued and signed: [illegible] Wattick, Notary	Date Issued: Oct. [illegible], 19[illegible]	Date Orig. Entry: Photostatic [illegible]
	Date of Birth: Birth Place: [illegible]			
SUPPORTING RECORD 2.	Type of Document: School Records	By whom issued and signed: [illegible] School, [illegible] Registrar	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: Birth Place: Sept. 17, [illegible]	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: [illegible]	By whom issued and signed: [illegible] Ayers	Date Issued: 11-12-57	Date Orig. Entry
	Date of Birth: Birth Place: Sept. 17, 1906 Rex Pierce Co. Ilo, Idaho	Full Name of Mother: Lydia Avis Blyth	John Simpson McDonald	

QUALIFYING INFORMATION: Insurance Record, Idaho Mutual Benefit Assoc., 9-17-57: dated Nov. 17, 1938; born on Sept. 1, 1906 at Ilo, Idaho.

DISCLOSURE: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing statement.

Evidence [illegible]

Date: [illegible] Nov. 1[illegible], 19[illegible]

Class A Records are those made and [illegible] the Registrant's Fourth Birthday.
Class B Records are those made after [illegible]

249-117-029-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1130

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bernard Clayton Smith
2. Date of Birth: (month) September (day) 17 (year) 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Latah; b. City or Town of Birth: Moscow, Idaho

FATHER

6. Full Name of Father: Louis Servern Smith
7. State or Country of Father's Birth: Burns Oregon USA

MOTHER

8. Full Maiden Name of Mother: Ella Eugenia Choan
9. State or Country of Mother's Birth: Wayne Nebraska USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bernard C Smith
11. Present Address of Registrant: 10711 Ashworth, Seattle 33, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: September 16 1957
12. Signature of Notary: Hiram L. Settle
13. Notary Commission expires: August 8 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge	U. S. Army	discharged 1-23-46	enlisted March 15, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 17, 1906	Moscow, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Record (statement)	New York Life Ins. Co. New York, N.Y.	10-2-57	July 15, 1925

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 17, 1906	Moscow, Idaho	Ella Eugenia Smith	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Ella E. Smith	11-14-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 17, 1906	Moscow, Idaho	Ella E. Smith	Louis S. Smith

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	nr Nancy Richards	Nov. 27, 1957

FORM BH 56067

2 certified

NOV 27 1957

653-102-019-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1139

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: John Arlo Wells
2. Date Of Birth (month) (day) (year): February 2, 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Custer
b. City or Town of Birth: Mackay

FATHER

6. Full Name of Father: William Washington Wells
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Naomi Cyrilla Larter
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John A. Wells
11. Present Address of Registrant: 2521 Stewart Ave.

NOTARY (Seal)

Subscribed and sworn to before me on: December 2 1957
12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept. 28 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Naomi C. Goodman - Mother	11-4-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 2, 1906	Mackay, Idaho	Naomi Cyrilla Larter	William Washington Wells

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	The Great National Life Insurance Co., Dallas, Texas	Dec. 1, 1951	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 2, 1906	Mackay, Idaho	-----	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
U. S. Marine Corps Report of Separation	U. S. Marine Corps	date of entry 21 Dec. 43	date of separation 23 Aug. 45

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 2, 1906	Mackay, Idaho	-----	--------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
I. I. Romney	Shirley Cooper	12-3-57

FORM BH 56067

1 copy pd

DELAYED CERTIFICATE OF BIRTH

DEC

752-205-022-769

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1145

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELOUISE GESS			2. Date Of Birth (month) (day) (year): February 5, 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: St. Anthony, Idaho
FATHER	6. Full Name of Father: WILLIAM HARLEY GESS			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Katherine Mae Porter			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elouise Gess Van Horne		11. Present Address of Registrant: 211 Custer Ave., Evanston, Ill.
NOTARY (Seal)	Subscribed and sworn to before me on: 23rd Aug 1957	12. Signature of Notary: Catherine Lockman		13. Notary Commission expires: Sept 14 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census		Date Issued: 11-8-57	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: age 13	Birth Place: Idaho	Full Name of Mother: Katherine P. Gess	Name of Father: William H. Gess	
SUPPORTING RECORD 2.	Type of Document: Church Record--confirmation	By whom issued and signed: St. Michael's Cathedral Boise, Idaho		Date Issued: 10-15-57	Date Orig. Entry: May 11, 1924
	Date of Birth: Feb. 5, 1906	Birth Place: St. Anthony, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: (age 71) Affidavit by relative & neighbor at time of birth	By whom issued and signed: Winifred Maxey		Date Issued: 11-16-57	Date Orig. Entry:
	Date of Birth: Feb. 5, 1906	Birth Place: St. Anthony, Idaho	Full Name of Mother: Katherine Porter Gess	Name of Father: William Harley Gess	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson	Evidence reviewed by: Nancy Richards		Date Filed: Dec. 5, 1957	

FORM BH 56067

Corrected

DEPARTMENT OF HEALTH
STATE OF IDAHO

[redacted] DEC [redacted]

Female

Single

Pocatello, Idaho

Pocatello

Pocatello, Idaho

Pocatello, Idaho

Pocatello, Idaho

253-114-022-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1198

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Albert Milton Bell			2. Date Of Birth (month) April (day) 14 (year) 1906	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Salem Idaho Fremont	b. City or Town of Birth: Salem Idaho	
FATHER	6. Full Name of Father: Hyrum Bell			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Amanda Christina Sandgreen			9. State or Country of Mother's Birth: Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant		11. Present Address of Registrant: 901 E 860 No Standy Mt.	
NOTARY (Seal)	Subscribed and sworn to before me on: December 10 1957	12. Signature of Notary: Alf E. Adamson		13. Notary Commission expires: Aug. 4 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: Salem Ward, Fremont Stake, LDS Church		Date Issued:	Date Orig. Entry: June 6, 1914
	Date of Birth: April 14, 1906	Birth Place: Salem, Idaho	Full Name of Mother: Amanda Sandgreen	Name of Father: Hyrum Bell	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: May 13, 1940
	Date of Birth: April 14, 1906	Birth Place: Salem, Idaho	Full Name of Mother: Amanda Christina Sangreen	Name of Father: Hyrum Bell	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt & neighbor, age 80	By whom issued and signed: Sarah B. Harris		Date Issued: 8-29-57	Date Orig. Entry:
	Date of Birth: April 14, 1906	Birth Place: Salem, Idaho	Full Name of Mother: Amanda Sandgreen Bell	Name of Father: Hyrum Bell	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Nancy Richards	Date Filed: Dec. 23, 1957

FORM BH 56067

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544-105-014-957

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1211

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Robert Martin Edmunson
2. Date of Birth (month) (day) (year): September 5, 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth — a. County: Canyon
   b. City or Town of Birth: Nampa

FATHER

6. Full Name of Father: Marion G. Edmunson
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Sarah Eleanor Ingraham
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Robert M. Edmunson
11. Present Address of Registrant: 1213 East 52nd, Seattle, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: December 26 1957
12. Signature of Notary: Hazel L. Hurlbert.
13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Sarah Eleanor Pritchett - Mother	12-26-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 5, 1906	Nampa, Idaho	Sarah Eleanor Ingraham	Marion G. Edmunson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photostatic copy of original Social Security Application	Social Security Administration		May 4, 1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 5, 1906	Nampa, Idaho	Sarah Eleanor Ingraham	Marion G. Edmunson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own Child's birth certificate	State of Washington #1946-2603	Child's birthdate March 28, 1946	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 39	Nampa, Idaho	------	-------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Cooper	Dec. 26, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State Filing No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Robert Martin Edmonson	2. Date of Birth: September 4, [illegible]	
	3. Type of Name: White	4. Sex: Male	5. Place of Birth: County: Canyon; Locality or Town of Birth: Nampa
FATHER	6. Full Name of Father: Marion G. Edmonson	7. State or Country of Father's Birth: Oregon	
MOTHER	8. Full Maiden Name of Mother: Sarah Eleanor Ingraham	9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	1. Person who is [illegible] to the above [illegible] to the best of [illegible]	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: 1213 East 52nd, Seattle, Washington
NOTARY	12. Subscribed and sworn to before me on [illegible]	13. Signature of Notary: [illegible]	14. Notary Commission expires: [illegible]

APPLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	2. When Issued and Signed: Sarah Eleanor Ingraham - Mother	Date Issued: 12-26-[illegible]	Date Orig. Entry:
	Date of Birth: Sept. 5, 1906	Birth Place: Nampa, Idaho	Full Name of Mother: Sarah Eleanor Ingraham	Name of Father: Marion G. Edmonson
SUPPORTING RECORD 2.	Type of Document: Photostatic copy of original Social Security Application	3. When Issued and Signed: Social Security Administration	Date Issued: May 4, 1937	Date Orig. Entry:
	Date of Birth: Sept. 5, 1906	Birth Place: Nampa, Idaho	Full Name of Mother: Sarah Eleanor Ingraham	Name of Father: Marion G. Edmonson
SUPPORTING RECORD 3.	Type of Document: Town Child's birth certificate	3. When Issued and Signed: State of Washington [illegible]	Date Issued: Child's birthdate March 28, 1946	Date Orig. Entry:
	Date of Birth: June 39	Birth Place: Nampa, Idaho	Full Name of Mother: ------	Name of Father: ------

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following statement.

State Registrar: W. [illegible] Jensen	Evidence reviewed by: Shirley Cooper	Date Filed: Dec. 26, 1937

FORM [illegible]

944-221-029-256

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-36

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Glatha Belle Zumwalt		2. Date Of Birth (month) Dec. (day) 21 (year) 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Moscow a. County: Latah b. City or Town of Birth: Moscow, Idaho
FATHER	6. Full Name of Father: Edwin David Zumwalt		7. State or Country of Father's Birth: ORegon U.S.A.
MOTHER	8. Full Maiden Name of Mother: Laura Frances Snow		9. State or Country of Mother's Birth: Kansas U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Glatha Zumwalt Erickson	11. Present Address of Registrant: Troy, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 29 - 1957	12. Signature of Notary: F. O. Boche	13. Notary Commission expires: August 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend, age 72	By whom issued and signed: Ava M. Smith	Date issued: 12-2-57	Date Orig. Entry:
	Date of Birth: Dec. 21, 1906 / Birth Place: —	Full Name of Mother: Laura Frances Zumwalt (nee Snow)	Name of Father: Edwin David Zumwalt	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #388332	Date issued:	Date Orig. Entry: child born March 11, 1944
	Date of Birth: age 37 / Birth Place: Moscow, Idaho	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: Photostat of Bible Record	By whom issued and signed: original viewed by Notary Public, Irvin L. Standley, Moscow, Ida.	Date issued: 12-31-57	Date Orig. Entry: obviously old
	Date of Birth: Dec. 21, 1906 / Birth Place: —	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	Jan. 23, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

NOV 10 1975

JAN 27

493-22-0041-128

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-54
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Amy Frances Miller			2. Date of Birth (month) Dec. (day) 29 (year) 1906	
	3. Color or Race: white	4. Sex: F	5. Place of Birth: a. County Teton	b. City or Town of Birth: Tetonia	
FATHER	6. Full Name of Father: Theodore Moroni Miller			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Leona Rhoda Ashmead			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Amy Frances Stewart Miller		11. Present Address of Registrant: Baker, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: March 6 1957	12. Signature of Notary: Gladys G. Howard		13. Notary Commission expires: 3-13-1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Office of County Supt. Courthouse; La Grande, Ore.		Date Issued: 1-18-57	Date Orig. Entry: 11-10-1922
Class* B	Date of Birth: age 15	Birth Place:	Full Name of Mother:	Name of Father: Theo. Miller	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth age 71	By whom issued and signed: Bertha Ashmead		Date Issued: 4-13-57	Date Orig. Entry:
Class B	Date of Birth: Dec. 29, 1906	Birth Place: Teton County Tetonia, Idaho	Full Name of Mother: Leona Rhoda Ashmead Miller	Name of Father: Theodore Miller	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: Oct. 20, 1952
Class B	Date of Birth: Dec. 29, 1906	Birth Place: Teton, Idaho	Full Name of Mother: Leona Rhoda Ashmead	Name of Father: Theodore Moroni Miller	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: D. W. Benson	Evidence reviewed by: ss nr Nancy Richards		Date Filed: Jan. 29, 1958	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PBH #0063

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

264-129-038-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-56

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Kayler Body			2. Date Of Birth (month) March (day) 29 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette, Idaho
FATHER	6. Full Name of Father: Albert Charles Body			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Clara Wilkinson			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Kayler Body		11. Present Address of Registrant: 10124 Homeland Ave. Whittier, California
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 6 1958	12. Signature of Notary: Jean Huntley		13. Notary Commission expires: My Commission Expires Mar. 2, 1959

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Albert Charles Body	Date Issued: 1-6-58	Date Orig. Entry:
	Date of Birth: March 29, 1906 / Birth Place: Payette Co. Payette, Idaho	Full Name of Mother: Clara Wilkinson Body	Name of Father: Albert Charles Body	
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: National Fidelity Life Ins. Co.	Date Issued:	Date Orig. Entry: June 25, 1929
	Date of Birth: March 29, 1906 / Birth Place: Payette, Idaho	Full Name of Mother: Clara Body	Name of Father: Albert C. Body	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Washington Co., Iowa	Date Issued: 12-4-57	Date Orig. Entry: Dec. 26, 1930
	Date of Birth: age 24 / Birth Place: Payette, Idaho	Full Name of Mother: Clara Wilkinson	Name of Father: Albert Charles Body	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Nancy Richards	Date Filed: Jan. 29, 1958

FORM BH 56067

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Wm. A. Body

OCT 2 1950

JAN 3 0 1950

789-228-021-455

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-78

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Phillips			2. Date of Birth (month) (day) (year): September 28, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Dayton
FATHER	6. Full Name of Father: Thomas James Phillips			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Alvira Dees			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs M. A. Stebbins		11. Present Address of Registrant: Route 4 Walla Walla, Wash
NOTARY (Seal)	Subscribed and sworn to before me on: October 29 1957	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Old Family Record	By whom issued and signed: Mother - Alvira Phillips	Date Issued: viewed by vital stat. obviously very old - no	Date Orig. Entry: alterations
	Date of Birth: Sept. 28, 1906	Birth Place: -----	Full Name of Mother: Alvira Dees	Name of Father: Thomas Phillips
SUPPORTING RECORD 2.	Type of Document: Church Record--Blessing	By whom issued and signed: Oneida Stake, Dayton Ward LDS Church	Date Issued: 12-10-57	Date Orig. Entry: Nov. 4, 1906
	Date of Birth: Sept. 28, 1906	Birth Place: Dayton, Idaho	Full Name of Mother: Elvira Dees	Name of Father: Thomas Phillips
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: May 28, 1943
	Date of Birth: Sept. 28, 1906	Birth Place: Franklyn Co. Dayton, Idaho	Full Name of Mother: Mary Alvira Dees	Name of Father: Thomas James Phillips
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	sc Nancy Richards	Feb. 3, 1958

FORM BH 56067

/ Copy sent

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

FEB 4 1960

REGISTRAR	1. Registrant's Full Name at Birth: Alice Phillips	2. Date of Birth (month) (day) (year): September 28, 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Franklin
			6. City or Town of Birth: Dayton
FATHER	8. Full Name of Father: Thomas James Phillips	7. State or Country of Father's Birth: Utah	
MOTHER	9. Full Name of Mother: Alvira Lees	8. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]	
NOTARY	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]	

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Old Family Record	Mother - Alvira Phillips	viewed by vital stat. obviously very old - no alterations	

Date of Birth	Birth Place	Full Name of Father	Name of Father
[illegible] 28, 1906	-----	Alvira Lees	Thomas Phillips

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	Nov. 4, 1906

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible] 28, 1906	[illegible], Idaho	Alvira Lees	[illegible]

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		May 26, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 28, 1906	[illegible] Co. [illegible], Idaho	Alvira Lees	[illegible]

QUALITY OF INFORMATION

CERTIFICATE OF BIRTH

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this certificate and that documentary evidence has been reviewed, which supports the facts as well as the foregoing contents.

Signature	Evidence reviewed by	Date Filed
[illegible]	[illegible] Nancy [illegible]	Feb. [illegible], 1959

495-125-035-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-98

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: **Herbert Theodore Mielke**			2. Date of Birth (month) June (day) 25 (year) 1906
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Cameron, Idaho
FATHER	6. Full Name of Father: **Fred Mielke**			7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: **Therese Hartung**			9. State or Country of Mother's Birth: Germaney
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Herbert Theodore Mielke		11. Present Address of Registrant: Kendrick, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on Jan. 31st 1958	12. Signature of Notary		13. Notary Commission expires Jan. 11th 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt, age 73 (present at birth)	By whom issued and signed: Emma Hartung	Date Issued: 1-13-58	Date Orig. Entry:
	Date of Birth: June 25, 1906 / Birth Place: Nez Perce Co. Cameron, Idaho	Full Name of Mother: Therese Hartung	Name of Father: Fred Mielke	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: Geo. Finke Ev. Lutheran Pastor	Date Issued:	Date Orig. Entry: July 22, 1906
	Date of Birth: June 25, 1906 / Birth Place: Nez Perce Co. Cameron, Idaho	Full Name of Mother: Therese Hartung	Name of Father: Friedrich Mielke	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Joint School Dist. No. 283 Kendrick, Idaho	Date Issued: 1-15-58	Date Orig. Entry: Sept. 1922
	Date of Birth: June 25, 1906 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Feb. 10, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

FEB 10 [illegible]

1. Registrant's Full Name at Birth: Herbert Theodore Mielke	2. Date of Birth: June 25 1906		
3. Sex: Male	4. Place of Birth: Nez Perce	5. Date of Birth: Cameron, Idaho	
6. Full Name of Father: Fred Mielke	7. State or Country of Father's Birth: Minnesota		
8. Mother's Birth: Therese Hartung	9. Place of Birth: Germany		
10. Signature of Registrant	11. Signature of Notary	12. Signature of Notary	13. Notary Commission Expires
14. Notary Commission Expires			

SUPPORTING RECORD 1

Type of Document	Date of Birth	Birth Place	Full Name of Mother	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	[illegible]	1-17-58	

SUPPORTING RECORD 2

Type of Document	Date of Birth	Birth Place	Full Name of Mother	Date Issued	Date Orig. Entry
[illegible]	June 25, 1906	[illegible]	[illegible]		July 25, 1906

SUPPORTING RECORD 3

Type of Document	Date of Birth	Birth Place	Full Name of Mother	Date Issued	Date Orig. Entry
Grand Record	June 25, 1906	[illegible]	[illegible]	1-15-58	Sept. 1922

CERTIFICATION

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 25, 1906	---	---	---

CERTIFICATION

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Filed	Evidence Reviewed by	Date Filed
Feb. 10, 1958	[illegible]	Feb. 10, 1958

219-211-035-292

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-163

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mamie Artella Sardam			2. Date of Birth (month) (day) (year): April 11 1906	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Idaho Nezperce	b. City or Town of Birth: Melrose	
FATHER	6. Full Name of Father: Samuel G Sardam			7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Gertie Ann Sisk			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mamie Artella Marsden (nee Sardam)		11. Present Address of Registrant: 1315 Maple St. Clarkston Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 13 19 58	12. Signature of Notary: W K Teel		13. Notary Commission expires: NOTARY PUBLIC FOR IDAHO RESIDING AT LEWISTON TERM EXPIRES FEB. 7, 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #184924		Date Issued:	Date Orig. Entry: child born July 23, 1930
	Date of Birth: age 24	Birth Place: Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother, age 71	By whom issued and signed: Gertie Ann Sherman (remarried)		Date Issued: 2-13-58	Date Orig. Entry:
	Date of Birth: April 11, 1906	Birth Place: Melrose, Idaho	Full Name of Mother: Gertie Ann Sisk		Name of Father: Samuel G. Sardam
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Nez Perce County Recorder Lewiston, Idaho		Date Issued: 1-13-58	Date Orig. Entry: Sept. 9, 1916
	Date of Birth: age 10	Birth Place: ---	Full Name of Mother: ---		Name of Father: Sam Sardam
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	nr Nancy Richards	March 3, 1958

FORM BH 56067

149.128-022-162

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-167

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CAMMANS, PETER ADRIAN				2. Date of Birth (month) JANUARY (day) 28 (year) 1906	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: ST. ANTHONY FREMONT		b. City or Town of Birth: ST. ANTHONY, IDAHO.	
FATHER	6. Full Name of Father: CAMMANS, CAROLUS HENDRIKUS				7. State or Country of Father's Birth: HOLLAND	
MOTHER	8. Full Maiden Name of Mother: FRANCES ELIZABETH JOSEPH (~~BOOREY~~)				9. State or Country of Mother's Birth: CALIFORNIA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Peter adrian Cammans		11. Present Address of Registrant: LOS VEGAS, NEVADA.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 16 1958		12. Signature of Notary: [redacted]		13. Notary Commission expires: November 10 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: LDS Church, Salt Lake City, U.	Date Issued: 1-13-58	Date Orig. Entry: Sept. 30, 1916	
	Date of Birth: Jan. 28, 1906	Birth Place: St. Anthony, Idaho	Full Name of Mother: Francis E. Joseph	Name of Father: Carolus H. Cammans	
SUPPORTING RECORD 2.	Type of Document: (age 67) Affidavit by half-sister	By whom issued and signed: Mable F. Campbell	Date Issued: 1-16-58	Date Orig. Entry:	
	Date of Birth: Jan. 28, 1906	Birth Place: St. Anthony, Idaho	Full Name of Mother: Francis Elizabeth Cammans	Name of Father: Carolus Hendrickus Cammans	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Utah #794	Date Issued: 2-17-58	Date Orig. Entry: child born July 22, 1931	
	Date of Birth: age 25	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: March 3, 1958

FORM BH 56067

693-128-016-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-172

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALDEN EARL WILLIAMS			2. Date Of Birth: (month) March (day) 28 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Oakley	
FATHER	6. Full Name of Father: Thomas A. Williams			7. State or Country of Father's Birth: Grantsville, Utah	
MOTHER	8. Full Maiden Name of Mother: Annie E. Bell			9. State or Country of Mother's Birth: Grantsville, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alden Earl Williams		11. Present Address of Registrant: Salmon, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 4 1958	12. Signature of Notary: [signature]		13. Notary Commission expires: March 22 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: Declo Ward, Burley Stake LDS Church		Date Issued: 5-9-42	Date Orig. Entry: Sept. 5, 1916
	Date of Birth: March 28, 1906	Birth Place: Cassia Co. Oakley, Idaho	Full Name of Mother: Annie Bell	Name of Father: Thomas Williams	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Univ. of Idaho Graduate School		Date Issued: 7-26-54	Date Orig. Entry: Sept. 15, 1931
	Date of Birth: March 28, 1906	Birth Place: Oakley, Idaho	Full Name of Mother: Annie E. Williams	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Pacific Mutual Life Ins.Co.		Date Issued: 7-27-39	Date Orig. Entry: July 27, 1939
	Date of Birth: March 28, 1906	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barron	Nancy Richards	March 24, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 25 1950

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. 5373-172

REGISTRAR	1. Registrant's Full Name at Birth: ALBERT [illegible] WILLIAMS	2. Date of Birth (month): March	(day): 28 (year): 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth (Place, County): Cassia
			6. Color or Town of Birth: Oakley
FATHER	7. Full Name of Father: Thomas A. Williams		8. State or Country of Father's Birth: Grantsville, Utah
MOTHER	9. Maiden Name of Mother: [illegible] E. Bell		10. State or Country of Mother's Birth: Grantsville, Utah
AFFIDAVIT	11. I hereby affirm upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [signature]	13. Present Address of Registrant: Salmon, Idaho
NOTARY	14. Subscribed and sworn to before me on: March [illegible]	15. Signature of Notary: [signature]	16. Notary Commission Expires: March 22 1951

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: Beale Ward, Oakley Stake, [illegible] Church	Date Issued: [illegible]	Date Orig. Entry: Sept. 5, 1926
	Date of Birth: March 28, 1906	Full Name of Mother: Annie Bell	Name of Father: Thomas Williams	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Univ. of Idaho Graduate School	Date Issued: 2-20-[illegible]	Date Orig. Entry: Sept. 1[illegible], 1931
	Date of Birth: March 28, 1906	Full Name of Mother: Annie M. Williams	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Pacific Mutual Life Ins. Co.	Date Issued: [illegible]-[illegible]-39	Date Orig. Entry: July 27, 1939
	Date of Birth: March 28, 1906	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed By	Date Filed
[signature]	Nancy Richards	March 24, 1950

FORM NO. [illegible]

391-218-016-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-176

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Veva Arminta Craner			2. Date of Birth (month) (day) (year): January 18 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Oakley, Idaho	
FATHER	6. Full Name of Father: William Jasper Craner			7. State or Country of Father's Birth: Grantsville, Utah	
MOTHER	8. Full Maiden Name of Mother: Persis Luella Tanner			9. State or Country of Mother's Birth: Salt Lake County, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Veva A. Johnson	11. Present Address of Registrant: 3429 Fremont Ave., Seattle 3, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: 1/16/58 19__		12. Signature of Notary: Louis C. Fukewood	13. Notary Commission expires: 8/26/59 19__	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family record book-Genealogy		By whom issued and signed: The Tanner Family Association John Tanner Family	Date Issued:	Date Orig. Entry: Book printed in 1942
	Date of Birth: Jan. 18, 1906	Birth Place: Oakley, Idaho	Full Name of Mother: Persis Luella Tanner	Name of Father: William Jasper Craner	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Persis Luella Craner	Date Issued: 9-20-57	Date Orig. Entry:
	Date of Birth: Jan. 18, 1906	Birth Place: Oakley, Idaho	Full Name of Mother: Persis Luella Tanner	Name of Father: William Jasper Craner	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: 8-16-46	Date Orig. Entry: Aug. 13, 1946
	Date of Birth: Jan. 18, 1906	Birth Place: Oakley, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: sc Nancy Richards	Date Filed: March 5, 1958

FORM BH 56067 1 copy mailed

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRAR	1. Registrar's Full Name at Birth: [redacted]	2. Date of Birth (month) (day) (year): January 18 1906	
Person whose birth is being registered	3. Color or Name of Sex: Male	4. Place of Birth: Oakley, Idaho	5. County: Cassia
FATHER	6. Full Name of Father: William Jasper Cramer	7. State or Country of Father's Birth: Grantsville, Utah	
MOTHER	8. Full Maiden Name of Mother: Persis Lucilla Tanner	9. State or Country of Mother's Birth: Salt Lake County, Utah	
CERTIFICATE	10. Mother's Mailing Address upon Date this Birth Was Registered: [illegible]	11. Signature of Registrant: [illegible]	12. Address of Registrant: [illegible] Street Ave., Seattle 2, Washington
	13. Mother's Mailing Address: [illegible]	14. Signature of Notary: [illegible]	15. Notary Commission Expires: [illegible]

APPLICANT: DO NOT WRITE BLACK THIS LINE

SUPPORTING RECORD 1	Type of Document: Family Record Book-Genealogy	By whom Issued and Signed: The Tanner Family Association John Tanner Family	Date Issued:	Date Original Entry: Book Printed in 1912
	Date of Birth: [illegible]	Birth Place: [illegible]	Name of Father: William Jasper Cramer	
		Name of Mother: Persis Lucilla Tanner		
SUPPORTING RECORD 2	Type of Document: Affidavit by Mother	By whom Issued and Signed: Persis Lucilla Cramer	Date Issued: 9-20-57	Date Original Entry:
	Date of Birth: 1906	Birth Place: Oakley, Idaho	Name of Father: William Jasper Cramer	
		Name of Mother: Persis Lucilla Tanner		
SUPPORTING RECORD 3	Type of Document: Insurance Policy	By whom Issued and Signed: [illegible] Mutual Benefit Assoc.	Date Issued: 9-16-46	Date Original Entry: Apr. 15, 1946
	Date of Birth: Jan. 18, 1906	Birth Place: Oakley, Idaho	Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATE: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration and from documentary evidence has been required, which substantiates the facts as set forth in the [illegible]

State Registrar	Evidence Reviewed by: [illegible]	Date Filed: March 5, 1958

815-129-026-764

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-194

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Solomon Ward Hancock			2. Date Of Birth (month) September (day) 29, (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Jefferson Co.	b. City or Town of Birth: Rigby, Idaho	
FATHER	6. Full Name of Father: Solomon Marcenia Hancock			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Anne Melinda Geneva Poulsen ~~Solomon Ward Hancock~~			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Solomon Ward Hancock		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: X 9-28-57 19__	12. Signature of Notary: X [illegible]		13. Notary Commission expires: X 11-20-58 19__	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Lewisville Ward, Rigby Stake, LDS Church	Date Issued: 5-26-57	Date Orig. Entry: Sept. 2, 1916
	Date of Birth: Sept. 29, 1906 / Birth Place: Jefferson Co. Rigby, Idaho	Full Name of Mother: Geneva Poulsen	Name of Father: Mark Hancock	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #425436	Date Issued:	Date Orig. Entry: child born Aug. 31, 1946
	Date of Birth: age 39 / Birth Place: Rigby, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Aug. 23, 1937
	Date of Birth: Sept. 29, 1906 / Birth Place: Rigby, Idaho	Full Name of Mother: Geneva Ann Poulsen	Name of Father: Solomon Mark Hancock	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Nancy Richards nr	March 10, 1958

FORM BH 56067

1 copy paid

MAR 10 [illegible]

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Full name at birth		2. Date of birth	September 29, 1916
Solomon Mark Hancock			
3. Place of birth		4. County	Bingham Co.
Ucon, Idaho			
5. Full name of father		6. Place of birth	Utah
Solomon Marcenia Hancock			
7. Full maiden name of mother		8. Place of birth	Utah
Anna Melinda Geneva Poulsen			
9. Date of delayed certificate		10. Signature of registrar	
11. Signature of Registrar		12. Present address of Registrar	
13. Subscribed and sworn to before me on		14. Signature of notary	
15. Notary Commission expires			

APPLICANT — DO NOT WRITE BELOW THIS LINE

Document: Certificate of Baptism and Confirmation	Issued by: Lewisville Ward, High Stake, LDS Church	Date Issued: 4-26-47	Date Orig. Entry: Sept. 2, 1916
Date of Birth: Sept. 29, 1905	Place of Birth: Ucon, Bingham Co., Idaho	Mother's Maiden Name: Geneva Poulsen	Father's Name: Mark Hancock

Type of Document: Own childhood birth certificate	By whom issued and signature: Idaho #42435	Date Issued:	Date Orig. Entry: Child born Aug. 31, 1946
Date of Birth: Age 39	Place of Birth: Ucon, Idaho	Full Maiden Name of Mother: ---	Name of Father: ---

Type of Document: Social Security Record	By whom issued and signature: Treasury Dept.	Date Issued:	Date Orig. Entry: Apr. 23, 1937
Date of Birth: Sept. 29, 1905	Place of Birth: Ucon, Idaho	Full Maiden Name of Mother: Geneva Ann Poulsen	Name of Father: Solomon Mark Hancock

I hereby certify that the prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the delayed abstract.

Registrar's signature	Evidence reviewed by: Lance Richards	Date Filed: March 10, 1950

719-207022-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-199

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lela Maude Park			2. Date of Birth: October 7 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Annis Precinct
FATHER	6. Full Name of Father: Samuel H. Park			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lucy Maude Hall			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lela Maude Park Groth		11. Present Address of Registrant: R.F.D. #2 Rigby, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 24, 1958	12. Signature of Notary: [signature]		13. Notary Commission expires: January 22 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Rigby Stake, Melba Ward LDS Church	Date Issued: 1-27-58	Date Orig. Entry: July 4, 1915
	Date of Birth: Oct. 7, 1906	Birth Place: Fremont Co. Annis, Idaho	Full Name of Mother: Lucy Maude Hall	Name of Father: Samuel H. Park
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Samuel H. Park	Date Issued: 12-30-57	Date Orig. Entry:
	Date of Birth: Oct. 7, 1906	Birth Place: Annis Precinct, Idaho	Full Name of Mother: ----	Name of Father: Samuel H. Park
SUPPORTING RECORD 3.	Type of Document: Statement regarding insurance policy application	By whom issued and signed: Gem State Mutual Associations	Date Issued: 12-31-57	Date Orig. Entry: Feb. 28, 1946
	Date of Birth: Oct. 7, 1906	Birth Place: Annis, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	nr Nancy Richards	March 10, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: [redacted] 11 1956
2. Date of Birth (month) (day) (year): October 7 1906
3. Sex: Female
4. Place of Birth: Fremont
5. Place of Birth: Annis Precinct
6. Full Name of Father: Samuel H. Park
7. State or Country of Father's Birth: Utah
8. Full Name of Mother: [illegible]
9. State or Country of Mother's Birth: Utah

AFFIDAVIT I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible], Idaho

NOTARY (Seal) Subscribed and sworn to before me on [illegible] 19 [illegible]

12. Signature of Notary: [illegible]
13. Notary Commission expires: [illegible] 19 [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	Rigby Stake, Melba Ward LDS Church	1-27-[illegible]	July 4, 1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible], Idaho	[illegible]	[illegible]

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Father	Samuel H. Park	12-30-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 7, 1906	Annis Precinct, Idaho	---	Samuel H. Park

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding insurance policy application	Sam State Mutual Association	12-31-57	Feb. 28, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 7, 1906	Annis, Idaho	---	---

QUALIFYING INFORMATION

DELAYED CERTIFICATE I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing contract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Harry Richards	March 10, 1958

FORM 04 [illegible]

318-201-029-734

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-201
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LORETTA MAYBELLE TAYLOR
2. Date of Birth (month) (day) (year): September 1 1906
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Latah; b. City or Town of Birth: Kendrick

FATHER

6. Full Name of Father: Harry Franklin Taylor
7. State or Country of Father's Birth: Dayton, Washington

MOTHER

8. Full Maiden Name of Mother: Anna Belle Plummer
9. State or Country of Mother's Birth: Holbley, Minnesota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Loretta Maybelle Dire
11. Present Address of Registrant: E. 2418 Mission, Spokane, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: January 4th 1958
12. Signature of Notary:
13. Notary Commission expires: May 20th 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Date Orig. Entry	Name of Father
SUPPORTING RECORD 1. Class* B	affidavit by mother	September 1, 1906	Kendrick, Idaho Latah County	Mrs. Anna B. Taylor	Anna Belle Plummer	10-22-55		Harry Franklin Taylor
SUPPORTING RECORD 2. Class B	Social Security Record	Sept. 1, 1906	Kendrick, Idaho	Treasury Dept.	Annabelle Plummer		Sept. 28, 1938	Harry Franklin Taylor
SUPPORTING RECORD 3. Class B	own child's birth certificate	age 22	Kendrick, Idaho	Idaho #174149	---		Date Orig. Entry child born July 16, 1929	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: D. W. Benson
Evidence reviewed by: bw Nancy Richards
Date Filed: March 11, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

CERTIFICATE OF BIRTH

MAR 11

138-218-004-456

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-219

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Gladys Athay			2. Date of Birth (month) (day) (year): August 18 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Paris, Idaho
FATHER	6. Full Name of Father: Samuel James Athay			7. State or Country of Father's Birth: Paris, Idaho
MOTHER	8. Full Maiden Name of Mother: Margaret May Dewey			9. State or Country of Mother's Birth: Salt Lake City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Athay		11. Present Address of Registrant: St. Charles, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 21 1958	12. Signature of Notary: L. Blaine Stewart		13. Notary Commission expires: Oct 10- 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: Paris 2nd Ward, LDS Church	Date Issued:	Date Orig. Entry: Sept. 5, 1914
	Date of Birth: Aug. 18, 1906	Birth Place: Bear Lake Co. Paris, Idaho	Full Name of Mother: Margaret M. Dewey	Name of Father: Samuel J. Athay
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #189443	Date Issued:	Date Orig. Entry: child born Mar. 17, 1931
	Date of Birth: age 24	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Bear Lake County Recorder Paris, Idaho	Date Issued: 3-7-58	Date Orig. Entry: Dec. 12, 1928
	Date of Birth: age 22	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Jensen	nr Nancy Richards	March 14, 1958

FORM BH 56067

1 copy paid

MAR 14 [illegible]

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF Division of Vital Sales, Idaho

Bed-[illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]		2. Date of Birth (month) August (day) 16 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: County: Bear Lake; City or Town of Birth: Paris, Idaho
FATHER	6. Full Name of Father: [illegible] James Athey		7. State or Country of Father's Birth: Paris, Idaho
MOTHER	8. Full Maiden Name of Mother: [illegible] May Lewey		9. State or Country of Mother's Birth: Salt Lake City, Utah
AFFIDAVIT	10. I hereby declare and state that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant: St. Charles, Idaho
NOTARY	13. Subscribed and sworn to before me on	14. Signature of Notary	15. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Church Record--Baptism	By whom issued and signed: Paris 2nd Ward, LDS Church	Date Issued	Date Orig. Entry: Sept. 5, 1914
	Date of Birth: 1906	Place of Birth: Paris, Idaho	Name of Father: [illegible]	Name of Mother: [illegible]
SUPPORTING RECORD 2	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #1[illegible]	Date Issued	Date Orig. Entry: child born Mar. 17, 1931
	Date of Birth: Aug 26	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3	Type of Document: Marriage Record	By whom issued and signed: Bear Lake County Recorder, Paris, Idaho	Date Issued: 2-7-58	Date Orig. Entry: Dec. 12, 1958
	Date of Birth: June 22	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by: Nancy Richards	Date Filed: March 16, 1958

FORM NO 30037

391-230-028-142

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-235

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Alice Trainer		2. Date Of Birth (month) Aug. (day) 30 (year) 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bonners Ferry, Kootenai Co. b. City or Town of Birth: Bonners Ferry
FATHER	6. Full Name of Father: Thomas Edward Trainer		7. State or Country of Father's Birth: Watertown New York
MOTHER	8. Full Maiden Name of Mother: Flora Lenora Adsitt		9. State or Country of Mother's Birth: Carlton Minn.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva Trainer Naccarato	11. Present Address of Registrant: Priest River, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: Mar. 1 19 58	12. Signature of Notary: Georgia Hagman McGee	13. Notary Commission expires: Aug. 1 19 58

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism		By whom issued and signed: R. C. Church of St. Catharine of Sienna; Priest River, Idaho	Date issued: 4-17-40	Date Orig. Entry: April 11, 1925
	Date of Birth: Aug. 30, 1906	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: ---	Name of Father: Edward Traynor	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother, age 70		By whom issued and signed: Flora Trainer Montague	Date issued: 3-1-58	Date Orig. Entry:
	Date of Birth: Aug. 30, 1906	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: Flora Trainer	Name of Father: Thomas Edward Trainer	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Mutual Life Ins. Co. of N.Y.	Date issued: 5-21-36	Date Orig. Entry: May 16, 1936
	Date of Birth: Aug. 30, 1906	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Nancy Richards	March 19, 1958

FORM BH 56067

1 copy pd

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Space File No. [illegible]

MAR 19 1958

REGISTRANT (Person whose birth is being registered)	1. Name of Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible] 30 1908
	3. Color or Race: White	4. Sex: Female
	5. Place of Birth: [illegible]	6. City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible] York
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
APPLICANT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Church Record--Baptism	By whom issued and signed: R. [illegible] of St. Catherine of Siena, Priest River, Idaho	Date Issued: [illegible]	Date Orig. Entry: [illegible] 1908
	Date of Birth: [illegible] 1908	Birth Place: Bonners Ferry, Idaho	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: Affidavit by mother, age 70	By whom issued and signed: Flora Trainer Montague	Date Issued: 3-1-58	Date Orig. Entry:
	Date of Birth: Aug. 30, 1908	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: Flora Trainer	Name of Father: Thomas Edward Trainer
SUPPORTING RECORD 3	Type of Document: Insurance Policy	By whom issued and signed: Mutual Life Ins. Co. of N.Y.	Date Issued: 5-21-36	Date Orig. Entry: May 16, 1936
	Date of Birth: Aug. 30, 1908	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: —	Name of Father: —
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence Reviewed by	Date Filed
	Nancy Richards	March 19, 1958

FORM 20 [illegible]

693-204-001-853

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-251
251

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GLADYS ALICE WILLIAMSON			2. Date Of Birth (month) (day) (year): SEPTEMBER 4, 1906
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: ADA	b. City or Town of Birth: MERIDIAN
FATHER	6. Full Name of Father: CHARLIE ELMER WILLIAMSON			7. State or Country of Father's Birth: MIAMI COUNTY, KANSAS
MOTHER	8. Full Maiden Name of Mother: NANNIE BELL HELM			9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys A. Espalsa		11. Present Address of Registrant: 2902 Woodlawn, Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 21 1958	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt who was present at time this birth	By whom issued and signed: Georgia Helm Reid - Age 68	Date Issued: 3-1-1958	Date Orig. Entry:
	Date of Birth: Sept. 4, 1906 / Birth Place: Meridian	Full Name of Mother: Nannie Bell Helm	Name of Father: Charlie Elmer Williamson	
SUPPORTING RECORD 2.	Type of Document: Photostatic copy of original Social Security Application	By whom issued and signed: Treasury Department	Date Issued:	Date Orig. Entry: July 21, 1943
	Date of Birth: Sept. 4, 1906 / Birth Place: Ada County Meridian, Idaho	Full Name of Mother: Nannie Bell Helm	Name of Father: Charlie E. Williamson	
SUPPORTING RECORD 3.	Type of Document: Own Child's birth certificate	By whom issued and signed: State of Idaho, #153262	Date Issued:	Date Orig. Entry: child born Nov. 6, 1926
	Date of Birth: Age 20 / Birth Place: Meridian, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION	Record of Marriage - issued by Ada County, Idaho on Feb. 26, 1958. Orig. entry March 30, 1926. Age given as 19 birthplace as Meridian, Idaho.			

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Shirley Cooper	Date Filed: March 21, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 24 1958

1. NAME OF CHILD (First, middle, last)	2. Date of birth (month, day, year)
GLADYS ALICE WILLIAMSON	SEPTEMBER 6, 1926
3. Sex	4. Place of birth (county)
FEMALE	ADA
5. Color or race	6. Duplicate of what number
WHITE	MERIDIAN
7. Name of father	8. State or country of father's birth
CHARLIE ELMER WILLIAMSON	MIAMI COUNTY, KANSAS
9. Full maiden name of mother	10. State or country of mother's birth
MANNIE BELL HELM	IDAHO
11. I hereby certify that I was present at the birth of the child above named, that the facts stated are true to the best of my knowledge and belief.	12. Signature of Registrar
	13. Present address of Registrar
	2902 Woodlawn, Boise, Idaho
14. Sworn to and subscribed before me on	15. Signature of notary
1958	
	16. Notary Commission expires
	10-20-61

SUPPORTING RECORDS

Type of document	When issued and signed
Own Child's birth certificate	State of Idaho. #153262
Date of birth	Full name of Mother
Age 30	----
Place of birth	Number of Marriage
Meridian, Idaho	----

Record of Marriage - issued by Ada County, Idaho on Feb. 26, 1958. Orig. seen

March 30, 1926. Age given as 1? birthplace as Meridian, Idaho.

I hereby certify that the above particulars have been found in the division of vital statistics for this state and are true and correct to the best of my knowledge. Which substantiates the facts as set forth in the following affidavit.

Clerk Registrar	Date Filed
Shirley Cooper	March 31, 1958

AFFIDAVIT

I, the undersigned, being duly sworn, depose and say that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on

1958

NOTICE

Recorded by Aunt who was present at time this birth

Date of Birth	Name of Father
Sept. 6, 1926	Charlie Elmer Williamson
Type of Record	Full Maiden Name of Mother
Photostatic copy of original	Mannie Bell Helm
Social Security Application	Treasury Department
Date of Birth	Full Name of Mother
Sept. 6, 1926	Mannie Bell Helm
Type of Record	When Issued and Signed
Own Child's birth certificate	State of Idaho. #153262
Date of Birth	Full Name of Mother
Age 30	----
Place of

693-110-025-618

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-273

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Colbie Lee Wilkins			2. Date of Birth (month) (day) (year): November 10 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Grangeville Idaho	b. City or Town of Birth: Grangeville	
FATHER	6. Full Name of Father: Lee Andrew Wilkins			7. State or Country of Father's Birth: Benton County, Arkansas	
MOTHER	8. Full Maiden Name of Mother: Anna Helena Waymire			9. State or Country of Mother's Birth: Prineville, Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Colbie Lee Wilkins	11. Present Address of Registrant: 918-14th St. Clarkston, Wa	
NOTARY (Seal)	Subscribed and sworn to before me on: March 12 1958		12. Signature of Notary: M F Walls	13. Notary Commission expires: October 16 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Anna H. Cammack	Date Issued: 3-7-58	Date Orig. Entry:
	Date of Birth: Nov. 10, 1906	Birth Place: Grangeville, Idaho	Full Name of Mother: Anna Helena Waymire Wilkins	Name of Father: Lee Andrew Wilkins	
SUPPORTING RECORD 2.	Type of Document: Service Record		By whom issued and signed: U. S. Naval Service	Date Issued: separated 1-8-47	Date Orig. Entry: enlisted Jan. 8, 1925
	Date of Birth: Nov. 10, 1906	Birth Place: Grangeville, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Hawaii, No. C 23960	Date Issued: 2-13-35	Date Orig. Entry: child born Aug. 10, 1934
	Date of Birth: age 27	Birth Place: Grangerville, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Insurance Application, Metropolitan Life Ins. Co.; dated Sept. 16, 1931:

born Nov. 10, 1906; birthplace Grangeville, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Nancy Richards	March 28, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 21 1958

REGISTRANT	1. Registrant's Full Name of Birth: Lee Wilkins	2. Date of Birth: November 10, 1906
	3. Color or Race: White	4. Sex: Male
	5. Place of Birth: Grangeville, Idaho	6. Mailing Address of Birth: Grangeville
FATHER	7. Full Name of Father: Lee Andrew Wilkins	7. State or Country of Father's Birth: Benton County, Arkansas
MOTHER	8. Full Maiden Name of Mother: Anna Helena Waymire	9. State or Country of Mother's Birth: Prineville, Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: 918-14th St., Clarkston, Wash.
NOTARY	Subscribed and sworn to before me on: March 12, 1958	12. Signature of Notary: [illegible]
		13. Notary Commission expires: October 16, 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by mother	By whom issued and signed: Anna H. Cammack	Date issued: 2-7-58	Date Orig. Entry:
	Date of Birth: 1906	Full Name of Mother: Anna Helena Waymire Wilkins	Name of Father: Lee Andrew Wilkins	
SUPPORTING RECORD 2	Type of Document: Service Record	By whom issued and signed: U. S. Naval Service	Date issued separated: 1-4-57	Date Orig. Entry enlisted: Jan. 4, 1955
	Date of Birth: 1906	Birth Place: Grangeville, Idaho	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 3	Type of Document: Own child's birth certificate	By whom issued and signed: Hawaii, No. C 13966	Date issued: 4-13-58	Date Orig. Entry: child born Aug. 20, 1934
	Date of Birth: Aug 27	Birth Place: Grangeville, Idaho	Full Name of Mother: —	Name of Father: —

QUALIFYING INFORMATION: Insurance Application, Metropolitan Life Ins. Co.; Dated Sept. 16, 1953; Date of Birth: Nov. 7, 1906; Birthplace Grangeville, Idaho.

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by: Nancy Richards	Date filed: March 28, 1958

285-203-035-359

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-276

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kathryn A. Shepler		2. Date Of Birth (month) (day) (year): Oct. 3 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lewiston, Ida Nez Perce; b. City or Town of Birth: Lewiston, Idaho
FATHER	6. Full Name of Father: Marion E. Shepler		7. State or Country of Father's Birth: Missouri U.S.A.
MOTHER	8. Full Maiden Name of Mother: Agnes Tertelina		9. State or Country of Mother's Birth: Kansas U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kathryn S. Gill	11. Present Address of Registrant: 1703-Prospect Lewiston, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: MAR 14 1958 19__	12. Signature of Notary: [illegible]	13. Notary Commission expires: Oct. 13th 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt, age 83 (present at birth)	By whom issued and signed: Lena J. Whitford	Date Issued: 9-10-57	Date Orig. Entry:
	Date of Birth: Oct. 3, 1906	Birth Place: Nez Perce Co. Lewiston, Idaho	Full Name of Mother: Agnes M. Shepler	Name of Father: Marion E. Shepler
SUPPORTING RECORD 2.	Type of Document: Hospital Certificate of own child's birth	By whom issued and signed: St. Joseph's Hospital Lewiston, Idaho	Date Issued:	Date Orig. Entry: child born May 19, 1937
	Date of Birth: Oct. 3, 1906	Birth Place: Lewiston, Ida.	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Independent School Dist. #1 Lewiston, Idaho	Date Issued: 1-28-58	Date Orig. Entry: Sept. 8, 1919
	Date of Birth: Oct. 3, 1906	Birth Place: ---	Full Name of Mother: ---	Name of Father: M. E. Shepler
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Jerson	Nancy Richards	March 31, 1958

FORM BH 56067

Chapter Gill

MAR 31 1958

MAY 28 1976

DELAYED CERTIFICATE OF BIRTH

STATE BOARD OF HEALTH
Division of Vital Statistics

1. Registration Number	2. Date (month) (day) (year)	
3. Color or Race	4. Place of Birth (Country)	5. Sex
6. Full Name of Father	7. Birth Place of Father	
8. Full Name of Mother	9. Birth Place of Mother	
10. Signature of Registrant	11. Present Address of Registrant	
12. Signature of Notary	13. Notary Commission expires	

MAR 14 1958

SUPPORTING RECORD 1	Type of Document: Affidavit by Mgr., age 63	Name of Mother: Lena J. Whitford	Date Issued: [illegible]
	Date of Birth: Oct. 3, 1900	Birth Place: Des Moines Co. Lewiston, Idaho	Name of Father: Marion L. Shepler
SUPPORTING RECORD 2	Type of Document: Hospital certificate of own child's birth	Name of Mother: Ida Joseph Hospital Lewiston, Idaho	Date Issued: Child born May 19, 1927
	Date of Birth: Oct. 3, 1900	Birth Place: Lewiston, Ida.	Name of Father: —
SUPPORTING RECORD 3	Type of Document: School Record	Name of Mother: Independent School Dist. #1 Lewiston, Idaho	Date Issued: 1-[illegible]-58
	Date of Birth: Oct. 3, 1900	Birth Place: —	Name of Father: M. L. Shepler

QUALIFICATION 1 — CERTIFICATION 2

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] abstract.

Registrar	Evidence reviewed by	Date filed
[illegible]	[illegible]	March 31, 1958

FORM [illegible]

24-117-028-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-294

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROBERT EDWARD SAUNDERS		2. Date of Birth (month) SEPT. (day) 17 (year) 1906	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County	b. City or Town of Birth: COEUR D'ALENE
FATHER	6. Full Name of Father: CARLETON EARL SAUNDERS			7. State or Country of Father's Birth: MICHIGAN USA
MOTHER	8. Full Maiden Name of Mother: MABEL CLARA KAESMEYER			9. State or Country of Mother's Birth: MICHIGAN USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert Edward Saunders		11. Present Address of Registrant: MENDHAM, N.J.
NOTARY (Seal)	Subscribed and sworn to before me on: March 19 1958	12. Signature of Notary: Phyllis Anderson		13. Notary Commission expires: NOTARY PUBLIC OF NEW JERSEY MY COMMISSION EXPIRES APRIL 22, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy Application	By whom issued and signed: Nat'l. Life Ins. Co. Montpelier, Vermont	Date Issued:	Date Orig. Entry: Dec. 15, 1941
	Date of Birth: Sept. 17, 1906	Birth Place: Couer d'Alene, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Ottawa County, Michigan	Date Issued:	Date Orig. Entry: Nov. 2, 1929
	Date of Birth: age 23	Birth Place: Idaho	Full Name of Mother: Mabel Kasemeyer	Name of Father: C. E. Saunders
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: City of New York #35509	Date Issued:	Date Orig. Entry: child born Nov. 20, 1945
	Date of Birth: age 39	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Nancy Richards	Date Filed: April 3, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

[illegible]	1. Full Name of Birth: Robert Edward Saunders	2. Date of Birth (month) (day) (year): Sept. 12 1944
	3. Color or Race: White	4. Sex: Male
	5. Place of Birth (County):	6. City or Town of Birth: Coeur d'Alene
FATHER	7. Full Name of Father: Carleton Emil Saunders	8. State or Country of Father's Birth: Michigan USA
MOTHER	9. Full Maiden Name of Mother: Mabel Elmer Kiesmeier	10. State or Country of Mother's Birth: Michigan USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant: Wenatchee Wash
NOTARY (Seal)	Subscribed and sworn to before me as: [illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission Expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Insurance Policy Application	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: Dec. [illegible]
	Date of Birth: [illegible]	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 2	Type of Document: Marriage Record	By whom issued and signed: Ottawa County, Michigan	Date Issued:	Date Orig. Entry: Nov. [illegible] 1949
	Date of Birth: age 23	Birth Place: Idaho	Full Name of Mother: Mabel Kiesmeier	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: City of New York [illegible]	Date Issued:	Date Orig. Entry: child born Nov. 20, 1945
	Date of Birth: age 29	Birth Place: Idaho	Full Name of Mother: —	Name of Father: —

[illegible]

[illegible] Statistics for this [illegible] and that accountable evidence has been reviewed, which [illegible] [illegible] abstract.

Civil Registrar: [illegible]	Evidence reviewed by: Nancy Richards	Date Filed: [illegible] 1958

FORM [illegible]

25920-001-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-313

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eula Joy BERRY		2. Date Of Birth (month) (day) (year): October 20, 1906
	3. Color or Race: White	4. Sex: Fe.	5. Place of Birth a. County: Boise Ida - ada -
			b. City or Town of Birth: Boise Idaho -
FATHER	6. Full Name of Father: WILLIAM HENRY BERRY		7. State or Country of Father's Birth: PARIS. TEXAS.
MOTHER	8. Full Maiden Name of Mother: MARGARET WILLIAMS.		9. State or Country of Mother's Birth: FLEMING MISSOURI.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eula J. Brady	11. Present Address of Registrant: 307 N 4th ATLANTIC BOISE IDA
NOTARY (Seal)	Subscribed and sworn to before me on: April 7 1958	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Industrial Whole Life Policy Metropolitan Life Insurance	Date Issued: Nov. 18, 1935	Date Orig. Entry
	Date of Birth: Age: Next birthday 30	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: (15 yrs older than Eula Berry) Affidavit by Brother	By whom issued and signed: Claude L. Berry	Date Issued: 3-24-58	Date Orig. Entry
	Date of Birth: Oct. 20, 1906	Birth Place: Boise, Idaho	Full Name of Mother: Margaret Williams	Name of Father: William Henry Berry
SUPPORTING RECORD 3.	Type of Document: Own Child's birth certificate	By whom issued and signed: State of Idaho #220862	Date Issued: Child's birthdate March 30,	Date Orig. Entry: 1934
	Date of Birth: Age 27	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	sc Shirley Cooper	April 11, 1958

FORM BH 56067 1 Copy Pd

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D658-313

REGISTRATION (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (year): October 20, 1906
	3. Color or Race: [illegible] 4. Sex: [illegible] 5. Place of Birth: [illegible]	6. City or Town of Birth: [illegible]
FATHER	7. Full Name of Father: [illegible]	8. State or Country of Father's Birth: [illegible]
MOTHER	9. Full Maiden Name of Mother: [illegible]	10. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	11. Mother's Maiden Name of Mother: [illegible]	12. Signature of Registrant: [illegible]
NOTARY	13. Subscribed and Sworn to before me on: [illegible]	14. Signature of Notary: [illegible]
SUPPORTING RECORD 1.	Type of Document: Insurance Policy	Name of Issuer: Metropolitan Life Insurance
	Birth Place: [illegible]	Full Name of Mother: [illegible]
SUPPORTING RECORD 2.	Type of Document: Affidavit by Brother (15 yrs older than Eula Berry)	Name of Issuer: Claude L. Berry
	Date of Birth: Oct. 20, 1906	Birth Place: Boise, Idaho
	Full Name of Mother: Margaret Williams	Name of Father: William Henry Berry
SUPPORTING RECORD 3.	Type of Document: Own Child's birth certificate	Name of Issuer: State of Idaho #220862
	Date of Birth: Age 30	Birth Place: Idaho
	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION		
REGISTRAR'S CERTIFICATION (Seal)	I/We hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing contract.	
	Date of Registrar: [illegible]	Evidence Reviewed by: Shirley Cooper
	Date Filed: [illegible] 11, 1938	

389-226-206 -553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-358

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Christine Christensen		2. Date Of Birth (month) July (day) 26 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Birth, Ida. Bingham	b. City or Town of Birth: Firth, Idaho
FATHER	6. Full Name of Father: Heber Christensen		7. State or Country of Father's Birth: Hyrum, Utah	
MOTHER	8. Full Maiden Name of Mother: Emma Nelson Christensen		9. State or Country of Mother's Birth: Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel Christine Becker Christensen	11. Present Address of Registrant: 215 East 18th Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 11 1958	12. Signature of Notary: Stanley Gagon	13. Notary Commission expires: July 29 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Emma N. Christensen	Date Issued: 2-13-1958	Date Orig. Entry:
	Date of Birth: July 26, 1906 / Birth Place: Firth, Idaho	Full Name of Mother: Emma N. Christensen	Name of Father: Heber Christensen	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Idaho State College Pocatello, Idaho	Date Issued: 7-30-54	Date Orig. Entry: July 23, 1951
	Date of Birth: July 26, 1906 / Birth Place: Firth, Idaho	Full Name of Mother: Emma Christensen	Name of Father: Heber Christensen	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: Luthern Church Firth, Idaho	Date Issued:	Date Orig. Entry: Aug. 29, 1906
	Date of Birth: July 26, 1906 / Birth Place: Firth, Idaho	Full Name of Mother: Emma Natilia	Name of Father: Heber Christensen	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Shirley Cooper	Date Filed: April 28, 1958	

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 29 1954

		Byron, Utah
		Swoope
		215 East 15th
		Idaho Falls, Idaho
		Public Relations Captain
		Public Relations Captain
		Idaho Falls, Idaho

354-229-022-814

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-359

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FLORENCE ERMA LEMMON			2. Date Of Birth (month) August (day) 29 (year) 1906	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Willow Creek	
FATHER	6. Full Name of Father: Washington Lemmon			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Ida Ethel Hamilton			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Florence Erma Lemmon	11. Present Address of Registrant: 259 West Main, Rigby, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 7 APRIL 1958		12. Signature of Notary: I. Harold Lee	13. Notary Commission expires: MARCH 26 1962	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Ida Ethel Hamilton Lemmon	Date Issued: 1-3-58	Date Orig. Entry:
	Date of Birth: Aug. 29, 1906	Birth Place: Fremont Co. Willow Creek, Idaho	Full Name of Mother: Ida Ethel Hamilton Lemmon	Name of Father: Washington Lemmon	
SUPPORTING RECORD 2.	Type of Document: Marriage Record		By whom issued and signed: Bonneville County, Idaho	Date Issued: 1-6-58	Date Orig. Entry: Oct. 3, 1927
	Date of Birth: age 21	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #170300	Date Issued:	Date Orig. Entry: child born March 20, 1929
	Date of Birth: age 22	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	mr Nancy Richards	April 28, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

APR 29 1968

619-106-006-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-396

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: HARLEY JAMES WARD
2. Date of Birth: (month) SEPT. (day) 6 (year) 1906
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County: BINGHAM; b. City or Town of Birth: STERLING

FATHER

6. Full Name of Father: RICHARD ALVEN WARD
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: MARANDA IRENE John
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harley James Ward
11. Present Address of Registrant: 585 college ave Pocatello Ida.

NOTARY (Seal)

Subscribed and sworn to before me on May 9 1958

12. Signature of Notary: [signature]
13. Notary Commission expires: My Commission Expires Feb. 16, 1962
Notary Public of Idaho, Residing at Pocatello, Ida.

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother, age 74	Marinda Irene John Ward	5-9-58	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept. 6, 1906 / Sterling, Idaho	Marinda Irene John	Richard A. Ward	
SUPPORTING RECORD 2.	Patriarcal Blessing	Patriarch Onsen Hyde Hickenlooper	Date Issued Jan.	Date Orig. Entry 15, 1924
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept. 6, 1906 / Sterling, Idaho	Miranda Irene John	Richard Alvin Ward	
SUPPORTING RECORD 3.	own child's birth certificate	Idaho #216646	Date Issued	Date Orig. Entry child born Nov. 13, 1933
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 27 / Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Nancy Richards	May 13, 1958

FORM BH 56067

MAY 13 1958

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

PERSON	1. Name of Birth	2. Date
		Birth
	3. Color or Race	4. Sex / 5. Place of Birth / Accounts
		Birth Place of Birth
RATHER	6. Full Name of Father	7. Place of Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
	Nine	
AFFIDAVIT	1. Person Gives the above gain that the Birth statements are true to the best of my knowledge and belief	10. Signature of Registrant / 11. Present Address of Registrant
NOTARY (Seal)	12. Sworn and sworn to before me on	13. Signature of Notary / 14. Notary Commission Expires

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 74	By whom Issued and Signed: Marinda Irene John Ward	Date Issued: 5-9-58	Date Copy:
	Date of Birth: Sept. 9, 1905 / Sterling, Idaho	Marinda Irene John	Richard L. Ward	
SUPPORTING RECORD 2.	Type of Document: Patriarchal Blessing	By whom Issued and Signed: Patriarch Owen Hyde Richardson	Date Issued: Jan. 13, 1924	Date Copy:
	Date of Birth: Sept. 9, 1905 / Birth Place: Sterling, Idaho	Full Name of Mother: Marinda Irene John	Name of Father: Richard Alvin Ward	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom Issued and Signed: Idaho #216646	Date Issued:	Date Copy: Entry: Child born Nov. 13, 1933
	Date of Birth: age 27 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	

CERTIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Nancy Richards	May 13, 1958

FORM NO. 56C-7

693-228-029-261

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-457
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LUCILLE WILEY
2. Date of Birth (month) (day) (year): JAN. 28 1906
3. Color or Race: White
4. Sex: FEMALE
5. Place of Birth a. County: PRINCETON LATAH
b. City or Town of Birth: PRINCETON Idaho

FATHER

6. Full Name of Father: JOHN D WILEY
7. State or Country of Father's Birth: WISCONSIN

MOTHER

8. Full Maiden Name of Mother: JOSEPHINE SWANSON
9. State or Country of Mother's Birth: WISCONSIN

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lucille Wiley Rowe
11. Present Address of Registrant: 500 Wall St. Seattle Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: April 9 1958
12. Signature of Notary: Irene Quinn
13. Notary Commission expires: Sept 20 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own child's birth certificate	Idaho #14275		child born June 8, 1926
Class* B	**Date of Birth** age 20	**Birth Place** Idaho	**Full Name of Mother** ----	**Name of Father** ----
SUPPORTING RECORD 2.	Hospital Record	Gritman Memorial Hospital Moscow, Idaho	3-24-58	Aug. 12, 1945
Class B	**Date of Birth** age 39	**Birth Place** ---	**Full Name of Mother** ---	**Name of Father** ----
SUPPORTING RECORD 3.	Affidavit by friend at time of birth (born 11-24-1876)	Burton C. Rowe	4-8-58	
Class B	**Date of Birth** Jan. 28, 1906	**Birth Place** Latah Co, Princeton, Idaho	**Full Name of Mother** Josephine Swanson Wiley	**Name of Father** John D. Wiley

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Jones	nr Nancy Richards	May 28, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

415-702.004-418

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 58-468

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hyrum O'Neal Davis			2. Date Of Birth (month) (day) (year): October 2, 1906
	3. Color or Race: w	4. Sex: Male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Dingle
FATHER	6. Full Name of Father: Nelson William Davis			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Edna E. Dayton			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hyrum O'Neal Davis		11. Present Address of Registrant: Phoenix, Arizona
NOTARY-(Seal)	Subscribed and sworn to before me on: June 3 1958	12. Signature of Notary: Barbara Edmunds		13. Notary Commission expires: December 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certificate of Baptism	By whom issued and signed: LDS church, C. H. Bridger, clerk.	Date Issued:	Date Orig. Entry: Baptised July 10, 1915
	Date of Birth: Oct. 2, 1906 Birth Place: Dingle, Idaho	Full Name of Mother: Edna E. Dayton	Name of Father: Nelson W. Davis	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: on file vital statistics file #171853	Date Issued:	Date Orig. Entry: child born May 18, 1929
v	Date of Birth: age 22 Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: affadavit by mother	By whom issued and signed: Edna E. Davis	Date Issued: June 3, 1958	Date Orig. Entry:
	Date of Birth: Oct. 2, 1906 Birth Place: Dingle, Idaho	Full Name of Mother: Edna E. Dayton	Name of Father: Nelson William Davis	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Ch Carolyn Hoffman	Date Filed: 6-3-58

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De 55-468

REGISTRAR	1. Consecutive Name of Birth: Hyram O Neal Davis	2. Date of Birth (month) (day) (year): October 2, 1906
Person whose birth is being registered	3. Name of Hospital: [illegible]	4. Place of Birth: Bear Lake	5. City or Town of Birth: Dingle
	6. Sex: Male	
FATHER	7. Full Name of Father: Nelson William Davis	8. State or Country of Father's Birth: Utah
MOTHER	9. Full Maiden Name of Mother: Edna E. Dayton	10. State or Country of Mother's Birth: Idaho
AFFIDAVIT	11. Do any declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [illegible]	13. Present Address of Registrant: Phoenix, Arizona
	14. Sworn and Subscribed before me on [illegible]	15. Signature of Notary: [illegible]	16. Notary Commission Expires: [illegible]

APPLICATION — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, C. H. Bridger, Clerk	Date Issued	Date Orig. Entry: Baptised July 10, 1915
	Date of Birth: Oct. 2, 1906	Birth Place: Dingle, Idaho	Full Name of Mother: Edna E. Dayton	Name of Father: Nelson W. Davis
SUPPORTING RECORD 2	Type of Document: Own child's birth certificate	By whom issued and signed: on file vital statistics file #171853	Date Issued	Date Orig. Entry: child born May 18, 1939
	Date of Birth: age 22	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3	Type of Document: affadavit by mother	By whom issued and signed: Edna E. Davis	Date Issued: June 3, 1958	Date Orig. Entry:
	Date of Birth: Oct. 2, 1906	Birth Place: Dingle, Idaho	Full Name of Mother: Edna E. Dayton	Name of Father: Nelson William Davis
COMMENTS				

REGISTRAR'S CERTIFICATE: I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this person and that accompanying evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Date	Signature of Registrar: W. Jensen	Evidence reviewed by: Ch. Carolyn Hoffman	Date Filed: 6-3-58

391-213-010-547

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De58-472
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elsie Irene Tracy			2. Date of Birth (month) Sept (day) 13 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho, Bonneville	b. City or Town of Birth: Ammon
FATHER	6. Full Name of Father: Richard Tracy			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Elsie Elizabeth Empey			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elsie Irene Tracy Fifield		11. Present Address of Registrant: Warm Springs, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: November 20, 1957	12. Signature of Notary: Ruth Spelman		13. Notary Commission expires: March 24, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Federal Census Record		By whom issued and signed: U. S. Bureau of the Census	Date Issued: 6-5-57	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: age 13	Birth Place: Idaho	Full Name of Mother: Elsie Tracy	Name of Father: Richard Tracy	
SUPPORTING RECORD 2. Class B	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #191091	Date Issued:	Date Orig. Entry: child born May 12, 1931
	Date of Birth: age 24	Birth Place: Ammon, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3. Class B	Type of Document: Patriarchal Blessing		By whom issued and signed: Robert Lee Bybee	Date Issued: 9-2-23	Date Orig. Entry: (obviously old) Sept. 2, 1923
	Date of Birth: Sept. 13, 1906	Birth Place: Ammon, Idaho	Full Name of Mother: Elsie Elizabeth Empey	Name of Father: Richard Tracy	
QUALIFYING INFORMATION	Marriage Record, Bannock County, Idaho, issued 1-21-58: age 19 as of April 9, 1926.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. M. Benson		Evidence reviewed by: nr Nancy Richards		Date Filed: June 4, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Local Reg. No.

Reg. Dist. No.

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT — 1. Full Name at Birth: [illegible]

2. Date of Birth: [illegible] (Day) [illegible] (Year) [illegible]

3. Place of Birth: [illegible] (County)

4. City or Town of Birth: [illegible]

5. Color or Race: [illegible] 6. Sex: [illegible]

FATHER — 6. Full Name of Father: [illegible]

7. State or Country of Father's Birth: [illegible]

MOTHER — 8. Full Maiden Name of Mother: [illegible]

9. State or Country of Mother's Birth: [illegible]

AFFIDAVIT — 1. Sworn to declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]

11. Present Address of Registrant: [illegible], Montana

NOTARY (Seal) — Subscribed and sworn to before me on November 20, 1957

12. Signature of Notary: [illegible]

13. Notary Commission expires: March 24, 19 59

SUPPORTING RECORD 1. — Type of Document: General Census Record

By whom issued and signed: U. S. Bureau of the Census

Date Issued: 6-5-57

Date Orig. Entry: Jan. 1, 1920

Date of Birth: [illegible] Place: [illegible]

Full Name of Mother: [illegible]

Name of Father: [illegible]

Class: [illegible]

SUPPORTING RECORD 2. — Type of Document: [illegible]

By whom issued and signed: [illegible]

Date Issued: [illegible]

Date Orig. Entry: [illegible]

Date of Birth: [illegible] Place: [illegible]

Full Name of Mother: [illegible]

Name of Father: [illegible]

Class: [illegible]

SUPPORTING RECORD 3. — Type of Document: [illegible]

By whom issued and signed: [illegible]

Date Issued: [illegible]

Date Orig. Entry: [illegible]

Date of Birth: [illegible] Place: [illegible]

Full Name of Mother: [illegible]

Name of Father: [illegible]

Class: [illegible]

SUPPORTING INFORMATION — [illegible], Bannock County, Idaho, issued [illegible]: age 19 as of April 9, 1920.

REGISTRAR'S CERTIFICATION — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that a commentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

Date Registrar: [illegible]

Evidence Reviewed by: [illegible]

Date Entered: [illegible] 1960

[illegible] are those made and dated before the Registrant's fourth birthday.
[illegible] are those made after the fourth birthday but are at least [illegible]

357--225-029-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-474

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Mignon Mozell Leake			2. Date of Birth (month) (day) (year): September 25, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah Co.	b. City or Town of Birth: Troy, Idaho
FATHER	6. Full Name of Father: John Marion Leake			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Chandler			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mignon Mozell (Leake) Heng		11. Present Address of Registrant: 11507 S. Figueroa St. Apt. 5, Los Angeles, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: May 14 1958	12. Signature of Notary: Margaret Cleaver		13. Notary Commission expires: Jan. 6 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record-Baptism		By whom issued and signed: St. Mary's R. C. Church Moscow, Idaho	Date Issued: 11-11-57	Date Orig. Entry: Jan. 13, 1907
	Date of Birth: Sept. 25, 1906	Birth Place: ---	Full Name of Mother: Mary Chandler	Name of Father: Marion Leake	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record		By whom issued and signed: U. S. Bureau of the Census	Date Issued: 10-30-57	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: age 13	Birth Place: Idaho	Full Name of Mother: Mary E. Leake	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: (age 77) Affidavit by mother's brother		By whom issued and signed: Lloyd Ellis Chandler	Date Issued: 5-14-58	Date Orig. Entry:
	Date of Birth: Sept. 25, 1906	Birth Place: Troy, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

School Record, Green Lawn School, Ralls Co., Missouri, 3-28-58: age 12 as of May 12, 1919.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	June 4, 1958

FORM BH 56067 2 copies paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

[redacted]

Boise

Ada

Boise, Idaho

Female

December 25, 1935

Caucasian

Single

Joseph Clemmer

Farmer

Joseph Clemmer

Mary E. Clemmer

Idaho

Idaho

Boise, Idaho

Boise, Idaho

Boise,

349221-025-546

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-493

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: LUCY MARY CURTIS			2. Date of Birth: (month) 4 (day) 21 (year) 1906
	3. Color or Race: White	4. Sex:	5. Place of Birth: a. County: Grangeville, Idaho	b. City or Town of Birth: Grangeville
FATHER	6. Full Name of Father: JAKE CURTIS			7. State or Country of Father's Birth: MISSOURI
MOTHER	8. Full Maiden Name of Mother: MARY ELIZABETH HUFFMAN			9. State or Country of Mother's Birth: MISSOURI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucy Mary Curtis Blakesley		11. Present Address of Registrant: 14815 East Rich Trentwood 69, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: June 25 19 57	12. Signature of Notary: Emma Lou Dalden		13. Notary Commission expires: March 9 19 61

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother, age 69	By whom issued and signed: William Edward Curtis		Date Issued: 6-25-57	Date Orig. Entry:
	Date of Birth: April 21, 1906	Birth Place: Grangeville, Idaho	Full Name of Mother: Mary Elizabeth Huffman Curtis	Name of Father: Jake Curtis	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Washington #56, Reg. #58		Date Issued: 2-16-50	Date Orig. Entry: child born July 27, 1933
	Date of Birth: age 27	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Idaho Co., Grangeville, Ida.		Date Issued: 5-12-58	Date Orig. Entry: Oct. 24, 1925
	Date of Birth: age 19	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr Nancy Richards	June 10, 1958

FORM BH 56067

JUN 11 1958

1. Registrar's Full Name at Birth: [illegible] CURTIS	2. Date of Birth: 4 (day) 21 (month) 1906		
3. Color or Race: [illegible]	4. Place of Birth: Grangeville, Idaho	5. Sex: [illegible]	6. City or Town of Birth: Grangeville
7. Full Name of Father: JAKE CURTIS		8. Name of Country of Father's Birth: MISSOURI	
9. Full Maiden Name of Mother: MARY ELIZABETH HUFFMAN		10. State or Country of Mother's Birth: MISSOURI	
11. Any declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant:	13. Present Address of Registrant: 14815 East Rich Trentwood 69, Washington	
14. Subscribed and sworn to before me on June 25	15. Signature of Mother:	16. Notary Commission Expires: March 9 61	

SUPPORTING RECORD 1	Type of Document: Affidavit [illegible]	By whom issued and signed: [illegible] Edward [illegible]	Date Issued: [illegible]	Date Orig. Entry:
	Date of Birth: April 21, 1906	Birth Place: Grangeville, Idaho	Full Name of Mother: Mary Elizabeth Huffman Curtis	Name of Father: Jake Curtis
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: Washington 456, Reg. [illegible]	Date Issued: [illegible]-16-50	Date Orig. Entry: [illegible]
	Date of Birth: age 27	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible] Co., Grangeville, Ida.	Date Issued: [illegible]-12-58	Date Orig. Entry: Oct. [illegible], 1935
	Date of Birth: age 1[illegible]	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that [illegible] the provisions of Vital Statistics for this [illegible] that documents [illegible] are facts as set forth in the [illegible] at [illegible].

State Registrar: [illegible]	Registrar's Signature: [illegible]	Date Filed: June 10, 1956

296-215-038-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 58-507
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Felix Browning		2. Date Of Birth (month) May (day) 15 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Payette; b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: Frank Browning		7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Evelyn Louise Lail		9. State or Country of Mother's Birth: Kentucky
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elizabeth Holsinger	11. Present Address of Registrant: 3803 - W. Dravus Seattle 99, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: June 13 1958	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: insurance policy application	By whom issued and signed: Business Men's Ins. Co. of Am.	Date Issued: Nov. 30, 1948	Date Orig. Entry
Class*	Date of Birth: May 15, 1906	Birth Place: Payette, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Bible record(photostatic copy)	By whom issued and signed	Date Issued: ovbiously old	Date Orig. Entry
Class	Date of Birth: May 15, 1906	Birth Place: Payette, Idaho	Full Name of Mother: Eva Lail Browning	Name of Father: Frank Browning
SUPPORTING RECORD 3.	Type of Document: Marriage Register	By whom issued and signed: Otto F. Peterson, Recorder	Date Issued: Mar. 19, 1926	Date Orig. Entry
Class	Date of Birth: age 19	Birth Place	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Carolyn Hoffman	Date Filed: June 13, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 16 1958

REGISTRAR	1. Registrant's Full Name of Birth	2. Date of Birth: May 15 1906
	Elizabeth Felix Browning	
	3. Color or Race 4. Sex 5. Place of Birth	6. City or Town of Birth
	White Female Payette	Payette
FATHER	7. Full Name of Father	8. State of Country of Father's Birth
	Frank Browning	Kentucky
MOTHER	9. Full Maiden Name of Mother	10. State or Country of Mother's Birth
	Evelyn Louise Lail	Kentucky
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant: [illegible] 11. Present Address of Registrant: [illegible]
NOTARY	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible] 13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance policy application	By whom issued and signed: Business Men's Ins. Co. of Am.	Date Issued: Nov. 30, 1948	Date Orig. Entry
	Date of Birth: May 15, 1906	Birth Place: Payette, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Bible record (photostatic copy)	By whom issued and signed	Date Issued: obviously old	Date Orig. Entry
	Date of Birth: May 15, 1906	Birth Place: Payette, Idaho	Full Name of Mother: Eva Lail Browning	Name of Father: Frank Browning
SUPPORTING RECORD 3.	Type of Document: Marriage Register	By whom issued and signed: Otto T. Peterson, Recorder	Date Issued: Mar. [illegible], 1928	Date Orig. Entry
	Date of Birth: Age 19	Birth Place	Full Name of Mother	Name of Father

QUALIFICATION INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
[illegible] W. Benson	Carolyn Hoffman	June 13, 1958

Class A Records are those made and dated before the Registrant's Fourth Birthday.
Class B Records are those made after the Fourth Birthday, but are at least 3 years old.

Form DRB 4906

845-205-036-264

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-618

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Chloe Hunter			2. Date of Birth (month) October (day) 5 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida Co.	b. City or Town of Birth: Rockland, Idaho	
FATHER	6. Full Name of Father: George Cleveland Hunter			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Ida Southwell			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Chloe Hunter Kelly	11. Present Address of Registrant: 130 Hoffman Avenue Pocatello, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: July 12 1958		12. Signature of Notary: [illegible]	13. Notary Commission expires: 8-1- 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents		By whom issued and signed: George Cleveland Hunter and Ida Hunter	Date Issued: 6-23-58	Date Orig. Entry:
	Date of Birth: Oct. 5, 1906	Birth Place: Rockland, Idaho	Full Name of Mother: Ida Hunter	Name of Father: George Cleveland Hunter	
SUPPORTING RECORD 2.	Type of Document: Church Record--Baptism		By whom issued and signed: Rockland Ward LDS Church	Date Issued: 4-5-1925	Date Orig. Entry: March 1, 1925
	Date of Birth: Oct. 5, 1906	Birth Place: Rockland, Idaho	Full Name of Mother: Ida Southwell	Name of Father: Cleveland Hunter	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #210287	Date Issued:	Date Orig. Entry: child born Feb. 22, 1933
	Date of Birth: age 26	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	nr Nancy Richards	July 17, 1958

FORM BH 56067

1 copy paid

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name of Birth: Chloe Hunter	2. Date of Birth (month) (day) (year): October 5 1906	
	3. Color or Race (a) Sex: [illegible] Female	4. Place of Birth: County: Oneida Co.	Locality or Town of Birth: Rockland, Idaho
FATHER	5. Full Name of Father: George Cleveland Hunter	6. State or Country of Father's Birth: Idaho	
MOTHER	7. Full Maiden Name of Mother: Ida Southwell	8. State or Country of Mother's Birth: Utah	
APPLICANT	9. Person who made oath that the above statements are true to the best of my knowledge and belief	10. Signature of Registrant: Chloe Hunter [illegible]	11. Present Address of Registrant: 130 Hoffman Avenue Pocatello, Idaho
NOTARY (Seal)	12. Subscribed and sworn to before me on: [illegible] 19 [illegible]	13. Signature of Notary: [illegible]	14. Notary Commission expires: [illegible] 19 [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by parents	By whom issued and signed: George Cleveland Hunter and Ida Hunter	Date Issued: 6-23-58	Date Orig. Entry:
	Date of Birth: Oct. 5, 1906	Place of Birth: Rockland, Idaho	Ida Hunter	George Cleveland Hunter
SUPPORTING RECORD 2	Type of Document: Church Record--Baptism	By whom issued and signed: Rockland Ward LDS Church	Date Issued: 4-5-1925	Date Orig. Entry: March 1, 1925
	Date of Birth: Oct. 5, 1906	Birth Place: Rockland, Idaho	Full Name of Mother: Ida Southwell	Name of Father: Cleveland Hunter
SUPPORTING RECORD 3	Type of Document: Home childhood birth certificate	By whom issued and signed: Idaho #210287	Date Issued:	Date Orig. Entry: child born Feb. 22, 1933
	Date of Birth: 26	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION

DECLARATION CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Nancy Richards	July 17, 1958

FORM 20-[illegible]

343-213-022-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-635

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillian Ruby Cutler		2. Date of Birth (month) April (day) 13 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont Co.	b. City or Town of Birth: Ashton, Idaho
FATHER	6. Full Name of Father: Andrew Sheldon Cutler		7. State or Country of Father's Birth: Cache Valley, Utah	
MOTHER	8. Full Maiden Name of Mother: Catherine Lillie Powers		9. State or Country of Mother's Birth: Virginia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby Chatterton	11. Present Address of Registrant: Soda Springs, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: July 19th 1958	12. Signature of Notary: J. M. Fraser	13. Notary Commission expires: Oct. 20th, 1959.	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Soda Springs First Ward Idaho Stake, LDS Church	Date Issued: 6-24-58	Date Orig. Entry: July 29, 1917
	Date of Birth: April 13, 1906 / Birth Place: Ashton, Idaho	Full Name of Mother: Lillie C. Powers	Name of Father: Andrew Shelton Cutler	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Aug. 20, 1947
	Date of Birth: April 13, 1906 / Birth Place: Fremont Co. Ashton, Idaho	Full Name of Mother: Lillian Kathern Powers	Name of Father: Andrew Sheldon Cutler	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Lillie Cutler	Date Issued: 5-19-58	Date Orig. Entry:
	Date of Birth: April 13, 1906 / Birth Place: Fremont Co. Ashton, Idaho	Full Name of Mother: Lillie Cutler	Name of Father: —	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Brough	nr Nancy Richards	July 22, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

JUL 22 1958

DEC [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: Lillian Ruby Cutler	2. Date of Birth (month) April (day) 13 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth (Town) Ashton, Idaho
			6. Birth Place (County) Fremont Co.
FATHER	7. Name of Father: Andrew Sheldon Cutler	8. State or Country of Father's Birth: Sacks Valley, Utah	
	9. Full Maiden Name of Mother: Catherine Lillie Powers	10. State or Country of Mother's Birth: Virginia	
SIGNATURE OF NOTARY	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant: [signature]	12. Present Address of Registrant: Soda Springs, Idaho
	Subscribed and sworn to before me on July 19th 1958	13. Signature of Notary: [signature]	14. Notary Commission expires: Oct. 20th, 1959.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Soda Springs First Ward Idaho Stake, IDC Church	Date Issued: [illegible]	Date Orig. Entry: July 29, 1917
	Date of Birth: 1906	Birth Place: Ashton, Idaho	Full Name of Mother: Lillie C. Powers	Name of Father: Andrew Sheldon Cutler
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Aug. 20, 1941
	Date of Birth: April 13, 1906	Birth Place: Fremont Co. Ashton, Idaho	Full Name of Mother: Lillian Katharn Powers	Name of Father: Andrew Sheldon Cutler
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Lillie Cutler	Date Issued: 5-19-58	Date Orig. Entry:
	Date of Birth: April 13, 1906	Birth Place: Fremont Co. Ashton, Idaho	Full Name of Mother: Lillie Cutler	Name of Father: —
SUPPORTING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Nancy Richards	July 22, 1958

595-213-006-113

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-651
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fannie Mae Ezell		2. Date of Birth (month) June (day) 13th (year) 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: George Robert Ezell		7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Minnie Iva Jackson		9. State or Country of Mother's Birth: Kentucky
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fannie Mae Ezell	11. Present Address of Registrant: 411 Buenaway, Toppenish, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: June 24 1958	12. Signature of Notary: [illegible]	13. Notary Commission expires: August 6 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by mother		By whom issued and signed: Minnie Iva Jackson Ezell	Date Issued: 6-17-58	Date Orig. Entry:
	Date of Birth: June 13, 1906	Birth Place: Bingham Co. Blackfoot, Idaho	Full Name of Mother: Minnie Iva Jackson Ezell	Name of Father: George Robert Ezell	
SUPPORTING RECORD 2. Class B	Type of Document: Lodge Record		By whom issued and signed: Toppenish Auxiliary F.O.E. #2229	Date Issued: 5-27-58	Date Orig. Entry: Aug. 8, 1945
	Date of Birth: age 39	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3. Class B	Type of Document: Marriage Record		By whom issued and signed: Oneida County, Idaho	Date Issued: 7-21-58	Date Orig. Entry: Sept. 5, 1936
	Date of Birth: age 30	Birth Place: Blackfoot, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. M. Benson		Evidence reviewed by: nr Nancy Richards	Date Filed: July 31, 1958	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 31

643-201-009-966

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-690

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah Edith Fuller			2. Date Of Birth (month) (day) (year): January 1 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Hope
FATHER	6. Full Name of Father: Brice Mordecai Fuller			7. State or Country of Father's Birth: Texas
MOTHER	8. Full Maiden Name of Mother: Sarah Elizabeth Rowland			9. State or Country of Mother's Birth: ~~Missouri~~ Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sarah Edith Berg		11. Present Address of Registrant: Kent, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: June 16 1958	12. Signature of Notary: William E. Llewellyn		13. Notary Commission expires: May 25 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record		By whom issued and signed: U. S. Bureau of the Census	Date Issued: 7-16-58	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: age 14	Birth Place: Idaho	Full Name of Mother: Sarah Fuller	Name of Father: B. M. Fuller	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother, age 85		By whom issued and signed: Sarah Elizabeth Myers	Date Issued: 6-16-58	Date Orig. Entry:
	Date of Birth: Jan. 1, 1906	Birth Place: Hope, Idaho	Full Name of Mother: Sarah Elizabeth Rowland	Name of Father: Brice Mordecai Fuller	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Registrar, Tacoma, Washington	Date Issued: 1-14-55	Date Orig. Entry: child born April 4, 1937
	Date of Birth: age 31	Birth Place: Hope, Idaho	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Nancy Richards	Aug. 20, 1958

FORM BH 56067

AUG 29 1966

OCT 5 1970

AUG 21 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

1. Registrant's Full Name at Birth		2. Date of Birth (month) (day) (year)
3. Color	4. Place of Birth	5. City or Town of Birth
6. Full Name of Father		7. State or Country of Father's Birth
8. Full Maiden Name of Mother		9. State or Country of Mother's Birth
10. Deponent declare upon oath that the statements are true to the [illegible] my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires

AVAILABLE — DO NOT WRITE IN THIS LINE

Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
Federal Census Record		[illegible]	[illegible]	Jan. 1, 1900
Date of Birth				
age 21	Idaho	Sarah Fuller	B. R. Fuller	
Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
Affidavit by mother, age 65		Sarah Elizabeth Myers	6-16-58	
Date of Birth	Birth Place	Full Name of Mother	Name of Father	
Jan. 1, 1900	Hope, Idaho	Sarah Elizabeth Rowland	Price Nordecai Fuller	
Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
Our child's birth certificate		Registrar, Tacoma, Washington	1-14-55	child born April 4, 1937
Date of Birth	Birth Place	Full Name of Mother	Name of Father	
age 21	Hope, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date filed
[illegible]	Nancy Richards	Aug. 20, 1958

615-110-003-221

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

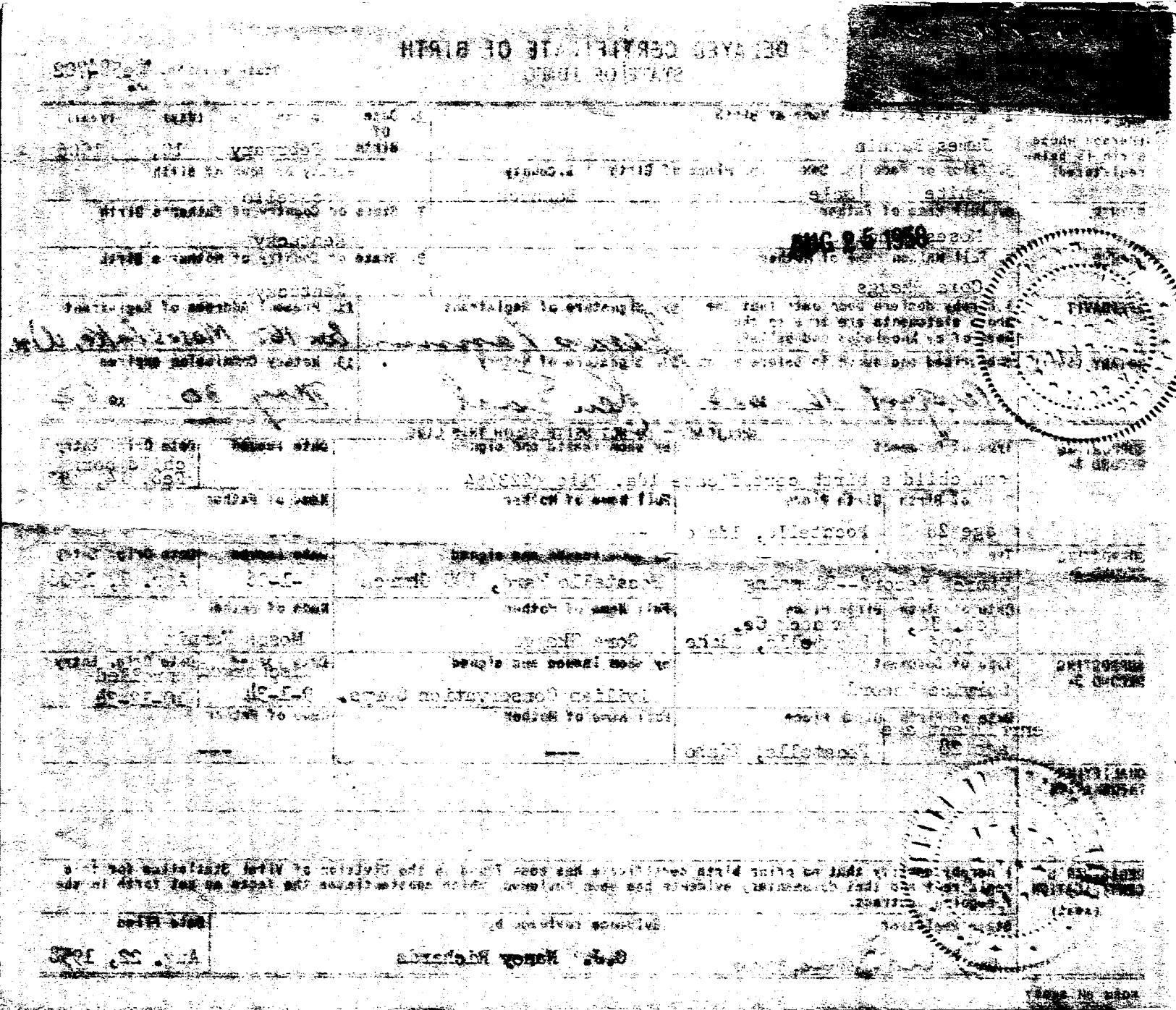
State File No. De58-702

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: James Fannin			2. Date of Birth (month) (day) (year): February 10, 1906	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello	
FATHER	6. Full Name of Father: Moses Fannin			7. State or Country of Father's Birth: Kentucky	
MOTHER	8. Full Maiden Name of Mother: Cora Skaggs			9. State or Country of Mother's Birth: Kentucky	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Fannin		11. Present Address of Registrant: Box 162 Moses Lake, Wn.	
NOTARY (Seal)	Subscribed and sworn to before me on: August 11 1958	12. Signature of Notary: Ken Earl		13. Notary Commission expires: May 30 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Ida. File #223764		Date Issued:	Date Orig. Entry: child born Feb. 14, 1934
	Date of Birth: age 28	Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Church Record--Blessing	By whom issued and signed: Pocatello Ward, LDS Church		Date Issued: 4-1-06	Date Orig. Entry: Apr. 1, 1906
	Date of Birth: Feb. 10, 1906	Birth Place: Bannock Co. Pocatello, Idaho	Full Name of Mother: Cora Skaggs	Name of Father: Moses Fannin	
SUPPORTING RECORD 3.	Type of Document: Service Record	By whom issued and signed: Civilian Conservation Corps.		Date Issued: discharged 9-1-34	Date Orig. Entry: enrolled 10-12-34
	Date of Birth: enrollment age age 28	Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Barron	Evidence reviewed by: C.J. Nancy Richards		Date Filed: Aug. 22, 1958	

FORM BH 56067



433-209-034-643

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-706

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Emma McClendon
2. Date Of Birth: (month) March (day) 9 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Minidoka Co. b. City or Town of Birth: Hayburn, Idaho

FATHER

6. Full Name of Father: William Thomas McClendon
7. State or Country of Father's Birth: Mississippi

MOTHER

8. Full Maiden Name of Mother: Edith Woodward Fuller
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Emma McClendon
11. Present Address of Registrant: 229 So. Olive Drive, Mesa, Arizona

NOTARY (Seal)

Subscribed and sworn to before me on July 29 1958

12. Signature of Notary: Chas Rogers
13. Notary Commission expires: Feb. 20 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Church Record--Baptism
By whom issued and signed: Mesa 13th Ward, Mesa Stake LDS Church
Date Issued: 4-13-58
Date Orig. Entry: Aug. 1, 1914
Date of Birth: March 9, 1906
Birth Place: Minidoka Co. Hayburn, Idaho
Full Name of Mother: Edith W. Fuller
Name of Father: William T. McClendon

SUPPORTING RECORD 2.

Type of Document: School Record
By whom issued and signed: Gila Co. School Supt. Globe, Arizona
Date Issued: 9-2-52
Date Orig. Entry: June 13, 1912
Date of Birth: age 6
Birth Place: ---
Full Name of Mother: Edith McClendon
Name of Father: Wm. T. McClendon

SUPPORTING RECORD 3.

Type of Document: Social Security Record
By whom issued and signed: Treasury Dept.
Date Issued:
Date Orig. Entry: June 1, 1942
Date of Birth: March 9, 1906
Birth Place: Hayburn, Idaho
Full Name of Mother: Edith Woodward Fuller
Name of Father: William Thomas McClendon

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [signature]
Evidence reviewed by: nr Nancy Richards
Date Filed: Aug. 25, 1958

FORM BH 56067

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name At Birth: Anna McClendon		2. Date of Birth (month) March (day) 9 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Minidoka Co.
			6. County of Town of Birth: Hayburn, Idaho
FATHER	7. Full Name of Father: William Thomas McClendon		7. State or Country of Father's Birth: Mississippi
MOTHER	8. Full Maiden Name of Mother: Edith Woodward Fuller		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: 229 So. Olive Mesa, Arizona
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]	13. Notary Public [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: Mesa 12th Ward, Mesa Stake, LDS Church	Date Issued: [illegible]	Date Orig. Entry: Aug. 1, 1912
	Date of Birth: [illegible] 1906	Birth Place: Hayburn, Idaho	Full Name of Mother: Edith W. Fuller	Name of Father: William T. McClendon
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Gila Co. School Supt. Globe, Arizona	Date Issued: 9-2-52	Date Orig. Entry: June 13, 1912
	Date of Birth: Age 6	Birth Place: —	Full Name of Mother: Edith McClendon	Name of Father: Wm. T. McClendon
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: June 1, 1942
	Date of Birth: March 9, 1906	Birth Place: Hayburn, Idaho	Full Name of Mother: Edith Woodward Fuller	Name of Father: William Thomas McClendon
OBJECTIVE				

REGISTRAR'S CERTIFICATE (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Nancy Richards	Aug. 25, 1952

Form No. [illegible]

263 223-031-284

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-756

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Almira Kole			2. Date Of Birth (month) (day) (year): November 23 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lewis	b. City or Town of Birth: Winchester, Idaho
FATHER	6. Full Name of Father: Harry Kole			7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Margaret Elizabeth Shuss			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Almira Kincaid		11. Present Address of Registrant: Picado, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 18 1958	12. Signature of Notary: R. N. McCoy		13. Notary Commission expires: March 31 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Margaret Elizabeth Kole	Date Issued: 6-18-58	Date Orig. Entry:	
	Date of Birth: Nov. 23, 1906	Birth Place: Lewis Co. Winchester, Idaho	Full Name of Mother (born in Nebr.): Margaret Elizabeth Shuss Kole	Name of Father (born in Mich.): Harry Kole	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #245589	Date Issued:	Date Orig. Entry: child born Nov. 6, 1925	
	Date of Birth: age 18	Birth Place: Winchester, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Aug. 26, 1952	
	Date of Birth: Nov. 23, 1906	Birth Place: Lewis Co. Winchester, Idaho	Full Name of Mother: Margaret Elizabeth Shuss	Name of Father: Harry Kole	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Jenson	Evidence reviewed by: nr Nancy Richards	Date Filed: Sept. 18, 1958

FORM BH 56067

State Board of Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]-750

SEP 18 1958

REGISTRANT	1. Registrant's Full Name of Birth: Minnie Kole	2. Date of Birth (Month) November 25, 1904	
Person whose birth is being registered	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Winchester, Lewis	6. County: Lewis	7. Town of Birth: Winchester, Idaho
FATHER	8. Full Name of Father: Harry Kole	9. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Name of Mother: Margaret Elizabeth Shuss	9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	Whereas, declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: Lewiston, Idaho
NOTARY CERTIFICATE	Subscribed and sworn to before me on 19[illegible]	12. Signature of Notary	13. Notary Commission Expires: [illegible]

SUPPORTING RECORD 1	Type of Document: Affidavit by Mother	By whom issued and signed: Margaret Elizabeth Shuss	Date Issued: 6-18-58	Date Orig. Entry
SUPPORTING RECORD 2	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho #[illegible]	Date Issued:	Date Orig. Entry: Child born Aug. 6, 1925
	Date of Birth: Aug. 25	Birth Place: Winchester, Idaho	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 3	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Aug. 26, 1952
	Date of Birth: Nov. 22, 1906	Birth Place: Lewis Co., Winchester, Idaho	Full Name of Mother: Margaret Elizabeth Shuss	Name of Father: Harry Kole
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION: Hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been followed, which substantiates the facts as set forth in the following contract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Sept. 18, 1958

434-10-022-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-782

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary [redacted] McMinn			2. Date Of Birth (month) May (day) 10 (year) 1906	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Salem Fremont	b. City or Town of Birth: Salem	
FATHER	6. Full Name of Father: William McMinn.			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: [redacted] Maria Cox			9. State or Country of Mother's Birth: Ill	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary McMinn (Petersen)		11. Present Address of Registrant: Rexburg, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on June 13 1958	12. Signature of Notary: Eric L. Peterberg		13. Notary Commission expires: June 3 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth, age 79,	By whom issued and signed: E. W. Larsen		Date Issued: 6-13-58	Date Orig. Entry:
	Date of Birth: May 10, 1906	Birth Place: Salem, Idaho	Full Name of Mother: Maria Cox	Name of Father: William McMinn	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Fremont County, Idaho		Date Issued: 8-7-58	Date Orig. Entry: Jan. 14, 1925
	Date of Birth: age 18	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #388363		Date Issued:	Date Orig. Entry: child born March 14, 1944
	Date of Birth: age 37	Birth Place: Salem, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Nancy Richards	Sept. 25, 1958

FORM BH 56067

SEP 26 1956

234-21-004-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-798

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evelyn Stucki			2. Date of Birth (month) April (day) 11 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Paris
FATHER	6. Full Name of Father: Joseph Smith Stucki			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Ann Price			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn Stucki Thirkill		11. Present Address of Registrant: Soda Springs, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 27, 1958	12. Signature of Notary: Scott Price		13. Notary Commission expires: Oct. 1, 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Mary Ann Price Stucki	Date Issued: 9-27-58	Date Orig. Entry:
	Date of Birth: April 11, 1906	Birth Place: Paris, Idaho	Full Name of Mother: Mary Ann Price Stucki	Name of Father: Joseph Smith Stucki	
SUPPORTING RECORD 2.	Type of Document: Insurance Application		By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued:	Date Orig. Entry: July 10, 1942
	Date of Birth: April 11, 1906	Birth Place: Paris, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #156745	Date Issued:	Date Orig. Entry: child born Oct. 30, 1927
	Date of Birth: age 21	Birth Place: Paris, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Nancy Richards	Oct. 1, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IOWA

OCT 1

433-206-04-378

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

58
State File No. De 818

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Madella McCullough			2. Date Of Birth (month) (day) (year): April 6 1906
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: Nelson James McCullough			7. State or Country of Father's Birth: Weiser, Idaho
MOTHER	8. Full Maiden Name of Mother: Lillie Myrtle Taylor			9. State or Country of Mother's Birth: Prairie City, Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Madella McGaha		11. Present Address of Registrant: 334 Leavenworth St. S.F. Calif
NOTARY (Seal)	Subscribed and sworn to before me on: October 9 1958	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Nelson James McCullough	Date Issued: May 7, 1957	Date Orig. Entry:
	Date of Birth: April 6, 1906	Birth Place: Payette, Idaho Canyon County	Full Name of Mother: Lillie Myrtle Taylor	Name of Father: Nelson James McCullough	
SUPPORTING RECORD 2.	Type of Document: Application for Social Security Account Number		By whom issued and signed: Treasury Department	Date Issued: Nov. 6, 1941	Date Orig. Entry: Nov. 6, 1941
	Date of Birth: April 6, 1906	Birth Place: Payette, Idaho	Full Name of Mother: Lillie Taylor	Name of Father: Nelson James McCullough	
SUPPORTING RECORD 3.	Type of Document: Family Bible Record		By whom issued and signed: obviously old	Date Issued:	Date Orig. Entry: Obviously old
	Date of Birth: April 6, 1906	Birth Place: Payette, Idaho	Full Name of Mother: Lily Myrtle Taylor	Name of Father: Nelson James McCullough	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W.W. Benson	Evidence reviewed by: Sharon Eloise Skaggs	Date Filed: October 10, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 10 1950

662-212-028-399

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-840

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Leone Foster		2. Date Of Birth (month) April (day) 12 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Rathdrum, Idaho
FATHER	6. Full Name of Father: James A. Foster		7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Laura E. Crittenden		9. State or Country of Mother's Birth: Ontario - Canada	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen L. Travis	11. Present Address of Registrant: Box 671 Prosser Wash	
NOTARY (Seal)	Subscribed and sworn to before me on: September 10 1958	12. Signature of Notary: C W Dykes	13. Notary Commission expires: April 3 1960	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: James A. Foster and Laura C. Foster	Date Issued: 10-2-57	Date Orig. Entry:
	Date of Birth: April 12, 1906 / Birth Place: Rathdrum, Idaho	Full Name of Mother: Laura C. Foster	Name of Father: James A. Foster	
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Viewed by E. W. Larson, Co. Recorder, Kootenai Co., Ida.	Date Issued: on 10-8-57	Date Orig. Entry: obviously old
	Date of Birth: April 12, 1906 / Birth Place: Rathdrum --	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Prosser School District #116 Prosser, Washington	Date Issued: 10-29-57	Date Orig. Entry: Jan. 24, 1921
	Date of Birth: April 12, 1906 / Birth Place: Rathdrum, Idaho	Full Name of Mother: ---	Name of Father: James Foster	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	nr Nancy Richards	Oct. 21, 1958

FORM BH 56067

466-113614-699

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 58-885

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lester Edwin Moorhouse			2. Date of Birth (month) May (day) 13 (year) 1906
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Samuel Hamilton Moorhouse			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Alma Elizabeth Wright			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: L E Moorhouse		11. Present Address of Registrant: Los Angeles 32 1937 Huddleman Rd
NOTARY (Seal)	Subscribed and sworn to before me on: November 3 1958	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics #215934		Date Issued	Date Orig. Entry: child born Sept. 20, 1933
	Date of Birth: Age 27	Birth Place: Nampa, Idaho	Full Name of Mother: ----		Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Affidavit by Brother	By whom issued and signed: Elwin C. Moorhouse		Date Issued: November 3, 1958	Date Orig. Entry
	Date of Birth: May 13, 1906	Birth Place: Nampa, Idaho	Full Name of Mother: Alma Elizabeth Wright		Name of Father: Samuel Hamilton Moorhouse
SUPPORTING RECORD 3.	Type of Document: High school record	By whom issued and signed: Roberta Showalter		Date Issued: Nov. 3, 1958	Date Orig. Entry
	Date of Birth: May 13, 1906	Birth Place: ----	Full Name of Mother: ---		Name of Father: S. H. Moorhouse
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	ses Sharon Eloise Skaggs	November 3, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. NAME OF CHILD (First, Middle, Last)	2. DATE OF BIRTH (Month, Day, Year)
[redacted]	[illegible]
3. PLACE OF BIRTH (City or Town)	4. COUNTY OF BIRTH
Jerome	Jerome
5. SEX	6. NUMBER OF CHILD IN BIRTH (If Twin or Triplet)
Female	One
7. FATHER'S NAME (First, Middle, Last)	8. FATHER'S BIRTHPLACE (State or Foreign Country)
Samuel Hamilton Whitehouse	Idaho
9. MOTHER'S MAIDEN NAME	10. MOTHER'S BIRTHPLACE (State or Foreign Country)
Elizabeth Trinkl	Idaho
11. I hereby certify that the above-given facts are true to the best of my knowledge and belief.	12. Signature of Applicant
13. Address	14. Relationship to Person Named
15. Subscribed and sworn to before me on	16. Signature of Notary
17. Notary Commission Expires	

Affidavit Signed By	Relationship
Samuel Hamilton Whitehouse	Father
Address	City, State
[illegible]	Jerome, Idaho

Name of Witness	Address
[illegible]	[illegible]
Name of Witness	Address
[illegible]	[illegible]

Date Received	Date Issued
[illegible]	[illegible]
Registrar	
[illegible]	

Name of Applicant	Date of Application
Jefferson Spelbrenner	[illegible]
Name of Clerk (Typed or Printed)	Signature of Clerk
Edwin C. Spelbrenner	[illegible]
Date Issued	Date of Birth Entry
[illegible]	[illegible]

253-21-022-296

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-888
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARY ELLEN Bell

2. Date of Birth: (month) Oct (day) 11 (year) 1906

3. Color or Race: White

4. Sex: F

5. Place of Birth: a. County Chester Idaho Fremont; b. City or Town of Birth Chester

FATHER

6. Full Name of Father: George Washington Bell

7. State or Country of Father's Birth: Utah U.S.A.

MOTHER

8. Full Maiden Name of Mother: Deborah BROWN

9. State or Country of Mother's Birth: U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Ellen Bell Stemkern

11. Present Address of Registrant: Kernville ORe.

NOTARY (Seal)

Subscribed and sworn to before me on Oct 16 1958

12. Signature of Notary: [redacted]

13. Notary Commission expires: 20 July 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	Yellowstone Stake, Chester Ward, LDS Church	6-26-44	Feb. 3, 1907

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 11, 1906	Fremont Co. Chester, Idaho	Deborah Bell	George Bell

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father (born 9-8-1879)	George Washington Bell	10-28-55	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 11, 1906	Fremont Co. Chester, Idaho	Deborah Brown	George Washington Bell

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record	U. S. Bureau of the Census	11-30-55	Jan. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 13	Idaho	Deborah Bell	George W. Bell

QUALIFYING INFORMATION

Insurance Application, Mutual Benefit Health & Accident Association, dated July 10, 1943: born Oct. 11, 1906 in Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Brown	Nancy Richards	Nov. 3, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 4

819110-001-145

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-942

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elmer M. Harnden		2. Date of Birth (month) (day) (year): Dec. 10 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Giles Wilson Harnden		7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Idella Anabelle Amos		9. State or Country of Mother's Birth: Okla.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elmer M Harnden	11. Present Address of Registrant: 836 Pac. Terrace - Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 24 1958	12. Signature of Notary: Dena D. Banks	13. Notary Commission expires: Dec 27 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Voting Registration Record	By whom issued and signed: Chas. F. DeLap, Co. Clerk Klamath County, Oregon		Date Issued: 8-15-57	Date Orig. Entry: April 15, 1946
	Date of Birth: Dec. 10, 1906	Birth Place: Boise, Idaho	Full Name of Mother: Idella Amos	Name of Father: Giles Harnden	
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Guarantee Mutual Life Co.		Date Issued:	Date Orig. Entry: June 6, 1936
	Date of Birth: Dec. 10, 1906	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Oregon #4033		Date Issued: 11-19-58	Date Orig. Entry: child born Dec. 21, 1935
	Date of Birth: age 29	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barnum	Nancy Richards	Nov. 28, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 28 1956

753-110-029-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-992

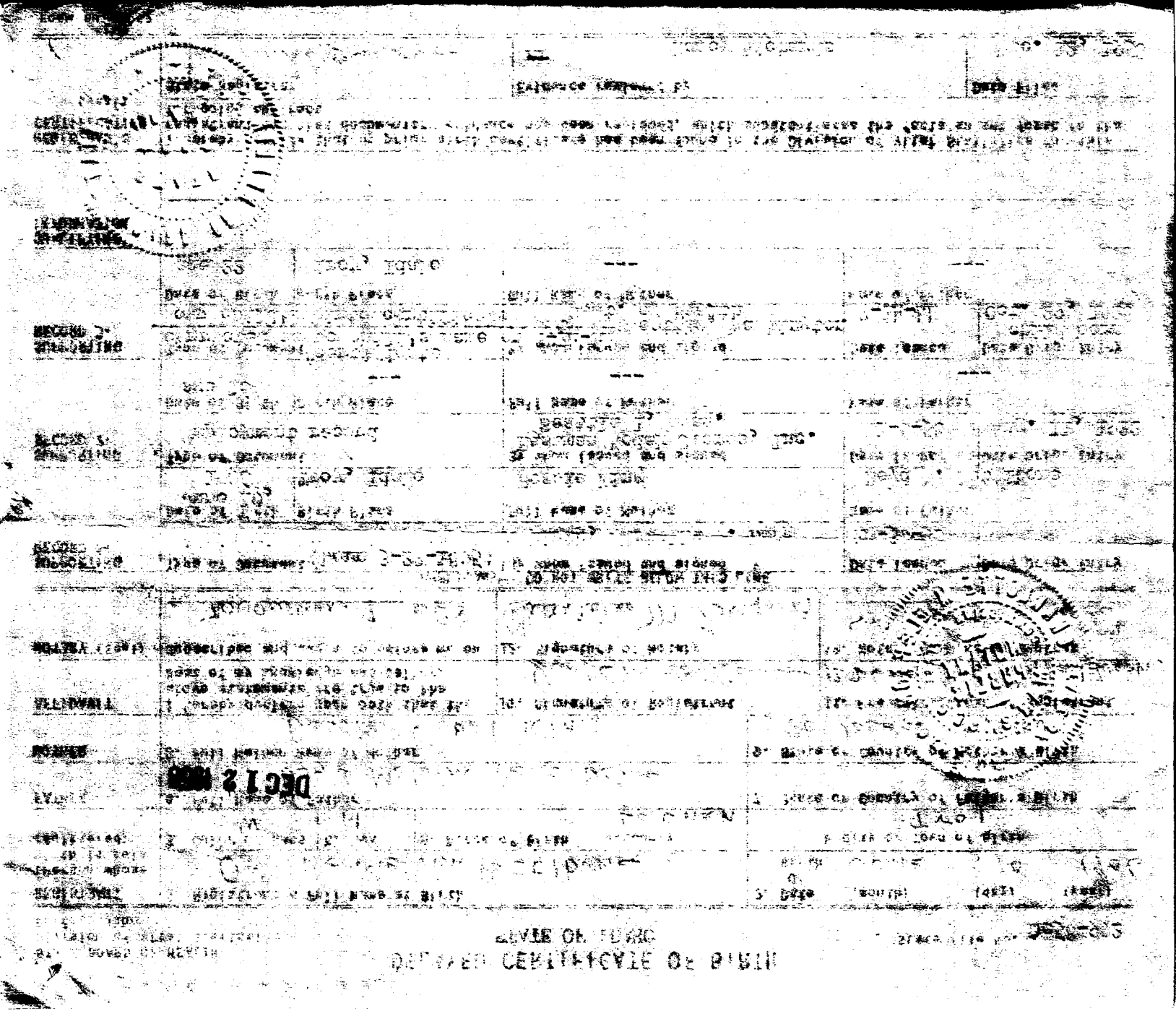
REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Orville Melvin Pettibone			2. Date Of Birth (month) June (day) 10 (year) 1906	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Lathah	b. City or Town of Birth: Troy	
FATHER	6. Full Name of Father: Boyd Melvin Pettibone			7. State or Country of Father's Birth: U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Bessie Mabel King			9. State or Country of Mother's Birth: St. Joseph Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Orville M. Pettibone		11. Present Address of Registrant: 1206-214th St Bothell, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: November 7 1958	12. Signature of Notary: Charlotte M. Elefson		13. Notary Commission expires: March 3 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt, present at birth, (born 3-22-1895)	By whom issued and signed: Estella V. Long		Date Issued: 10-30-58	Date Orig. Entry:
	Date of Birth: June 10, 1906	Birth Place: Troy, Idaho	Full Name of Mother: Bessie King	Name of Father: Boyd M. Pettibone	
SUPPORTING RECORD 2.	Type of Document: Employment record	By whom issued and signed: Eastman Kodak Stores, Inc. Seattle 1, Wash.		Date Issued: 11-6-58	Date Orig. Entry: Aug. 11, 1922
	Date of Birth: age 16	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: (certificate corrected as to child's name on 7-14-44) own child's birth certificate	By whom issued and signed: City of Seattle, Washington Dept. of Health		Date Issued: 7-14-44	Date Orig. Entry: child born Oct. 29, 1928
	Date of Birth: age 22	Birth Place: Troy, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W Elefson	Evidence reviewed by: nr Nancy Richards	Date Filed: Dec. 12, 1958

FORM BH 56067



269-109-026-218

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-011

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VERNAL TREAVORE SORENSEN		2. Date of Birth (month) (day) (year): August 9 1906	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: Rigby Idaho Jefferson	b. City or Town of Birth: Rigby, Idaho
FATHER	6. Full Name of Father: LEVI SORENSEN (NMI)		7. State or Country of Father's Birth: West Weber, Utah, USA	
MOTHER	8. Full Maiden Name of Mother: ELIZA ALvaretta Sayer		9. State or Country of Mother's Birth: Lewisville, Idaho, USA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vernal T. Sorensen	11. Present Address of Registrant: 225 Tautphaus Dr. Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: December 31st 1958	12. Signature of Notary: Anna M. Lake.	13. Notary Commission expires: 6-1- 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 78	By whom issued and signed: Alva Sorensen	Date Issued: 12-20-58	Date Orig. Entry:	
	Date of Birth: Aug. 9, 1906	Birth Place: Jefferson Co. Rigby, Idaho	Full Name of Mother: Alva Sorensen	Name of Father: Levi Sorensen	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: University of Idaho Moscow, Idaho	Date Issued: 3-18-29	Date Orig. Entry: Sept. 17, 1925	
	Date of Birth: Aug. 9, 1906	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Report of Medical Examination for Armed Forces	By whom issued and signed: W. L. Evans, Jr., Capt. MC, physician; Sta. Hosp., Ft. Benning, Ga.	Date Issued: 2-9-49	Date Orig. Entry: 2-9-49	
	Date of Birth: Aug. 9, 1906	Birth Place: Rigby, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	Officer's Identification Card; War Dept.; issued Oct. 7, 1943: born Aug. 9, 1906.				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Brown	Evidence reviewed by: Nancy Richards	Date Filed: Jan. 8, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 8 1959

197-205-003-285

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-067

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ellen Adeal Argyle
2. Date of Birth (month) June (day) 5 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Lund

FATHER

6. Full Name of Father: Joseph H. Argyle
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Elizabeth Ann Kynaston
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ellen Hogan
11. Present Address of Registrant: Bancroft Idaho

NOTARY (Seal)

Subscribed and sworn to before me on July 26 1958
12. Signature of Notary: Christina Hatch
13. Notary Commission expires: Nov 1. 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record--Blessing	Chesterfield Ward, Idaho Stake LDS Church	5-5-57	Aug. 5, 1906

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 5, 1906	Bannock Co. Lund, Idaho	Elizabeth Kynaston	Joseph Argyle

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #192195		child born June 30, 1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 25	Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by lifetime friend, more than 10 yrs. older	R. Osborne Hatch	Jan. 12, 1959	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 5, 1906	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Pearson	nr Nancy Richards	Jan. 30, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 30 1959

45406-003-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-099

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kenneth Edward Medford			2. Date Of Birth (month) January (day) 6 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. City or Town: Grace, Idaho b. County: Bannock c. State: Idaho	mailing address: Grace Idaho (Turner)
FATHER	6. Full Name of Father: Albert Medford			7. State or Country of Father's Birth: Utah - U.S.A.
MOTHER	8. Full Maiden Name of Mother: Gertrude Harris			9. State or Country of Mother's Birth: Utah - U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kenneth Edward Medford		11. Present Address of Registrant: Roseburg, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on December 27, 1958	12. Signature of Notary: [illegible]		13. Notary Commission expires: 8-16 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Twin Falls Stake LDS Church	Date Issued:	Date Orig. Entry: Aug. 26, 1945
	Date of Birth: Jan. 6, 1906 / Birth Place: Turner, Idaho	Full Name of Mother: Gertrude Harris	Name of Father: Albert Medford	
SUPPORTING RECORD 2.	Type of Document: Statement re: Insurance Application	By whom issued and signed: Equitable Life Assurance Society of U.S.	Date Issued: Statement 1-20-59	Date Orig. Entry: Policy Aug. 7, 1924
	Date of Birth: Jan. 6, 1906 / Birth Place: Turner, Idaho	Full Name of Mother: Gertrude Medford	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother, age 84	By whom issued and signed: Gertrude H. Medford	Date Issued: 12-27-58	Date Orig. Entry:
	Date of Birth: Jan. 6, 1906 / Birth Place: Bannock Co. Turner, Idaho	Full Name of Mother: Gertrude Harris Medford	Name of Father: Albert Medford	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Nancy Richards	Feb. 9, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 9 1959

589-220-025-581

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-148

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothy Chace Ehrhardt
2. Date of Birth (month) August (day) 20 (year) 1906
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Cottonwood Idaho
b. City or Town of Birth: Cottonwood

FATHER

6. Full Name of Father: Eugene Moore Ehrhardt
7. State or Country of Father's Birth: Stanton Nebraska

MOTHER

8. Full Maiden Name of Mother: Olive Edna Chace [redacted]
9. State or Country of Mother's Birth: Golden City Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothy Ehrhardt Mailhot
11. Present Address of Registrant: S. 1826 Ballou Road Spokane Wash

NOTARY (Seal)

Subscribed and sworn to before me on: Jan 30 1959
12. Signature of Notary: E. J. Day
13. Notary Commission expires: Feb 16 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Methodist Episcopal Church	8-26-07	Aug. 26, 1907

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 20, 1906	(state not shown) Cottonwood	Olive Ehrhardt	Eugene Ehrhardt

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage Record	Spokane Co., Washington	2-5-56	Sept. 1, 1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 27	Cottonwood, Idaho	(born-Missouri) Olive Chace	(born-Nebraska) Eugene M. Ehrhardt

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Board of Health Spokane, Wash. #835	2-6-59	child born April 1, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 35	Cottonwood, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barnum	Nancy Richards	Feb. 20, 1959

FORM BH 56067

FEB 20 1959

JUN 12

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

249-108-005-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-160

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Joseph Kuipers			2. Date Of Birth: (month) February (day) 8 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Benewah Co.	b. City or Town of Birth: Mica (nearest town Coeur d'Alene)	
FATHER	6. Full Name of Father: LAWRENCE KUIPERS			7. State or Country of Father's Birth: Holland	
MOTHER	8. Full Maiden Name of Mother: BERTHA MARIE LANGESLAG			9. State or Country of Mother's Birth: Holland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: John Kuipers	11. Present Address of Registrant: Same	
NOTARY (Seal)	Subscribed and sworn to before me on: July 1 1958		12. Signature of Notary: W. B. Sims	13. Notary Commission expires: Jan 5 1961	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Bertha Marie Kuipers	Date Issued: 5-21-58	Date Orig. Entry:
	Date of Birth: Feb. 8, 1906	Birth Place: Mica (nearest town Coeur d'Alene), Idaho	Full Name of Mother: Bertha Marie Kuipers	Name of Father: Lawerence Kuipers	
SUPPORTING RECORD 2.	Type of Document: Benewah Co. Social Security Record		By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: May 19, 1937
	Date of Birth: Feb. 8, 1906	Birth Place: Coeur d'Alene, Ida.	Full Name of Mother: Bertha Langslay	Name of Father: Lawrence Kuipers	
SUPPORTING RECORD 3.	Type of Document: Marriage Record		By whom issued and signed: Clark Co., Washington	Date Issued: 2-10-59	Date Orig. Entry: June 14, 1933
	Date of Birth: age 27	Birth Place: Couerd'Alene Idaho	Full Name of Mother: Bertha ---	Name of Father: Lawrence Kuipers	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Evidence reviewed by: mr Nancy Richards	Date Filed: Feb. 23, 1959

FORM BH 56067

FEB 23 1966

295-223-025-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-166

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ANNA MARIE KINKAID			2. Date of Birth (month) (day) (year): September 23 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Grangeville Idaho	b. City or Town of Birth: City - Grangeville; State of Idaho
FATHER	6. Full Name of Father: Denver Terry Kinkaid			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Lillias Houston (known as Lillie Houston)			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie McCracken		11. Present Address of Registrant: Route # 2 Deary, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 15 1958	12. Signature of Notary: Vera E. Lyda		13. Notary Commission expires: January 30 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Record	By whom issued and signed: St. Joseph's Hospital Lewiston, Idaho	Date Issued: 11-22-58	Date Orig. Entry: April 22, 1941
	Date of Birth: Sept. 23, 1906 (age 34)	Birth Place: Grangeville, Idaho	Full Name of Mother (born-Missouri): Lillie Houston	Name of Father (born-Missouri): Denver Terry Kinkaid
SUPPORTING RECORD 2.	Type of Document (born 10-23-1887): Affidavit by first cousin	By whom issued and signed: Edna E. Taylor	Date Issued: 11-21-58	Date Orig. Entry:
	Date of Birth: Sept. 23, 1906	Birth Place: near Grangeville, Idaho	Full Name of Mother: Lillie Houston Kinkaid	Name of Father: Denver Terry Kinkaid
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #49-907	Date Issued:	Date Orig. Entry: child born Jan. 27, 1949
	Date of Birth: age 42	Birth Place: Grangeville, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Nancy Richards	Date Filed: Feb. 25, 1959

MAR 16 1959

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: ANNA MARIE KINKAID	2. Date of Birth (month) (day) (year): September 23 1938
	3. Color or Race: White	4. Place of Birth: Female Grangeville Idaho	5. City or Town of Birth: City - Grangeville; State of Idaho
FATHER	6. Full Name of Father: Denver Terry Kinkaid	7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Lillias Houston (known as Lillie Houston)	9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: Route # 2 Deary, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 15 1958	12. Signature of Notary: [signature]	13. Notary Commission Expires: January 30 1961

APPLICANT — NOT FULL [illegible]

SUPPORTING RECORD 1	Type of Document: Hospital Record	By whom issued and signed: [illegible] Hospital, Idaho	Date Issued: 11-28-58	Date Orig. Entry: April 22, 1941
	Date of Birth: [illegible] 23 1938	Birth Place: Grangeville, Idaho	Full Name of Mother: Lillie Houston	Name of Father: Denver Terry Kinkaid (Born-Missouri)
SUPPORTING RECORD 2	Type of Document: Affidavit of first cousin	By whom issued and signed: Anna G. Taylor	Date Issued: 11-21-58	Date Orig. Entry:
	Date of Birth: [illegible] 23 1938	Birth Place: Grangeville, Idaho	Full Name of Mother: Lillie Houston Kinkaid	Name of Father: Denver Terry Kinkaid
SUPPORTING RECORD 3	Type of Document: Non-child's birth certificate	By whom issued and signed: Idaho [illegible]	Date Issued:	Date Orig. Entry: [illegible] Jan. 17, 1949
	Date of Birth: [illegible] 23 1938	Birth Place: Grangeville, Idaho	Full Name of Mother: —	Name of Father: —
CLARIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [signature] | Evidence reviewed by: Nancy Richards | Date Filed: Dec. [illegible], 1958

658-219.035-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-182

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Bertha Fehling			2. Date Of Birth (month) May (day) 19 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: (Nez Perce)	b. City or Town of Birth: midway between Myrtle & Agatha, Idaho (rural)	
FATHER	6. Full Name of Father: Charles Henry Fehling			7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: ~~Lucy May Redding~~ Lucy May Walker			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen B. Richardson		11. Present Address of Registrant: Rt. 1, Orofino, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 17 1959	12. Signature of Notary: Samuel F. Swayne		13. Notary Commission expires: Nov 17 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Lucy May Redding		Date Issued: 2-18-59	Date Orig. Entry:
	Date of Birth: May 19, 1906	Birth Place: Nez Perce Co. Agatha, Idaho	Full Name of Mother: Lucy May Fehling		Name of Father: Charles Henry Fehling
SUPPORTING RECORD 2.	Type of Document: Bible Record—photostat	By whom issued and signed: original viewed by Notary Public Samuel F. Swayne; Orofino, Ida.		Date Issued: 2-19-59	Date Orig. Entry: obviously old
	Date of Birth: May 19, 1906	Birth Place: Agatha, Idaho	Full Name of Mother: Lucy May Walker		Name of Father: Chas. Henry Fehling
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: New York Life Ins. Co.		Date Issued: 12-31-34	Date Orig. Entry: Oct. 7, 1929
	Date of Birth: May 19, 1906	Birth Place: Myrtle, Idaho	Full Name of Mother: May L. Redding		Name of Father: ---
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Nancy Richards	March 2, 1959

FORM BH 56067 (Rev. 1-59)

MAR 3 1969

912721-09-431

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-257

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Allen Rabideau			2. Date Of Birth (month) (day) (year): December 21 1906
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Custer Co.	b. City or Town of Birth: Mackay
FATHER	6. Full Name of Father: Joseph Rabideau			7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Mary Abigail McAndrews			9. State or Country of Mother's Birth: Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Allen Rabideau		11. Present Address of Registrant: 1939-24th Ave., Oakland, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: March 12 19 59	12. Signature of Notary: Bertha P. Braley		13. Notary Commission expires: June 27 19 62

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census		Date Issued: 10-1-58	Date Orig. Entry: April 15, 1910
	Date of Birth: age 3	Birth Place: Idaho	Full Name of Mother: Mary Rabido	Name of Father: Joe Rabido	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: July 15, 1938
	Date of Birth: Dec. 21, 1906	Birth Place: Mackay, Idaho	Full Name of Mother: Mary Abbey McAndrews	Name of Father: Joseph Rabideau	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mary A. Rabideau		Date Issued: 3-12-59	Date Orig. Entry:
	Date of Birth: Dec. 21, 1906	Birth Place: Mackay, Idaho	Full Name of Mother: Mary Abigail McAndrews Rabideau	Name of Father: Joseph Rabideau	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Nancy Richards	March 20, 1959

FORM BH 56067 2 copies

MAR 23 1950

214-106-026-354

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-313

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Darwin Thomas Bauman
2. Date of Birth (month) (day) (year): February 6th 1906
3. Color or Race: White
4. Sex:
5. Place of Birth a. County: Rigby, Idaho Jefferson Co.
b. City or Town of Birth: Rigby, Idaho

FATHER

6. Full Name of Father: Alfred Bauman
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Bertha Ledbetter
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Darwin Thomas Bauman P.
11. Present Address of Registrant: O.Box 612, Duncan, Ariz.

NOTARY (Seal)

Subscribed and sworn to before me on: Feb 23 1959
12. Signature of Notary: Raymond McGrath
13. Notary Commission expires: 3/8 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Bertha Bauman	2-19-59	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 6, 1906	Rigby, Idaho	Bertha Bauman	Alfred Bauman

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record	U. S. Bureau of the Census	3-27-59	Jan. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 13	Idaho	Bertha Bauman	Alfred Bauman

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Los Angeles City Board of Education, Los Angeles, Calif.	3-13-59	April 9, 1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 6, 1906	Rigby, Idaho	Bertha Bauman	Alfred Bauman

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	nr Nancy Richards	April 6, 1959

FORM BH 56067

APR 6 1959

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Division of Vital Statistics

Sig. File No. [illegible]-213

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Darwin Thomas Bauman	2. Date of Birth (month) (day) (year): February 6th 1906
	3. Color or Race: White	4. Sex:
	5. Place of Birth: Ashby, Idaho	6. County: Jefferson Co.
	6. City or Town of Birth: Ashby, Idaho	
FATHER	6. Full Name of Father: Alfred Bauman	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Bertha Leffelter	9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	9. Person Declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant:
	11. Present Address of Registrant: P. O. Box 612, Duncan, Ariz.	
	12. Signature of Notary:	13. Notary Commission expires: 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit [illegible]	By whom issued and signed: Bertha Bauman	Date Issued: 2-19-59	Date Orig. Entry:
	Date of Birth: Feb. 6, 1906	Birth Place: Ashby, Idaho	Name of Mother: Bertha Bauman	Name of Father: Alfred Bauman
SUPPORTING RECORD 2	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: 2-27-59	Date Orig. Entry: Apr. 1, 1920
	Date of Birth: Age 13	Birth Place: Idaho	Full Name of Mother: Bertha Bauman	Name of Father: Alfred Bauman
SUPPORTING RECORD 3	Type of Document: School Record	By whom issued and signed: [illegible]	Date Issued: 3-13-59	Date Orig. Entry: April 9, 1927
	Date of Birth: Feb. 6, 1906	Birth Place: Ashby, Idaho	Full Name of Mother: Bertha Bauman	Name of Father: Alfred Bauman

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]

Evidence reviewed by: Nancy [illegible]

Date Filed: April 2, 1959

FORM BH 56067

249-201-033-915

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-316

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dora R Smith			2. Date Of Birth: (month) February (day) 1 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Now Madison Formally Fremont	b. City or Town of Birth: Hibbard
FATHER	6. Full Name of Father: Eugene Warren Smith			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Dora Rankin			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dora McMillin		11. Present Address of Registrant: 2140 Berkeley St. Salt Lake City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: March 4 1959	12. Signature of Notary: [signature]		13. Notary Commission expires: March 2 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: original viewed by Bureau of Vital Statistics	Date Issued: 4-6-59	Date Orig. Entry: obviously old
	Date of Birth: Feb. 1, 1906 / Birth Place: Fremont Co. Hibbard, Idaho	Full Name of Mother: Dora Rankin Smith	Name of Father: Eugene Warren Smith	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: March 10, 1950
	Date of Birth: Feb. 1, 1906 / Birth Place: Madison Co. Hibbard, Idaho	Full Name of Mother: Dora Rankin	Name of Father: Eugene Warren Smith	
SUPPORTING RECORD 3.	Type of Document: (age 86) Affidavit by father's sister	By whom issued and signed: Jane M. Dean	Date Issued: 3-23-59	Date Orig. Entry:
	Date of Birth: Feb. 1, 1906 / Birth Place: Fremont Co. Hibbard, Idaho	Full Name of Mother: Dora Rankin	Name of Father: Eugene Warren Smith	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: Nancy Richards	Date Filed: April 6, 1959

FORM BH 56067

APR 6 [illegible]

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

349-14-022-893

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-344
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Julian Curr
2. Date of Birth (month) October (day) 14 (year) 1906
3. Color or Race: White
4. Sex: male
5. Place of Birth: a. County: Chester Ida- Fremont; b. City or Town of Birth:

FATHER

6. Full Name of Father: Otis Sherman Curr
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Hannah Hill
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Julian Curr
11. Present Address of Registrant:

NOTARY (Seal) Probate Judge

Subscribed and sworn to before me on March 7 19 59

12. Signature of Notary: George Rudd
13. Notary Commission expires: 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit by aunt, age 75	Alice Hill Curr	3-3-59	
	Date of Birth Oct. 14, 1906	**Birth Place** Chester, Idaho	**Full Name of Mother** Hannah Hill Curr	**Name of Father** Otis Sherman Curr
SUPPORTING RECORD 2. Class B	Church Record--Baptism	Chester Ward, Yellowstone Stake, LDS Church	4-7-59	Aug. 4, 1945
	Oct. 14, 1906	Fremont Co. Chester, Idaho	Hannah Hill	Otis Curr
SUPPORTING RECORD 3. Class B	Family Record	original viewed by Bureau of Vital Statistics	4-21-59	old record
	Oct. 14, 1906	---	Hannah Cur	Otis Sherman Cur

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	Nancy Richards nr	April 21, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 21 1958

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name of Birth

2. Date of Birth (month) (day) (year)

3. Color or Race | 4. Sex | 5. Place of Birth | a. County | b. City or Town of Birth

FATHER

6. Full Name of Father

7. State or Country of Father's Birth

MOTHER

8. Full Name of Mother

9. State or Country of Mother's Birth

APPLICANT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

NOTARY

Subscribed and sworn to before me on

12. Signature of Notary

13. Notary Commission expires

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	[illegible]	[illegible]	[illegible]	

SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	[illegible]
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	[illegible]	[illegible]	[illegible]	

SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	[illegible]
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	[illegible]	[illegible]	[illegible]	

SUPPORTING INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registered	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

Class A Records are those made and dated [illegible]
Class B Records are those made [illegible] but are at least [illegible]

795429.006 154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-348

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Merrill Lorenzo Gregersen		2. Date Of Birth (month) January (day) 29 (year) 1906	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Goshen
FATHER	6. Full Name of Father: Hans Charl Gregersen		7. State or Country of Father's Birth: Kelstrap, Denmark	
MOTHER	8. Full Maiden Name of Mother: Ane Marie Andersen		9. State or Country of Mother's Birth: Glumso, Denmark	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Merrill Lorenzo Gregersen	11. Present Address of Registrant: 3840 Hawthorne Rd. Pocatello	
NOTARY (Seal)	Subscribed and sworn to before me on: March 11, 19 59	12. Signature of Notary: [illegible]	13. Notary Commission expires: January 2, 19 62	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Blessing	By whom issued and signed: Blackfoot Stake, Goshen Ward LDS Church	Date Issued: 3-20-59	Date Orig. Entry: Feb. 18, 1906	
	Date of Birth: Jan. 29, 1906	Birth Place: Bingham Co. Goshen, Idaho	Full Name of Mother: ---	Name of Father: Hans C. Gregersen	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Gem State Mutual Life Assoc.	Date Issued: 5-18-45	Date Orig. Entry: 5-17-45	
	Date of Birth: Jan. 29, 1906	Birth Place: Goshen, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister, age 63	By whom issued and signed: Alice Scarborough	Date Issued: 4-8-59	Date Orig. Entry:	
	Date of Birth: Jan. 29, 1906	Birth Place: Bingham Co. Goshen, Idaho	Full Name of Mother: Ane Marie Andersen	Name of Father: Hans Charl Gregersen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: April 23, 1959

FORM BH 56067 2 0057 pd.

APR 23 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Merrill Lorenzo Gregersen	2. Date of Birth (month) January (day) 29 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Bingham, County: Bingham
			6. City or Town of Birth: Boshen
FATHER	8. Full Name of Father: Hans Claul Gregersen		7. State or Country of Father's Birth: Helsingen, Denmark
MOTHER	9. Full Maiden Name of Mother: Ana Marie Andersen		9. State or Country of Mother's Birth: Nimes, Denmark
AFFIDAVIT	10. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Hawthorne Rd. Pocatello
NOTARY	Subscribed and sworn to before me on: March 11 1960	12. Signature of Notary: [illegible]	13. Notary Commission expires: January 2, 1962

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Church Record--Blessing	By whom issued and signed: Blackfoot Stake, Boshen Ward, [illegible]	Date Issued: [illegible]	Date Orig. Entry: Feb. 13, 1906
	Date of Birth: [illegible]	Full Name of Mother: [illegible]		
	Birth Place: Bingham Co. [illegible], Idaho			
SUPPORTING RECORD 2	Type of Document: Insurance Policy	By whom issued and signed: Gen State Mutual Life Assoc.	Date Issued: 5-10-[illegible]	Date Orig. Entry: [illegible]
	Date of Birth: Jan. 27, 1906	Birth Place: Boshen, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3	Type of Document: Affidavit by sister, age 62	By whom issued and signed: Alice Gerhardsen	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: Jan. 29, 1906	Birth Place: Bingham Co. Boshen, Idaho	Full Name of Mother: Ana Marie Andersen	Name of Father: Hans Claul Gregersen
SUPPORTING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal) I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
[illegible]	Nancy Richards	April 22, 1960

433-215-025-435

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-351

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Rosella McCall
2. Date Of Birth (month) (day) (year): Sept 15 1906
3. Color or Race: W.
4. Sex: Fe
5. Place of Birth a. County: Idaho
b. City or Town of Birth: Lewiston

FATHER

6. Full Name of Father: Fredrick Herbert McCall
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Mabel Lucinda McNear
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eva M. Pavlin
11. Present Address of Registrant: 72 Meda Ave Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: April 11 1959
12. Signature of Notary: Mrs Ruth Conway
13. Notary Commission expires: March 11 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	Catholic Church, Blessed Sacrament Church, Hollywood, Calif.	3-25-58	June 25, 1931
	Date of Birth Sept. 15, 1906	**Birth Place** ----	**Full Name of Mother** Mable McNear	**Name of Father** Fred McCall
SUPPORTING RECORD 2.	Insurance Policy	Royal Neighbors of America	4-15-40	March 16, 1940
	Date of Birth Sept. 15, 1906	**Birth Place** Lewiston, Idaho	**Full Name of Mother** ----	**Name of Father** ----
SUPPORTING RECORD 3.	own child's birth certificate	California #47-161093	3-5-53	child born July 26, 1947
	Date of Birth age 40	**Birth Place** Idaho	**Full Name of Mother** ----	**Name of Father** ----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Barnum
Evidence reviewed by: Nancy Richards
Date Filed: April 23, 1959

FORM BH 56067

APR 23 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: [illegible]		2. Date of Birth: [illegible] (day) (year)
	3. Color or Race: [illegible]	4. Sex: [illegible]	5. Place of Birth: a. County [illegible]	6. Place of Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]		7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]		9. State or Country of Mother's Birth: [illegible]
ATTIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Mailing Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission Expires: [illegible]

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Baptism	By whom issued and signed: Catholic Church, Leased Government Church, Hollywood	Date Issued: 3-25-[illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: Insurance Policy	By whom issued and signed: Royal Neighbors of America	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Lewiston, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3	Type of Document: Own child's birth certificate	By whom issued and signed: California [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
CERTIFICATE NOTIFICATION				
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	Date Registrar: [illegible]	Evidence reviewed by: Nancy [illegible]	Date Filed: [illegible]	

FORM BH [illegible]

219-119-043-268

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-358
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elva Craton Barker		2. Date Of Birth (month) July (day) 19 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County Was Boise Co. Roseberry Valley; b. City or Town of Birth: Roseberry
FATHER	6. Full Name of Father: William Thomas Jesse Barker		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Amy Boydstun		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elva Craton Barker	11. Present Address of Registrant: Donnelly, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: April 4 1959	12. Signature of Notary: [signature]	13. Notary Commission expires: 1-28 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother		By whom issued and signed: Amy Barker	Date issued: April 4, 1959	Date Orig. Entry:
Class*	Date of Birth: July 19, 1906	Birth Place: Roseberry, Valley Idaho	Full Name of Mother: Co. Amy Barker	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Vital Statistics Idah #202558	Date issued:	Date Orig. Entry: Child born May 29, 1932
Class	Date of Birth: Age 25	Birth Place: Roseberry, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Bible Record		By whom issued and signed:	Date issued:	Date Orig. Entry: Obviously old
Class	Date of Birth: July 19, 1906	Birth Place: Boise Co.	Full Name of Mother: Amy Barker	Name of Father: Will. T.J. Barker	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	Sharon E. Skaggs	April 23, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 24 [illegible]

State Office No. [illegible]

Local Reg. No.

Reg. Dist. No.

REGISTRAR: 1. Registrant's Full Name at Birth | 2. Date of Birth (month) (day) (year)

Person whose birth is being registered: 3. Color or Race | 4. Sex | 5. Place of Birth | 6. County Ada Boise Co. | City or Town of Birth

FATHER: 6. Full Name of Father | 7. State or Country of Father's Birth

MOTHER: 8. Full Maiden Name of Mother | 9. State or Country of Mother's Birth

AFFIDAVIT: 10. Signature of Registrant | 11. Present Address of Registrant

Subscribed and sworn to before me | 12. Signature of Notary | 13. Notary Commission Expires

SUPPORTING RECORD 1: Type of Document: Affidavit by Mother | By whom issued and signed: Amy Parker | Date Issued: April 4, 1959 | Date Orig. Entry

Date of Birth: [illegible] | Birth Place: Roseberry, Valley Co. Idaho | Full Name of Mother: Amy Parker | Name of Father

SUPPORTING RECORD 2: Type of Document: Own child's birth certificate | By whom issued and signed: Vital Statistics Idaho #202558 | Date Issued | Date Orig. Entry: Child born Aug 29, 1922

Date of Birth: Age 25 | Birth Place: Roseberry, Idaho | Full Name of Mother: --- | Name of Father: ---

SUPPORTING RECORD 3: Type of Document: Bible Record | By whom issued and signed | Date Issued | Date Orig. Entry: Obviously Ad

Date of Birth: July 19, | Birth Place: Boise Co. | Full Name of Mother: Amy Parker | Name of Father

REMARKS

CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which [illegible] the facts as set forth in the [illegible] of Contract.

Date Registrar: [illegible] | Evidence reviewed by: Sharon [illegible] | Date filed: April 23, 1959

Class 1 [illegible]

Class 2 [illegible]

493-22-1-023-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-371

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDITH IDAHO MILLER			2. Date of Birth (month) May (day) 21st (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Gem Co.	b. City or Town of Birth: Pearl, Idaho
FATHER	6. Full Name of Father: Charles Osker Miller			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Dora Lavinia Bowman			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith Idaho Miller (Mrs.)		11. Present Address of Registrant: P. O. Box 327, Grass Valley, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: June 24th 1957	12. Signature of Notary: John J. Hodge		13. Notary Commission expires: Aug. 13th 1960

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Jan. 7, 1938
	Date of Birth: May 21, 1906 / Birth Place: Pearl, Idaho	Full Name of Mother: Dora Bowman		Name of Father: Charles Miller
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister, age 62	By whom issued and signed: Essie Smith	Date Issued: 4-3-59	Date Orig. Entry:
	Date of Birth: May 21, 1906 / Birth Place: Pearl, Idaho	Full Name of Mother: Dora L. Bowman		Name of Father: Charles Osker Miller
SUPPORTING RECORD 3.	Type of Document: Insurance Application	By whom issued and signed: Prudential Ins. Co. of Amer.	Date Issued:	Date Orig. Entry: Oct. 8, 1953
	Date of Birth: May 21, 1906 / Birth Place: —	Full Name of Mother: —		Name of Father: —
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Nancy Richards nr	April 27, 1959

FORM BH 56067

APR 27 1959

249201-016252

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-373

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RUTH SMITH			2. Date Of Birth (month) October (day) 1 (year) 1906
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Marion (Sub. of Oakley, Idaho)
FATHER	6. Full Name of Father: MOSES SMITH			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: LUCINA SESSIONS			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Smith Lyons		11. Present Address of Registrant: Route #2, Burley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 16, 1959	12. Signature of Notary: Vern Carter		13. Notary Commission expires: April 29th, 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: Marion Ward, Cassia Stake LDS Church	Date Issued: 11-4-06	Date Orig. Entry: Nov. 4, 1906
	Date of Birth: Oct. 1, 1906	Birth Place: Cassia Co. Marion, Idaho	Full Name of Mother: Lucina Sessions	Name of Father: Moses Smith	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother, age 78		By whom issued and signed: Lucina Sessions Smith	Date Issued: 4-16-59	Date Orig. Entry:
	Date of Birth: Oct. 1, 1906	Birth Place: Cassia Co. Marion, Idaho	Full Name of Mother: Lucina Sessions Smith	Name of Father: Moses Smith	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #157659	Date Issued:	Date Orig. Entry: child born Dec. 5, 1927
	Date of Birth: age 21	Birth Place: Marion, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Nancy Richards	Date Filed: April 27, 1959

FORM BH 56067

APR 27 1959

313-122-044-297

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-388

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ralph Caldwell			2. Date of Birth (month) (day) (year): September 22 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington	b. City or Town of Birth: Midvale, Idaho
FATHER	6. Full Name of Father: Albert Caldwell			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Julia Elizabeth Sipe			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ralph Caldwell		11. Present Address of Registrant: Box 64, Hagerman, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 3-13 1959	12. Signature of Notary: Lenora Seymore		13. Notary Commission expires: 12-20 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 27, 1936
	Date of Birth: Sept. 22, 1906	Birth Place: Midvale, Idaho	Full Name of Mother: Julia Elizabeth Sipe	Name of Father: Albert Caldwell
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Mutual Life Ins. Co. of N.Y.	Date Issued: 3-21-40	Date Orig. Entry: March 21, 1940
	Date of Birth: Sept. 22, 1906	Birth Place: Midvale, Idaho	Full Name of Mother: Julia E. Caldwell	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Idaho Power Co.	Date Issued: 3-20-59	Date Orig. Entry: Nov. 3, 1937
	Date of Birth: Sept. 22, 1906	Birth Place: Midvale, Idaho	Full Name of Mother: Julia Elizabeth Sipe	Name of Father: Albert Caldwell

QUALIFYING INFORMATION

own child's birth certificate, Idaho #420581: age 39 as of May 17, 1946;

birthplace-Midvale, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	May 4, 1959

FORM BH 56067

MAY 5 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRAR	1. Registrant's Full Name & Birth	2. Date of Birth (month) (day) (year)
Person who is Birth Is Being Registered	[illegible]	[illegible] September 22, 1906
	3. Color or Race 4. Sex 5. Place of Birth (Secondary)	6. City or Town of Birth
	[illegible]	[illegible] Idaho
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
	[illegible]	[illegible]
MOTHER	8. Maiden Name of Mother	9. State or Country of Mother's Birth
	[illegible]	[illegible]

[illegible]	10. Signature of Registrant	11. Present Address of Registrant
	[illegible]	[illegible], Idaho
Notary Seal	12. Signature of Notary	13. Notary Commission expires
	[illegible]	[illegible]

REGISTRAR'S NOTE: DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1	Social Security Record	Treasury Dept.		Nov. [illegible], 1956
	Sept. 22, 1906 Midvale, Idaho	Julia Elizabeth Sine	Albert Caldwell	
SUPPORTING RECORD 2	Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
	Insurance Policy	Mutual Life Ins. Co. of N.Y.	3-21-[illegible]	March 21, 1940
	Date of Birth Birth Place	Full Name of Mother	Name of Father	
	Sept. 22, 1906 Midvale, Idaho	Julia M. Caldwell	---	
SUPPORTING RECORD 3	Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
	Employment Record	Idaho Power Co.	2-20-59	Nov. 3, 1957
	Date of Birth Birth Place	Full Name of Mother	Name of Father	
	Sept. 22, 1906 Midvale, Idaho	Julia Elizabeth Sine	Albert Caldwell	

CERTIFICATION: [illegible] child's birth certificate, Idaho #[illegible]: [illegible] as of May 17, 1946; [illegible]-Midvale, Idaho.

REGISTRAR'S CERTIFICATION (seal): [illegible] certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature	Evidence reviewed by	Date Filed
[illegible]	[illegible] Richards	May 5, 1959

259-117-036-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-422

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marion J. Kerns
2. Date of Birth (month) March (day) 17 (year) 1906
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Oneida
b. City or Town of Birth: Malad City

FATHER

6. Full Name of Father: James Marion Kerns
7. State or Country of Father's Birth: Kentucky

MOTHER

8. Full Maiden Name of Mother: Mary Jones
9. State or Country of Mother's Birth: Idaho

AFFIDAVT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marion J. Kerns
11. Present Address of Registrant: Fairfield, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on April 11, 1959

12. Signature of Notary: Edward L. Manweiler
13. Notary Commission expires: Jan. 8, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Military Record	By whom issued and signed: U. S. Army	Date Issued: Separated 1-7-46	Date Orig. Entry: Entered Service Dec. 11, 1943
	Date of Birth: March 17, 1906 / Birth Place: Malad City, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: United Benefit Life Ins. Co.	Date Issued: 8-17-48	Date Orig. Entry: July 9, 1948
	Date of Birth: March 17, 1906 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed:	Date Issued:	Date Orig. Entry: Obviously old
	Date of Birth: Mar. 17, 1906 / Birth Place: Malad, Idaho	Full Name of Mother: Mary Jones	Name of Father: James M. Kerns	

QUALIFYING INFORMATION

own child's birth certificate, Idaho #276224; age 32 as of child's birth on Jan. 11, 1939; birthplace-Malad, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	nr Sharon E. Skaggs	May 18, 1959

FORM BH 56067

MAY 19 1950

995107.035-659

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-469

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Holly Otis Zinn
2. Date Of Birth (month) (day) (year): Sept. 7 1906
3. Color or Race: White.
4. Sex: Male
5. Place of Birth a. County: Nez. Perce
b. City or Town of Birth: Lenore Idaho. U.S.A

FATHER

6. Full Name of Father: Cyrus Otis Zinn
7. State or Country of Father's Birth: West Virginia

MOTHER

8. Full Maiden Name of Mother: Erma Lydia Ferguson
9. State or Country of Mother's Birth: West Virginia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: H. O. Zinn
11. Present Address of Registrant: Hazlet, Sask. Can

NOTARY

Subscribed and sworn to before me on: April 1 1959
12. Signature of Notary: H. Zinn
13. Notary Commission expires: Dec. 31 1960

J. W. [illegible] Notary Public My Commission expires [illegible] Province of Saskatchewan

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Cyrus Otis Zinn and Erma Lydia Zinn		Date Issued: 4-1-59	Date Orig. Entry:
	Date of Birth: Sept. 7, 1906	Birth Place: Nez Perce Co. Lenore, Idaho	Full Name of Mother (nee): Erma Lydia Zinn Ferguson	Name of Father: Cyrus Otis Zinn	
SUPPORTING RECORD 2.	Type of Document: Father's Naturalization Certificate	By whom issued and signed: Dominion Lands Office, Moose Jaw, Sask., Canada		Date Issued: 11-2-29	Date Orig. Entry: Sept. 14, 1926
	Date of Birth: Sept. 7, 1906	Birth Place: Lenora, Idaho	Full Name of Mother: Erma Zinn	Name of Father: Cyrus Otis Zinn	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Province of Alberta Edmonton, Canada		Date Issued: 8-6-36	Date Orig. Entry: July 8, 1936
	Date of Birth: age 29	Birth Place: Lenore, Idaho	Full Name of Mother: Erma Ferguson	Name of Father: Cyrus Zinn	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. M. Benson	mr Nancy Richards	June 1, 1959

FORM BH 56067

JUN 1 1959

29-4-19-033-212

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-479

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thurman Simmons			2. Date of Birth: (month) November (day) 19, (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Madison	b. City or Town of Birth: Independence Ward, Idaho
FATHER	6. Full Name of Father: Vardus John Simmons			7. State or Country of Father's Birth: Utah State
MOTHER	8. Full Maiden Name of Mother: Rozilla Amelia Babcock			9. State or Country of Mother's Birth: Utah State
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thurman Simmons		11. Present Address of Registrant: Box 168 Iona, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 28th 1957	12. Signature of Notary: [illegible]		13. Notary Commission expires: Sept 20 1960

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 72	By whom issued and signed: Alice Flamm		Date Issued: 1-31-57	Date Orig. Entry:
	Date of Birth: Nov. 19, 1906	Birth Place: Madison Co. (formerly Fremont Co.) Independence Ward, Idaho	Full Name of Mother: Rozilla Amelia Babcock	Name of Father: Vardus John Simmons	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: Ririe Ward, Rigby Stake LDS Church		Date Issued: 10-8-33	Date Orig. Entry: Sept. 2, 1916
	Date of Birth: Nov. 19, 1906	Birth Place: Independence, Ida.	Full Name of Mother: Rozilla A. Babcock	Name of Father: Vardus John Simmons	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #229692		Date Issued:	Date Orig. Entry: child born Jan. 3, 1935
	Date of Birth: age 28	Birth Place: Independence, Ida.	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D L Bergen	Nancy Richards nr	June 3, 1959

1 copy paid

FORM BH 56067

JUN 3 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

.55/280-007-914

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-496

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cora Isabell Evans			2. Date Of Birth (month) October (day) 30, (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Carey, Idaho
FATHER	6. Full Name of Father: David James Evans			7. State or Country of Father's Birth: Red Rock, Montana
MOTHER	8. Full Maiden Name of Mother: Harriett Radford			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant by marriage also known as Cora I. Potter Cora Isabell Evans		11. Present Address of Registrant: California 631 - Bx 123 Beaumont
NOTARY (Seal)	Subscribed and sworn to before me on: June 1 19 59	12. Signature of Notary: Camille W Faulson		13. Notary Commission expires: April 22 19 60

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by attendant at birth, age 75		By whom issued and signed: Ellen Cherry Spencer	Date Issued: 4-14-59	Date Orig. Entry:
	Date of Birth: Oct. 30, 1906	Birth Place: Carey, Idaho	Full Name of Mother: Harriett Radford	Name of Father: David James Evans	
SUPPORTING RECORD 2.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Feb. 21, 1947
	Date of Birth: Oct. 30, 1906	Birth Place: Blain Co, Carey, Idaho	Full Name of Mother: Harriett Radford	Name of Father: David Evans	
SUPPORTING RECORD 3.	Type of Document: Insurance Application		By whom issued and signed: Occidental Life Ins. of Calif.	Date Issued:	Date Orig. Entry: Oct. 30, 1947
	Date of Birth: Oct. 30, 1906	Birth Place: Carey, Idaho	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
E W Benson	Nancy Richards	June 9, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

JUN 9 1959

REGISTRANT (Person whose birth is being registered)	1. Name of Registrant (Full Name at Birth)	2. Date of Birth (month) (day) (year) October 30, 1906
	3. Color or Race / 4. Sex	5. Place of Birth / 6. County / 7. City or Town of Birth
FATHER	8. Full Name of Father	9. State or Country of Father's Birth
MOTHER	10. Full Maiden Name of Mother	11. State or Country of Mother's Birth
APPLICANT	12. Hereby declare each bath that the above statements are true to the best of my knowledge and belief.	13. Signature of Registrant / 14. Present Address of Registrant
	15. Subscribed and sworn to before me on June 1 19 59	16. Signature of Notary / 17. Notary Commission expires April 22 19 60

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Abundant at birth, [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: Oct. 30, 1906 / Birth Place: Carey, Idaho	Full Name of Mother: Harriett Radford	Name of Father: David [illegible]	
SUPPORTING RECORD 2	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued: Feb. 21, 1947	Date Orig. Entry: Feb. 21, 1947
	Date of Birth: Oct. 30, 1906 / Birth Place: Lake Co., Carey, Idaho	Full Name of Mother: Harriett Radford	Name of Father: David [illegible]	
SUPPORTING RECORD 3	Type of Document: Insurance Application	By whom issued and signed: Occidental Life Ins. of Calif.	Date Issued:	Date Orig. Entry: Oct. 30, 1947
	Date of Birth: Oct. 30, 1906 / Birth Place: Carey, Idaho	Full Name of Mother: —	Name of Father: —	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] statement.

State Registrar	Evidence reviewed by	Date Filed
	Nancy Richards	June 9, 1959

89215-001-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-510

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Vivian Higgins			2. Date of Birth (month) May (day) 15 (year) 1906
	3. Color or Race: wh	4. Sex: female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Clarence Hardy Higgins			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Melvina Eliza Caswell			9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances Vivian Weeks		11. Present Address of Registrant: 1403 - 7th St., Nampa
NOTARY (Seal)	Subscribed and sworn to before me on: March 26 1959	12. Signature of Notary: Earl E. Reed		13. Notary Commission expires: June 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Application	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued:	Date Orig. Entry: Nov. 12, 1936
	Date of Birth: May 15, 1906 / Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #199704	Date Issued:	Date Orig. Entry: child born Feb. 1, 1932
	Date of Birth: age 25 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth, age 65,	By whom issued and signed: Florence E. Smith	Date Issued: 5-21-59	Date Orig. Entry:
	Date of Birth: May 15, 1906 / Birth Place: Ada Co. Boise, Idaho	Full Name of Mother: Melvina E. Higgins	Name of Father: Clarence H. Higgins	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	nr Nancy Richards	June 12, 1959

FORM BH 56067

JUN 12 1959

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE FILE NO. 1959-[illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth: [illegible]
	3. Date of Birth: [illegible]	4. Place of Birth: [illegible]
	5. Full Name of Father: [illegible]	6. Birth Place of Father: [illegible]
	7. State or Country of Father's Birth: [illegible]	
	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
	11. Present Address of Registrant: [illegible]	
	Subscribed and sworn to before me on: [illegible]	12. Signature of Notary: [illegible]
	13. Notary Commission Expires: [illegible]	

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Insurance Application	By whom issued and signed: Idaho Mutual [illegible] Assoc.	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Boise, Idaho	Name of Father: —	
SUPPORTING RECORD 2	Type of Document: [illegible] certificate	By whom issued and signed: Idaho [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Idaho	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 3	Type of Document: Affidavit by neighbor at time of birth, age 65, Florence L. [illegible]	By whom issued and signed: [illegible]	Date Issued: -21-59	Date Orig. Entry:
	Date of Birth: [illegible]	Birth Place: Ada Co. Boise, Idaho	Full Name of Mother: [illegible]	Name of Father: Clarence L. [illegible]
QUALIFICATION INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
[illegible]	Nancy Richards	June 12, 1959

FORM NO. [illegible]

269-210-001-796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-516

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jennie Rosetta Boren
2. Date of Birth (month) (day) (year): August 10 1906
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Boise, Idaho - Ada
b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Elwin Feriby Boren
7. State or Country of Father's Birth: Provo - Utah

MOTHER

8. Full Maiden Name of Mother: Nellie Mae Grosbeck
9. State or Country of Mother's Birth: Springville - Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jennie R. Summers
11. Present Address of Registrant: 1214 Williams St. Boise Id.

NOTARY (Seal)

Subscribed and sworn to before me on: May 27 1959
12. Signature of Notary: G. K. Roper
13. Notary Commission expires: March 20 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Social Security Record	Treasury Dept.	3-11-59	Dec. 13, 1938
	Date of Birth: Aug. 10, 1906 / Birth Place: Boise, Idaho	Full Name of Mother: Nellie Grosbeck	Name of Father: Elwin F. Boren	
SUPPORTING RECORD 2.	Affidavit by mother, age 84	Nellie Mae Boren	5-29-59	
	Date of Birth: Aug. 10, 1906 / Birth Place: Boise, Idaho	Full Name of Mother: Nellie Mae Boren	Name of Father: Elwin Feriby Boren	
SUPPORTING RECORD 3.	Bible record--photostat	original viewed by Notary Public G. K. Roper	6-15-59	obviously old
	Date of Birth: Aug. 10, 1906 / Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Jensen	Nancy Richards nr	June 15, 1959

FORM BH 56067

JUN 15 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

613-214-001-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-523

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARGARET CATHERINE WATSON			2. Date of Birth: (month) Feb. (day) 14 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Ada	b. City or Town of Birth: Pearl, Idaho	
FATHER	6. Full Name of Father: Elmer G. Watson			7. State or Country of Father's Birth: Kansas United States	
MOTHER	8. Full Maiden Name of Mother: Irene McCabe			9. State or Country of Mother's Birth: Arkansas United States	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret C. McGlenn		11. Present Address of Registrant: 13112 Lassen Way Santa Ana, California	
NOTARY (Seal)	Subscribed and sworn to before me on: November 24th 1958	12. Signature of Notary: Gladys Mae Munoz		13. Notary Commission expires: My Commission Expires July 24, 1960 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Irene Watson		Date Issued: 12-5-58	Date Orig. Entry:
	Date of Birth: Feb. 14, 1906	Birth Place: Ada Co, Pearl, Idaho	Full Name of Mother: Irene McCabe	Name of Father: Elmer G. Watson	
SUPPORTING RECORD 2.	Type of Document: Driver's License	By whom issued and signed: State of Wash. #257621		Date Issued: 7-20-43	Date Orig. Entry: July 20, 1943
	Date of Birth: 1906	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3. (age 30)	Type of Document: Hospital Record	By whom issued and signed: St. Mary's Hospital Walla Walla, Washington		Date Issued: 2-19-59	Date Orig. Entry: Oct. 20, 1936
	Date of Birth: Feb. 14, 1906	Birth Place: Idaho	Full Name of Mother: Irene McCabe	Name of Father: Elmer Watson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: nr Nancy Richards	Date Filed: June 16, 1959

FORM BH 56067

JUN 16 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

386-21 5 10 36-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-528

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melba Thomas			2. Date Of Birth (month) (day) (year): November 15 1906
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: St. John Oneida	b. City or Town of Birth (P.O. address-MALAD): St. John, Idaho
FATHER	6. Full Name of Father: Thomas Stephens Thomas			7. State or Country of Father's Birth: Wales
MOTHER	8. Full Maiden Name of Mother: Emma Matilda Peterson			9. State or Country of Mother's Birth: Bear Lake County, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melba Thomas Jones		11. Present Address of Registrant: Malad, Idaho 33 west 300 north
NOTARY (Seal)	Subscribed and sworn to before me on: June 5 1959	12. Signature of Notary: Jas. B. Jones		13. Notary Commission expires: Nov. 20 1960

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 69	By whom issued and signed: Margaret Thomas Evans		Date Issued: 6-5-59	Date Orig. Entry:
	Date of Birth: Nov. 15, 1906	Birth Place: St. John, Idaho	Full Name of Mother: Emma Matilda Peterson	Name of Father: Thomas Stephens Thomas	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #250580		Date Issued:	Date Orig. Entry: child born Dec. 17, 1936
	Date of Birth: age 30	Birth Place: Malad, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Family Record--photostat	By whom issued and signed: original viewed by Notary Public E. L. Scott; Malad, Idaho		Date Issued: 4-10-58	Date Orig. Entry: obviously old
	Date of Birth: Nov. 15, 1906	Birth Place: ---	Full Name of Mother: Emma M. Thomas	Name of Father: Thomas S. Thomas	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Denson	Nancy Richards	June 17, 1959

FORM BH 56067

JUN 17 1959

AUG 14 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRAR (Person whose birth is being registered)	1. Registrant's Full Name of Birth: [illegible] Thomas	2. Date of Birth (month) (day) (year): November 15 1958
	3. Color or Race: White	4. Sex: Female
	5. Place of Birth (Country): St. John, Oneida	6. City or Town of Birth (Mo. or Rs.): St. John, Idaho (Malad)
FATHER	6. Full Name of Father: Thomas Stephens Thomas	7. State or Country of Father's Birth: Wales
MOTHER	8. Full Maiden Name of Mother: Thomas Matilda Peterson	9. State or Country of Mother's Birth: Bear Lake County, Idaho
ACCURACY	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Malad, Idaho
	12. Signature of Notary: [illegible]	13. Notary Commission expires: Nov. 26 [illegible]
	Subscribed and sworn to before me on: June [illegible] 1957	

DELAYED CERTIFICATE OF BIRTH

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry:
	Date of Birth: Nov. 15, [illegible]	Birth Place: St. John, Idaho	Full Name of Mother: Erma Matilda Peterson	Name of Father: Thomas Stephens Thomas
SUPPORTING RECORD 2	Type of Document: Oneida's birth certificate	By whom issued and signed: Idaho #[illegible]	Date Issued:	Date Orig. Entry: Dec. 17, 1958
	Date of Birth: Age 20	Birth Place: Malad, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible] Malad, Idaho	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: Nov. 15, [illegible]	Birth Place: ---	Full Name of Mother: Erma M. Thomas	Name of Father: Thomas S. Thomas
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Local): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the preceding abstract.

Date Registrar	Evidence reviewed by	Date Filed
	[illegible]	June 17, 1959

FORM [illegible]

743-228-006-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-536

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Bell Guthrie		2. Date Of Birth (month) (day) (year): November 28, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: Clifford Cornell Guthrie		7. State or Country of Father's Birth: Lincoln, Nebraska
MOTHER	8. Full Maiden Name of Mother: Lena Florence Kelley		9. State or Country of Mother's Birth: Indian Territory, Oklahoma
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace Kenner	11. Present Address of Registrant: N-6-E Mtd. Rte. Mt. Home Ida
NOTARY (Seal)	Subscribed and sworn to before me on: June 17 1959	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother, Age 71	By whom issued and signed: Mrs. Lena Guthrie	Date issued: June 17, 1959	Date Orig. Entry:
	Date of Birth: Nov. 28, 1906; Birth Place: Blackfoot, Bingham Co., Idaho	Full Name of Mother: Lena Florence Kelley	Name of Father: Clifford Cornell Guthrie	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics, Idaho #6362	Date issued:	Date Orig. Entry: Child born June 23, 1948
	Date of Birth: Age 41; Birth Place: Blackfoot, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital record	By whom issued and signed: Linda S. Byerly, Assistant M.R.L., St. Luke's Hospital Boise	Date issued: June 18, 1959	Date Orig. Entry: April 28, 1949
	Date of Birth: Nov. 28, 1906; Birth Place: Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	ses Sharon E. Skaggs	June 18, 1959

FORM BH 56067

1 COPY paid.

JUN 19 1968

693-224-028-419

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-554
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sara Ersula Williamson		2. Date Of Birth (month) July (day) 24 (year) 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth: Idaho a. County: Kootenai b. City or Town of Birth: Cataldo
FATHER	6. Full Name of Father: Asa B. Williamson		7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Leona Martin		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Formerly Sara Ersula Williamson Sara Ersula Todd	11. Present Address of Registrant: Colville, Washington 860 North Wynne
NOTARY (Seal)	Subscribed and sworn to before me on June 5 19 59	12. Signature of Notary: John T Raftis	13. Notary Commission expires: November 22 19 59

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by aunt, age 70 (present at birth)	By whom issued and signed: Frances Hunt	Date Issued: 1-14-52	Date Orig. Entry:
	Date of Birth: July 24, 1906 / Birth Place: Kootenai Co. Cataldo, Idaho	Full Name of Mother: Leona Martin	Name of Father: Asa Branch Williamson	
SUPPORTING RECORD 2. Class B	Type of Document: Marriage Certificate	By whom issued and signed: Spokane County, Washington	Date Issued: 5-7-59	Date Orig. Entry: Sept. 8, 1926
	Date of Birth: age last birthday 20 yrs. / Birth Place: Idaho	Full Name of Mother: Leona Martin	Name of Father: A. C. Williamson	
SUPPORTING RECORD 3. Class B	Type of Document: own child's birth certificate	By whom issued and signed: Washington #89	Date Issued: 5-25-59	Date Orig. Entry: child born June 11, 1927
	Date of Birth: age 20 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Nancy Richards	June 26, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health
Division of Vital Statistics
Boise, Idaho

State File No. 2659-55R
Local Reg. No.
Reg. Dist. No.

JUN 26 1959

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Sara Ersula Williamson
2. Date of Birth (month) (day) (year): July 24 1906
3. Color or Race: white
4. Sex: female
5. Place of Birth: Idaho
6. Country: Kootenai
7. City or Town of Birth: Cataldo

FATHER

8. Full Name of Father: Asa B. Williamson
9. State or Country of Father's Birth: Virginia

MOTHER

10. Full Maiden Name of Mother: Leona Martin
11. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

12. Signature of Registrant: Formerly Sara Ersula Williamson
13. Present Address of Registrant: Colville, Washington 360 North Wynne

NOTARY

14. Sworn and sworn to before me on June 5 1959
15. Signature of Notary
16. Notary Commission expires: November 22 1959

SUPPORTING RECORD

Type of Document (present at birth): Affidavit by aunt, age 70
Date Issued: 1-14-59
Date Orig. Entry:
Name of Father:
Date of Birth: 1906
Birth Place: Cataldo, Idaho
Full Name of Mother: Leona Martin

SUPPORTING RECORD

Type of Document: Marriage Certificate
By whom issued and signed: Spokane County, Washington
Date Issued: 5-7-59
Date Orig. Entry: Sept. 6, 1926
Date of Birth: Last birthday 20 yrs.
Birth Place: Idaho
Full Name of Mother: Leona Martin
Name of Father: A. C. Williamson

SUPPORTING RECORD

Type of Document: own child's birth certificate
By whom issued and signed: Washington #60
Date Issued: 5-25-59
Date Orig. Entry: child born June 22, 1927
Date of Birth: age 20
Birth Place: Idaho
Full Name of Mother: ---
Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

Evidence reviewed by: Nancy Richards

Date Filed: June 26, 1959

*Class A Records — those made and dated before the registrant's fourth birthday
Class B Records — those made after the fourth birthday but not at least 3 years old.

962-208-016-523

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-577
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Stella Myrtle Ross	2. Date Of Birth (month) March (day) 8 (year) 1906
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Ceder Creek, Idaho, Cassia Co. -	b. City or Town of Birth: (Twin Falls County now)
FATHER	6. Full Name of Father: Calvin Augustus Ross	7. State or Country of Father's Birth: Trinadad, Colo.
MOTHER	8. Full Maiden Name of Mother: Pearl Ruby Estes	9. State or Country of Mother's Birth: Albion, Idaho. Cassia Co.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Stella Myrtle Peterson; 11. Present Address of Registrant: Jerome, Idaho. R. 2 Box 267
NOTARY (Seal)	Subscribed and sworn to before me on: 9-10 1957	12. Signature of Notary: Warren C Fays; 13. Notary Commission expires: 2-17 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	own child's birth certificate	Idaho #175926		child born Sept. 27, 1929
Class* B	Date of Birth: age 23; Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Affidavit by father	Calvin A. Ross	2-16-58	
Class B	Date of Birth: March 8, 1906; Birth Place: Cedar Creek, Idaho	Full Name of Mother: Pearl R. Ross	Name of Father: Calvin A. Ross	
SUPPORTING RECORD 3.	Federal Census Record	U. S. Bureau of the Census	6-26-59	Jan. 1, 1920
Class B	Date of Birth: age 13; Birth Place: Idaho	Full Name of Mother: Pearl R. Ross	Name of Father: Calvin A. Ross	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Nancy Richards nr	July 9, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 9 1959

791-216-004-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-609

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Grandy
2. Date Of Birth: (month) July (day) 16 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bear Lake Co. b. City or Town of Birth: Paris

FATHER

6. Full Name of Father: Emil Grandy
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Emma Rosa Stocker
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth Grandy Wilks
11. Present Address of Registrant: 2435 Quincy Ave, Ogden, Utah

NOTARY (Seal)

Subscribed and sworn to before me on July 11, 1959

12. Signature of Notary: Percy P Tisket
13. Notary Commission expires: November 26, 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by father's brother (born 7-16-1895)	Wm. C. Grandy	7-11-59	
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	July 16, 1906	Paris, Idaho	Emma Rosa Stocker	Emil Grandy
SUPPORTING RECORD 2.	Marriage Record	Bear Lake County, Idaho	7-6-59	May 8, 1926
	age 19	Paris, Idaho	---	---
SUPPORTING RECORD 3.	own child's birth certificate	Idaho #219180		child born July 28, 1930
	age 24	Paris, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	Nancy Richards	July 23, 1959

FORM BH 56067

1 copy paid receipt 12226

JUL 23 1958

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

319-22-7001-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-613

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leila Maude Carpenter			2. Date of Birth (month) January (day) 27, (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Meridian
FATHER	6. Full Name of Father: Ollie Elmer Carpenter			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Stella Iowa Constant			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leila M. Kleffman		11. Present Address of Registrant: 104 Horizon Dr Boise
NOTARY (Seal)	Subscribed and sworn to before me on July 24 1959	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy		By whom issued and signed: The Northwestern Mutual Life Insurance Company	Date Issued: May 14, 1941	Date Orig. Entry:
	Date of Birth: January 27, 1906	Birth Place: Meridian, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Vital Statistics Idaho #300519	Date Issued:	Date Orig. Entry: Child born 9-1-1940
	Date of Birth: Age 34	Birth Place: Meridian, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt, age 72		By whom issued and signed: Clara V. Orme	Date Issued: July 24, 1959	Date Orig. Entry:
	Date of Birth: Jan. 27, 1906	Birth Place: Meridian, Ada Co. Idaho	Full Name of Mother: Stella Iowa Constant	Name of Father: Ollie Elmer Carpenter	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W.W. Benson	Evidence reviewed by: Sharon E. Skaggs	Date Filed: July 24, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRAR	A. Registrar's Full Name of Birth	2. Date of Birth (month) (day) (year)
Person Name Birth Is Being Registered	Nella Maude Carpenter	January 27, 1906
	3. Color or Race / 4. Sex / 5. Place of Birth / Accounts	Birth or Town of Birth
	White / [illegible]	Meridian
PARTIES	6. Full Name of Father	7. Place / Country of Father's Birth
	Willie Elmer Carpenter	Missouri
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
	Nella Iowa Constant	Iowa
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant
	[illegible]	[illegible]
NOTARY	12. Signature of Notary	13. Notary Commission expires
	[illegible]	[illegible]

SUPPORTING RECORD 1	Type of Supporting Record	By whom issued and signed	Date Issued / Date Orig. Entry
	Insurance Policy	The Northwestern Mutual Life Insurance Company	[illegible]
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
	January 27, 1906 / Meridian, Idaho	--	--
SUPPORTING RECORD 2	Type of Supporting Record	By whom issued and signed	Date Issued / Date Orig. Entry
	Own child's birth certificate	On file Vital Statistics Idaho 1906519	Child born 9-1-1940
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
	Age 34 / Meridian, Idaho	--	--
SUPPORTING RECORD 3	Type of Supporting Record	By whom issued and signed	Date Issued / Date Orig. Entry
	Affidavit by Aunt, age 72	Clara V. [illegible]	July 24, 1955
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
	Jan. 27, 1906 / Meridian, Ada Co. Idaho	Nella Iowa Constant	Willie Elmer Carpenter

SUPPORTING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the report of set forth in the [illegible] of the [illegible].

Title Registrar	Evidence Reviewed by	Date Filed
W. W. Pearson	Sharon E. [illegible]	July 24, 1955

554-23-016-623

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-625

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Estella Pauline Neddo
2. Date of Birth (month) (day) (year): Oct. 31 1906
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Cassia
b. City or Town of Birth: Malta

FATHER

6. Full Name of Father: Isaac James Neddo
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Alice Osterhout
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Estella P. M. Hall
11. Present Address of Registrant: Malta, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: July-11-1959 19
12. Signature of Notary: Henry Thompson
13. Notary Commission expires: January-25-1961. 19 — TA, IDAHO

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother, age 71	Alice O. Neddo	7-11-59	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 31, 1906	Malta, Idaho	Alice Osterhout Neddo	Isaac James Neddo II

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #320279		child born May 18, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 34	Malta, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record--Blessing	LDS Church, Salt Lake City	7-27-59	Jan. 20, 1907

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 31, 1906	Cassia Co. Malta, Idaho	Alice Osterhout	Isaac James Neddo, Jr.

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: D. W. Benson
Evidence reviewed by: mr Nancy Richards
Date Filed: July 30, 1959

FORM BH 56067

1 copy pd.

MAY 5 1967

JUL 30 1968

JAN 23 1967

553-220-044-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-640

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verna May Nelson			2. Date Of Birth (month) Sept (day) 20 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho / Washington	b. City or Town of Birth: Combridge	
FATHER	6. Full Name of Father: Nels christian Nelson			7. State or Country of Father's Birth: Denmark	
MOTHER	8. Full Maiden Name of Mother: Myrtle Josephine Castle			9. State or Country of Mother's Birth: Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verna N Lambert		11. Present Address of Registrant: 709 Elm St Ardmore Okla	
NOTARY (Seal)	Subscribed and sworn to before me on: May 19 1959	12. Signature of Notary: Arthur Huff		13. Notary Commission expires: 2-27 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Florida #1597		Date Issued: 5-4-59	Date Orig. Entry: child born Jan. 16, 1935
	Date of Birth: age 28	Birth Place: Cambridge, Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Father's Naturalization Certificate	By whom issued and signed: Clerk of District Court, Washington Co., Idaho		Date Issued: 1-28-1908	Date Orig. Entry: Jan. 28, 1908
	Date of Birth: age 1 yr.	Birth Place: ---	Full Name of Mother: Myrtle Josephine Nielson		Name of Father: Nels Christen Nielson
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Multnomah County, Oregon		Date Issued: 6-25-59	Date Orig. Entry: Nov. 26, 1930
	Date of Birth: age 24 yrs., 2 mos. 5 days.	Birth Place: Idaho	Full Name of Mother: ---		Name of Father: ---
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Will Barnes	Evidence reviewed by: nr Nancy Richards	Date Filed: Aug. 5, 1959

FORM BH 56067

2 copies paid

AUG 6 1959

State Ref. No. De59-640

DELAYED CERTIFICATE OF BIRTH

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

REGISTRAR: Person whose birth is being registered:

1. Registrant's Full Name of Birth
2. Date of Birth (month) (day) (year)
3. Color or Race
4. Sex
5. Place of Birth
6. County
7. Mother's Birth

FATHER: 8. Full Name of Father
9. State or Country of Father's Birth

MOTHER: 10. Name of Maiden Name of Mother
11. State or Country of Mother's Birth

AFFIDAVIT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
12. Signature of Registrant
13. Present Address of Registrant

MOTHER: Sworn to before me
14. Signature of Mother
15. Mother's Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1: Type of Document: Certificate of Birth
By whom issued and signed: [illegible]
Date Issued: [illegible]
Date Orig. Entry: [illegible]
Date of Birth: [illegible]
Birth Place: Cambridge, Idaho
Full Name of Mother: —
Name of Father: —

SUPPORTING RECORD 2: Type of Document: Father's Naturalization Certificate
By whom issued and signed: Clerk of District Court, Washington Co., Idaho
Date Issued: 1-28-1958
Date Orig. Entry: Jan. 28, 1958
Date of Birth: Age 1 yr.
Birth Place: —
Full Name of Mother: Myrtle Josephine Nielson
Name of Father: Vale Christian Nielson

SUPPORTING RECORD 3: Type of Document: Marriage Record
By whom issued and signed: Multnomah County, Oregon
Date Issued: 6-25-59
Date Orig. Entry: Nov. 26, 1959
Date of Birth: Age 24 yrs., 2 mos., 2 days
Birth Place: Idaho
Full Name of Mother: —
Name of Father: —

QUALIFYING INFORMATION:

REGISTRAR'S CERTIFICATE: I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that no other evidence has been provided, which substantiates the facts as set forth in the [illegible]

State Registrar
Evidence reviewed by: Nancy Richards
Date Filed: Aug. 5, 1959

613-10 8-23 5-853

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-666

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Miller, Charley Walter			2. Date Of Birth (month) August (day) 8 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Lewiston, Idaho
FATHER	6. Full Name of Father: Leonard LeRoy Miller			7. State or Country of Father's Birth: Iowa - U.S.A.
MOTHER	8. Full Maiden Name of Mother: Anna Helenius			9. State or Country of Mother's Birth: Finland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charley Walter Miller		11. Present Address of Registrant: 631 Shady Ave. - Sharon, Pa.
NOTARIAL (seal)	Subscribed and sworn to before me on: August 11 1959	12. Signature of Notary: Harry E. Broom		13. Notary Commission expires: Jan 7 1963

HARRY E. BROOM, NOTARY PUBLIC SHARON, PA. My Commission Expires Jan. 7, 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: City Birth Record--photostat (male child)	By whom issued and signed: City of Lewiston, Idaho	Date Issued: (certificate) 12-1-42	Date Orig. Entry: record of 1900 to 1911
	Date of Birth: Aug. 8, 1906	Birth Place: Lewiston, Idaho	Full Name of Mother: Anna Helenius	Name of Father: L. L. Miller
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: University of Idaho	Date Issued:	Date Orig. Entry: Sept. 15, 1924
	Date of Birth: Aug. 8, 1906	Birth Place: Lewiston, Idaho	Full Name of Mother: Mrs. L. L. Miller	Name of Father: --
SUPPORTING RECORD 3.	Type of Document: Insurance Application-copy	By whom issued and signed: Provident Mutual Life Ins. Co. of Philadelphia	Date Issued:	Date Orig. Entry: May 6, 1948
	Date of Birth: Aug. 8, 1906	Birth Place: Lewiston, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION	Idaho Secondary School Record; Lewiston, Idaho; Nov. 21, 1942: record of Sept. 1918; born Aug. 8, 1906; parent-L. L. Miller.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Broom	Evidence reviewed by: Nancy Richards		Date Filed: Aug. 13, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Date Filed: Aug 2 1950

1. Registrant's Full Name of Birth: Miller, Charley Walter		2. Date of Birth (month) August 6 1950	
3. Color or Race: White	4. Sex: Male	5. Place of Birth: Nez Perce	6. City or Town of Birth: Lewiston, Idaho
7. Name of Father: Edward LeRoy Miller		8. State or Country of Father's Birth: Iowa - U.S.A.	
9. Maiden Name of Mother: Anna Helenius		10. State or Country of Mother's Birth: Finland	
11. Present Address of Registrant: 631 Shady Ave. - Sharon, Pa.		12. Signature of Registrant: [illegible]	
13. Notary Commission Expires: [illegible]		14. Signature of Notary: [illegible]	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Sixth Month Record - Protestant (Male child)	By whom issued and signed: City of Lewiston, Idaho	Date Issued: Sept. 12-1-42	Date Orig. Entry: Record of 1900 to 1942
	Date of Birth: Aug. 8, 1906	Birth Place: Lewiston, Idaho	Full name of Mother: Anna Helenius	Date Issued: L. E. Miller
SUPPORTING RECORD 2	Type of Document: School Record	By whom issued and signed: University of Idaho	Date Issued:	Date Orig. Entry: Sept. 15, 1924
	Date of Birth: Aug. 8, 1906	Birth Place: Lewiston, Idaho	Full name of Mother: Mrs. L. E. Miller	Name of Father: --
SUPPORTING RECORD 3	Type of Document: Insurance Application - copy	By whom issued and signed: Provident Mutual Life Ins. Co.	Date Issued:	Date Orig. Entry: May 6, 1948
	Date of Birth: Aug. 8, 1906	Birth Place: Lewiston, Idaho	Full name of Mother: [illegible]	Name of Father: --

Remarks: Lewiston Secondary School Record; Lewiston, Idaho; Nov. 21, 1942; record of Sept. 1915; Cert. Nov. 8, 1906; parent-L. E. Miller.

Certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Date Registrar:	Reviewed by: Nancy Richards	Date Filed: Aug. 15, 1950

693127.031-284

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-682

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Monroe Wilsey			2. Date Of Birth (month) May (day) 27 (year) 1906	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Lewis	b. City or Town of Birth: Winchester, Idaho	
FATHER	6. Full Name of Father: John W. Wilsey			7. State or Country of Father's Birth: Nebr.	
MOTHER	8. Full Maiden Name of Mother: Charlotte Shuss			9. State or Country of Mother's Birth: Penna.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: James Monroe Wilsey	11. Present Address of Registrant: Upper Asotin Road, Clarkston, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 4 1955		12. Signature of Notary: Betty Seidl	13. Notary Commission expires: Sept 3 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother's sister (age 80)		By whom issued and signed: Margaret E. Kole	Date Issued: 7-28-58	Date Orig. Entry:
	Date of Birth: May 27, 1906	Birth Place: Winchester, Idaho	Full Name of Mother: Charlotte Shuss Wilsey	Name of Father: John Wilsey	
SUPPORTING RECORD 2.	Type of Document: Insurance Application		By whom issued and signed: Mutual Benefit Health & Accident Assoc.	Date Issued:	Date Orig. Entry: July 18, 1948
	Date of Birth: May 27, 1906	Birth Place: Winchester, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Hospital Certificate of own child's birth		By whom issued and signed: St. Joseph's Hospital Lewiston, Idaho	Date Issued:	Date Orig. Entry: child born Jan. 14, 1943
	Date of Birth: May 27, 1906	Birth Place: Winchester, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Wm Benson	Nancy Richards	Aug. 18, 1959

FORM BH 56067

AUG 18 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's Full Name at Birth: James Monroe Nilsey		2. Date of Birth: May 27 1906	
3. Color or Race: [illegible]	4. Sex: [illegible]	5. Place of Birth: Lewis	6. City or Town of Birth: Winchester, Idaho
7. Full Name of Father: John W. Nilsey		8. State or Country of Father's Birth: Mehr.	
9. Full Maiden Name of Mother: Charlotte Shuss		10. State or Country of Mother's Birth: Penna.	
11. Present Address of Registrant: Upper Austin Road, Clarkston, Washington			
12. Signature of Notary:		13. Notary Commission expires:	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother's Sister (Ann PC)	By whom issued and signed: Margaret [illegible]	Date Issued: 7-28-58	Date Orig. Entry
	Date of Birth: May 27 1906	Birth Place: Winchester, Idaho	Full Name of Mother: Charlotte Shuss Nilsey	Name of Father: John Nilsey
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Mutual Benefit Health	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: May 27 1906	Birth Place: Winchester, Idaho	Full Name of Mother/Accident Assoc.	Name of Father: —
SUPPORTING RECORD 3.	Type of Document: Hospital Certificate of Immediate Birth	By whom issued and signed: St. Joseph's Hospital, Lewiston, Idaho	Date Issued:	Date Orig. Entry: [illegible]
	Date of Birth: May 27 1906	Birth Place: Winchester, Idaho	Full Name of Mother: —	Name of Father: —
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date of Birth: [illegible]	Evidence reviewed by: Nancy Richards	Date Filed: Aug. 18, 1959

FORM 8H 8-59

685208-006-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-687

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ellen May Wheeler			2. Date of Birth (month) May (day) 8 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho — Bingham	b. City or Town of Birth: Tilden ("now Sterling")
FATHER	6. Full Name of Father: Ezra Lorenzo Wheeler			7. State or Country of Father's Birth: Eden, Weber County, Utah
MOTHER	8. Full Maiden Name of Mother: Levenia Jane Gardner			9. State or Country of Mother's Birth: Mendon, Cache County, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ellen May Wheeler Parish		11. Present Address of Registrant: Aberdeen, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: May 12, 1959	12. Signature of Notary: O S Becker		13. Notary Commission expires: Nov. 6, 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: LDS Church, Sterling Ward Sterling, Idaho	Date Issued: 7-5-14	Date Orig. Entry: July 5, 1914
	Date of Birth: May 8, 1906 — Birth Place: Bingham Co. Tilden, Idaho	Full Name of Mother: Levenia J. Gardner	Name of Father: Ezra L. Wheeler	
SUPPORTING RECORD 2.	Type of Document: Affidavit by family friend, age 65	By whom issued and signed: Estella Pearl Parsons Reece	Date Issued: 5-12-59	Date Orig. Entry:
	Date of Birth: May 8, 1906 — Birth Place: Bingham Co, Tilden, Idaho	Full Name of Mother: Levenia Jane Gardner Wheeler	Name of Father: Ezra Lorenzo Wheeler	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #188583	Date Issued:	Date Orig. Entry: child born Feb. 2, 1931
	Date of Birth: age 24 — Birth Place: Sterling, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Jensen	Evidence reviewed by: nr Nancy Richards	Date Filed: Aug. 19, 1959

FORM BH 56067

AUG 19

266-231-037-219

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-695
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Susan Marie Powell
2. Date Of Birth: (month) August (day) 31 (year) 1906
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Owyhee; b. City or Town of Birth: Dewey

FATHER

6. Full Name of Father: Charles A Powell
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Eliza Barry
9. State or Country of Mother's Birth: Ireland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Susan Marie Powell
11. Present Address of Registrant: 310 Pleasant street Roseville California

NOTARY (Seal)

Subscribed and sworn to before me on July 5 1952
12. Signature of Notary: William Locke
13. Notary Commission expires: Dec. 14 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit of School Record	Margaret M. Duval, Co. Supt. Can. County, Idaho.	3/31/52	Sept. 1923

Date of Birth	Birth Place	Full Name of Mother	Name of Father
17 yrs old			

SUPPORTING RECORD 2.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Vital Statistics, Idaho #217678		Child born 11/22/1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 27	Idaho	--	--

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Cousin, age 63	Raymond Thomas Stuart	Aug. 17, 1959	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 31, 1906	Dewey, Idaho	Elizabeth Barry	Charles A. Powell

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	ses Sharon E. Skaggs	August 21, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old. Copy paid.

Form DPH 49067

AUG 21

AFFIDAVIT OF SCHOOL RECORD

Date of Birth

Name of Father

Name of Mother

Date Issued

By whom issued and signed

Date Orig. Entry

Child born

Name of Father

Date Issued

Date Orig. Entry

Name of Father

Date Issued

Date Orig. Entry

Name of Father

Date Issued

Date Orig. Entry

544-219-040 243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-747

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vivian Maxine Edmisten
2. Date Of Birth: (month) 12 (day) 19 (year) 1906
3. Color or Race: White
4. Sex: female
5. Place of Birth: a. County: Shoshone; b. City or Town of Birth: Wallace, Idaho

FATHER

6. Full Name of Father: William Walter Edmisten
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Rotha Butler
9. State or Country of Mother's Birth: Colorado

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vivian Maxine Edmisten
11. Present Address of Registrant: 1214 N. W. 36th St Oklahoma City, Okla

NOTARY (Seal)

Subscribed and sworn to before me on August 26th 1959

12. Signature of Notary: A. R. Martin
13. Notary Commission expires: June 7th 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother, age 71	Rotha Butler Edmisten	10-25-58	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 19, 1906	Shoshone Co, Wallace, Idaho	Rotha Butler Edmisten	William Walter Edmisten

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Oklahoma #3542	4-2-56	child born March 8, 1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 24	Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital Record	Oklahoma Osteopathic Hospital Tulsa, Oklahoma	6-9-59	June 6, 1954

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 47	----	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Nancy Richards	Sept. 8, 1959

FORM BH 56067

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 8

553-22-036-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-760

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Lucile Nelson			2. Date Of Birth (month) October (day) 26 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Preston	
FATHER	6. Full Name of Father: John Albert Nelson			7. State or Country of Father's Birth: Scotland	
MOTHER	8. Full Maiden Name of Mother: Hannah Mickelson			9. State or Country of Mother's Birth: Denmark	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mildred N. Checketts	11. Present Address of Registrant: 807 West 24th Street, Ogden, Utah.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 29th 19 59		12. Signature of Notary: [illegible]	13. Notary Commission expires: Aug. 1, 19 61.	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 66		By whom issued and signed: Minnie L. Talbot	Date Issued: 5-29-59	Date Orig. Entry:
	Date of Birth: Oct. 26, 1906	Birth Place: Oneida Co. Preston, Idaho	Full Name of Mother: Hannah Mickelson	Name of Father: John Albert Nelson	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy		By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: 12-3-45	Date Orig. Entry: Nov. 28, 1945
	Date of Birth: Oct. 26, 1906	Birth Place: Preston, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Nevada #891	Date Issued: 8-24-59	Date Orig. Entry: child born Aug. 24, 1925
	Date of Birth: age 18	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr Nancy Richards	Sept. 15, 1959

1 copy pd.

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 15

553-121-004-236

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-839
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Reed Christian Nelson
2. Date of Birth (month) (day) (year): Sept. 21 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bloomington, Bear Lake
b. City or Town of Birth: Bloomington, Idaho.

FATHER

6. Full Name of Father: David A. Nelson
7. State or Country of Father's Birth: Goshen, Utah.

MOTHER

8. Full Maiden Name of Mother: Esther Daisy Stone
9. State or Country of Mother's Birth: New York, U. S. A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Reed Christian Nelson
11. Present Address of Registrant: 1133 N. Arthur, Pocatello, Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on: Aug. 24th, 1956 19___
12. Signature of Notary: Thomas B. Hargis
13. Notary Commission expires: 11/10/59 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Church Record-Blessing
By whom issued and signed: Pocatello 10th Ward, W. Pocatello Stake, LDS Church
Date Issued: 9-14-59
Date Orig. Entry: Dec. 16, 1906
Class*_____
Date of Birth: Sept. 21, 1906
Birth Place: Bloomington, Idaho
Full Name of Mother: Esther Daisy Stone
Name of Father: David Anthony Nelson

SUPPORTING RECORD 2.

Type of Document: Affidavit by mother
By whom issued and signed: Daisy Nelson
Date Issued: 8-24-56
Date Orig. Entry:
Class_____
Date of Birth: Sept. 21, 1906
Birth Place: Bear Lake Co. Bloomington, Idaho
Full Name of Mother: Daisy Nelson
Name of Father: David Nelson

SUPPORTING RECORD 3.

Type of Document: Lodge Record
By whom issued and signed: Sec. of Pocatello Lodge #674, B.P.O.E., Pocatello, Idaho
Date Issued: 8-2-56
Date Orig. Entry: Dec. 10, 1946
Class_____
Date of Birth: Sept. 21, 1906
Birth Place: Bear Lake Co. Bloomington, Idaho
Full Name of Mother: ---
Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: Nancy Richards
Date Filed: Oct. 19, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 19 1959

State Division
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)
	3. Color of Race 4. Sex 15. Place of Birth (a County)	6. City or Town of Birth
FATHER	5. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant 11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on 19	12. Signature of Notary 13. Notary Commission expires 19

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	[illegible]
	Date of Birth	Full Name of Mother		
Class	[illegible]	Esther Daisy Stone		
			David Anthony Nelson	
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Affidavit by mother	Daisy Nelson	4-24-56	
	Date of Birth	Full Name of Mother	Name of Father	
Class	[illegible]	Daisy Nelson	David Nelson	
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	4-2-56	Dec. 29, 1946
	Date of Birth	Full Name of Mother	Name of Father	
Class	[illegible]	---	---	
QUALIFICATION INSPECTION				

REGISTRAR'S CERTIFICATE (Seal) 1. Hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
	Nancy Richards	Oct. 19, 1959

Prior to Records are those made and data before the registrant's fourth birthday.
Class 1 Records are those made and data before the registrant's fourth birthday.
Class 2 Records are those made and data before the registrant's fourth birthday.

- 168418-022-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-940

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Laurence Bishop Johns			2. Date of Birth (month) Dec. (day) 18 (year) 1906
	3. Color or Race: Am- White	4. Sex: male	5. Place of Birth a. County: Salen Fremont	b. City or Town of Birth: Salem Idaho
FATHER	6. Full Name of Father: Thomas Saville Johns			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Amy Barker			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Laurence Bishop Johns		11. Present Address of Registrant: 3550 Jackson Avenue Ogden Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 6 th 1959	12. Signature of Notary: Leonard W Barker		13. Notary Commission expires: June 18 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Blessing	By whom issued and signed: Salem Ward, LDS Church	Date Issued:	Date Orig. Entry: Feb. 10, 1907
	Date of Birth: Dec. 18, 1906 / Birth Place: Fremont Co. Salem, Idaho	Full Name of Mother: Amy Barker	Name of Father: Thomas S. Johns	
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Occidental Life Ins. Co.	Date Issued:	Date Orig. Entry: Sept. 24, 1925
	Date of Birth: Dec. 18, 1906 / Birth Place: Salem, Idaho	Full Name of Mother: Amy B. Johns	Name of Father: Thos. S. Johns	
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin, age 66	By whom issued and signed: Wilford L. Barker	Date Issued: 11-6-59	Date Orig. Entry:
	Date of Birth: Dec. 18, 1906 / Birth Place: Salem, Idaho	Full Name of Mother: Amy Barker	Name of Father: Thomas Saville Johns	
QUALIFYING INFORMATION	Railroad Retirement Board record (Union Pacific R.R.Co., Ogden, Utah); dated 3-24-44: born Dec. 18, 1906.			

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: Nancy Richards	Date Filed: Nov. 17, 1959

FORM BH 56067 10-19-59

NOV 18 1959

JUL 18 1962

844-217-040-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-978

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Violette Maybelle Hudgens		2. Date Of Birth (month) June (day) 17, (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone; b. City or Town of Birth: Pine Creek
FATHER	6. Full Name of Father: John Walter Hudgens		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Emma Leitha Kirkpatrick		9. State or Country of Mother's Birth: Mt. Hope, Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Violet M. Jydstrup	11. Present Address of Registrant: 2212 N. Dakota Spokane Wa
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 1 1959	12. Signature of Notary: Edith M. Thoyt	13. Notary Commission expires: May 20 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School report card	By whom issued and signed: Schools Wardner-Kellogg, Idaho	Date issued:	Date Orig. Entry: Sept. 1915
	Date of Birth: age 9	Birth Place: —	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Washington #1055	Date issued: 9-28-59	Date Orig. Entry: child born June 27, 1927
	Date of Birth: age 21	Birth Place: Idaho	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date issued:	Date Orig. Entry: Aug. 4, 1945
	Date of Birth: June 17, 1906	Birth Place: Pine Creek, Idaho	Full Name of Mother: Emma Kirkpatrick	Name of Father: John Walter Hudgens
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	ss nr Nancy Richards	Nov. 30, 1959

FORM BH 56067

NOV 30 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

652-22-028-294

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De59-991
Local Reg. No.
Reg. Dist. No.

Winifred Beatrice Webb

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Winifred Beatrice Webb
2. Date of Birth (month) (day) (year): November 24, 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Coeur d'Alene; b. City or Town of Birth: Harrison, Idaho

FATHER

6. Full Name of Father: Joseph Henry Webb
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Harriet Bell Kidder
9. State or Country of Mother's Birth: Michigan

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: ~~Winifred Beatrice Webb~~ Winifred Beatrice Meagher
11. Present Address of Registrant: 409 W. Laurel St. Compton, California

NOTARY (Seal)

Subscribed and sworn to before me on: June 5 1953
My Commission Expires April 4, 1956

12. Signature of Notary: Ellen A. Jones. Los Angeles, Calif.
13. Notary Commission expires: My Commission Expires April 4, 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavits by 2 older sisters (born-1891)
By whom issued and signed: Velett P. Webb & Hazel McCormick
Date Issued: 6/5/53 & 9-15-59
Date Orig. Entry:
Class*: B
Date of Birth: Nov. 24, 1906
Birth Place: Harrison, Idaho
Full Name of Mother: Harriet Bell Webb
Name of Father: Joseph Henry Webb

SUPPORTING RECORD 2.

Type of Document: School Census record
By whom issued and signed: School Dist. #5, Baker, Oregon By Myrtle E. Lee, Supt.
Date Issued: 6/4/53
Date Orig. Entry: School Census of 1919
Class: B
Date of Birth: 13 yrs old.
Birth Place:
Full Name of Mother: H. Webb
Name of Father: J. H. Webb

SUPPORTING RECORD 3.

Type of Document: Social Security Record
By whom issued and signed: Treasury Dept.
Date Issued:
Date Orig. Entry: Aug. 31, 1943
Class:
Date of Birth: Nov. 24, 1906
Birth Place: Harrison, Idaho
Full Name of Mother: Harriet Bell Kidder
Name of Father: Joseph Henry Webb

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: eh nr Nancy Richards
Date Filed: Dec. 4, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 4

(E.H. accepted school record -- should not have been accepted as month of aug. entry not shown)

352-102-028-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-1004

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Guy Nathan Best			2. Date Of Birth: (month) July (day) 2 (year) 1906	
	3. Color or Race: W	4. Sex: M	5. Place of Birth: a. County: Idaho Kootani	b. City or Town of Birth: Couer d Alene	
FATHER	6. Full Name of Father: David John D. Best			7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Laura Gates			9. State or Country of Mother's Birth: Indiana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Guy Nathan Best	11. Present Address of Registrant: Glendale, Oregon.	
NOTARY (Seal)	Subscribed and sworn to before me on: November 14, 1959.		12. Signature of Notary: N.H. Allgirer	13. Notary Commission expires: July 1, 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Copy of Application for Social Security Account No.		By whom issued and signed: Treasury Department	Date Issued: --	Date Orig. Entry: Dec 5, 1936
	Date of Birth: July 2, 1906	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Laura Gates	Name of Father: John David Best	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother		By whom issued and signed: Laura M. Best	Date Issued: Nov 14, 1959	Date Orig. Entry: --
	Date of Birth: July 2, 1906	Birth Place: Coeur d'Alene, Kootenai co, Idaho	Full Name of Mother: Laura Gates	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Notorized photostatic copy of page from Family Bible		By whom issued and signed: Laura M. Best N.H. Allgirer, Notary Public	Date Issued: Oct 2, 1959	Date Orig. Entry: obviously old
	Date of Birth: July 2, 1906	Birth Place: --	Full Name of Mother: Laura M. Gates	Name of Father: John D. Best	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: Dec 21, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

419-213-025-692

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-1015
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARTHA MARY WILHELMINA DARSCHEID
2. Date Of Birth: (month) MAY (day) 13 (year) 1906
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth: a. County COTTONWOOD, IDAHO - IDAHO; b. City or Town of Birth COTTONWOOD, IDAHO

FATHER

6. Full Name of Father: MICHAEL DARSCHEID
7. State or Country of Father's Birth: ILLINOIS

MOTHER

8. Full Maiden Name of Mother: CATHERINE FISCHER
9. State or Country of Mother's Birth: ILLINOIS

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Kyrathe Mary Wilhelmina Darscheid
11. Present Address of Registrant: P.O. Box 364, Moscow, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 10 1959
12. Signature of Notary: Philip L. Gilfoy
13. Notary Commission expires: Dec 5 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class*_____	Certificate of Baptism	R. C. Our Lady Help of Christians Church, Cottonwood, Idaho	8-25-59	May 16, 1906
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	May 13, 1906	Cottonwood, Idaho	Catherine Fischer	Michael Darscheid
SUPPORTING RECORD 2. Class_____	Federal Census Record	U. S. Bureau of the Census	10-16-59	April 15, 1910
	age 3	Idaho	Catherine Darscheid	Michael Darscheid
SUPPORTING RECORD 3. Class_____	Affidavit by father, age 90	Michael Darscheid	12-1-59	
	May 13, 1906	Cottonwood, Idaho	Catherine Fischer Darscheid	Michael Darscheid

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Denson	nr Nancy Richards	Dec. 24, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 [illegible] paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 28 1959

Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Cert. Stat. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: [illegible]
2. Date of Birth (month) (day) (year): [illegible]
3. Color of Race: [illegible]
4. Place of Birth (Country): [illegible], IDAHO - IDAHO
5. City or Town of Birth: [illegible], IDAHO
6. Full Name of Father: [illegible]
7. State or Country of Father's Birth: ILLINOIS
8. Full Maiden Name of Mother: [illegible]
9. State or Country of Mother's Birth: ILLINOIS

AFFIDAVIT (Sworn Statement)

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible], Idaho

Subscribed and sworn to before me on [illegible]

12. Signature of Notary: [illegible]
13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	R. C. Our Lady Help of Christians Church, Gottesweed, Idaho	[illegible]-59	May 16, 1906

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 13, 1906	Gottesweed, Idaho	Catherine Fischer	Michael Darscheid

Class: [illegible]

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record	U. S. Bureau of the Census	10-16-59	April 15, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 3	Idaho	Catherine Darscheid	Michael Darscheid

Class: [illegible]

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible], age 90	Michael Darscheid	12-1-59	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 13, 1906	Gottesweed, Idaho	Catherine Fischer Darscheid	Michael Darscheid

Class: [illegible]

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Nancy Richards	Dec. 24, 1959

Class 1 Records are those made and dated before the Registrant's fourth birthday.
Class 2 Records are those made after the fourth birthday but are at least 5 years old.

296-22-022-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-1032

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma Elizabeth Brown			2. Date of Birth (month) November (day) 21, (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont Co.	b. City or Town of Birth: Plano, Idaho (mailing address-Rexburg)
FATHER	6. Full Name of Father: Joseph Smith Brown			7. State or Country of Father's Birth: Oxford, Idaho
MOTHER	8. Full Maiden Name of Mother: Ada Myrtle Stanford			9. State or Country of Mother's Birth: Ogden, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: I C B. Darrohe		11. Present Address of Registrant: 1130 - 24th St. So. Lethbridge, Alberta, Canada
NOTARY (Seal)	Subscribed and sworn to before me on 21st of October 19 59.	12. Signature of Notary: [signature]		13. Notary Commission expires: at the pleasure of the Lieutenant Governor 19 of the Province of Alberta.

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Joseph Smith Brown	Date Issued: 6-22-59	Date Orig. Entry:
	Date of Birth: Nov. 21, 1906	Birth Place: Plano, Idaho	Full Name of Mother: Ada Myrtle Stanford Brown	Name of Father: Joseph Smith Brown	
SUPPORTING RECORD 2.	Type of Document: Church Record-Baptism		By whom issued and signed: Lethbridge Third Ward, Lethbridge Stake, LDS Church	Date Issued: 10-10-59	Date Orig. Entry: June 12, 1915
	Date of Birth: Nov. 21, 1906	Birth Place: Plano, Idaho	Full Name of Mother: Ada M. Stanford	Name of Father: Joseph S. Brown	
SUPPORTING RECORD 3.	Type of Document: Marriage Record #31572		By whom issued and signed: Bureau of Vital Statistics Edmonton, Alberta, Canada	Date Issued: 12-8-59	Date Orig. Entry: Dec. 15, 1926
	Date of Birth: age 20	Birth Place: Rexburg, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Nancy Richards nr	Date Filed: Dec. 30, 1959

FORM BH 56067

1 copy paid

DEC 30

165-106-236-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-016

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lewis William Jones
2. Date of Birth (month) July (day) 6 (year) 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Henderson Creek Ida. Oneida
b. City or Town of Birth: Near Malad, Idaho

FATHER

6. Full Name of Father: Joseph A. Jones
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother (Nickname or Nancy used) Ann F. Jones
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lewis W. Jones
11. Present Address of Registrant: 2500 Hillegass Ave. Berkeley 4. Cal.

NOTARY (Seal)

Subscribed and sworn to before me on December 23rd 1959

12. Signature of Notary: H.F. STRAHLE NOTARY PUBLIC IN AND FOR THE COUNTY OF ALAMEDA, STATE OF CALIFORNIA
13. Notary Commission expires 2/10/ 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Ann Jones	Date Issued: 12-16-59	Date Orig. Entry:
	Date of Birth: July 6, 1906 / Birth Place: Henderson Creek (Malad), Idaho	Full Name of Mother: Ann Jones (often signed Nancy Jones)	Name of Father: Joseph A. Jones	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Dec. 24, 1953
	Date of Birth: July 6, 1906 / Birth Place: Oneida Co. Malad, Idaho	Full Name of Mother: Maiden Name Ann Jones (correct)	Name of Father: Joseph A. Jones	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Utah State University Logan, Utah	Date Issued: 11-20-59	Date Orig. Entry: Sept. 25, 1934
	Date of Birth: July 6, 1906 / Birth Place: —	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	Jan. 8, 1960

FORM BH 56067 11-5-59

DELAYED CERTIFICATE OF BIRTH

STATE OF OHIO

JAN 8 1960

294-204-006-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-018

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: June Wilma Brundage
2. Date of Birth (month) (day) (year): June 4 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bingham County
b. City or Town of Birth: Shelley, Idaho

FATHER

6. Full Name of Father: Myron Brundage
7. State or Country of Father's Birth: Nora Springs, Iowa

MOTHER

8. Full Maiden Name of Mother: Stella Vivian Kiley
9. State or Country of Mother's Birth: Independence, Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: June Wilma Kuster
11. Present Address of Registrant: 627-34-St. N.E. Cedar Rapids Iowa

NOTARY (Seal)

Subscribed and sworn to before me on: October 6 1959
12. Signature of Notary: James Riley
13. Notary Commission expires: 7-4 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit by 2nd cousin (age 83)	Abigail Hubbell	11-6-59	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 4, 1906	Shelley, Idaho	Stella Vivian Kiley	Myron Brundage

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Marriage Record	Linn County, Iowa	6-3-42	May 13, 1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 19	Shelly, Idaho	Stella Kiley	Myron Brundage

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
own child's birth certificate	Iowa #588	1-16-57	child born Aug. 2, 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 28	Shelley, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barnum	Nancy Richards nr	Jan. 11, 1960

FORM BH 56067

JAN 11 1980

266-21-023-789

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-043

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alta Louise Bowman			2. Date of Birth (month) (day) (year): September 11 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Gem	b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: Elmer Roscoe Bowman			7. State or Country of Father's Birth: Star, Idaho
MOTHER	8. Full Maiden Name of Mother: Laura Louise Phillips			9. State or Country of Mother's Birth: Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Aeta L. Strung		11. Present Address of Registrant: 201 So. 7th Nyssa, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: January 7 1960	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics #145679	Date Issued: --	Date Orig. Entry: child born Aug. 22, 1926
	Date of Birth: age 19	Birth Place: Idaho	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 2.	Type of Document: New York Life Insurance Policy #17 440 863	By whom issued and signed: New York Life Insurance Co.	Date Issued: Sept. 25, 1939	Date Orig. Entry: Sept. 25, 1939
	Date of Birth: Sept. 11, 1906	Birth Place: Emmett, Idaho	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother, age 72	By whom issued and signed: Louise House (now)	Date Issued: 1-8-60	Date Orig. Entry:
	Date of Birth: Sept. 11, 1906	Birth Place: Emmett, Idaho	Full Name of Mother: Laura Louise Phillips	Name of Father: Elmer Roscoe Bowman
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Bowman	1a Nancy Richards	Jan. 18, 1960

FORM BH 56067

JAN 18 1960

319-205-019-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-048

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lela Viola Larter			2. Date of Birth (month) (day) (year): June 5, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Custer Co.	b. City or Town of Birth: Mackay, Idaho
FATHER	6. Full Name of Father: Henry Thomas Larter			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Christena Jensen			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lela Viola Larter		11. Present Address of Registrant: Box #334 Ririe, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 18 1960	12. Signature of Notary: Edna Haws		13. Notary Commission expires: Nov. 17 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: Oct. 13, 1953
	Date of Birth: June 5, 1906 (age 47)	Birth Place: Custer Co. Mackay, Idaho	Full Name of Mother: Christena Jensen		Name of Father: Henry T. Larter
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #302163		Date Issued:	Date Orig. Entry: child born Oct. 9, 1940
	Date of Birth: age 34	Birth Place: Mackay, Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Bonneville County, Idaho		Date Issued: 9-16-59	Date Orig. Entry: Nov. 1, 1937
	Date of Birth: age 31	Birth Place: ---	Full Name of Mother: ---		Name of Father: ---
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr Nancy Richards	Jan. 19, 1960

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 19 1960

REGISTRANT	1. Registrant's Full Name at Birth: Bela Viola Lerter	2. Date of Birth (month) (day) (year): June 5, 1960	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: County: Custer Co.
			City or Town of Birth: Mackay, Idaho
FATHER	6. Full Name of Father: Henry Thomas Lerter	7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Christena Jensen	9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	1. Hereby declare that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible] Idaho
	12. Subscribed and sworn to before me on: [illegible]	13. Signature of Notary: [illegible]	14. Notary Commission expires: [illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: General Security Record	By whom issued and signed: [illegible]	Date Issued	Date Orig. Entry: Oct. 17, 1959
	Date of Birth: Mackay, Idaho	Full Name of Mother: Christena Jensen		Full Name of Father: Henry S. Lerter
SUPPORTING RECORD 2.	Type of Document: Semi-official birth certificate	By whom issued and signed: Idaho #[illegible]	Date Issued	Date Orig. Entry: Oct. 5, 1960
	Date of Birth: Birth Place: Mackay, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Bonneville County, Idaho	Date Issued: [illegible]	Date Orig. Entry: Nov. 2, 1959
	Date of Birth: Birth Place: [illegible]	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registered: [illegible]	Evidence reviewed by: [illegible] Nancy Richards	Date Filed: Jan. 19, 1960

993-215-037-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-074

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Anna Rice			2. Date of Birth (month) (day) (year): February 15 1906	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Owyhee	b. City or Town of Birth: Grandview, Idaho	
FATHER	6. Full Name of Father: Frank Tillie Rice			7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Mary Etta Adams			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Frances Anna Warkentien Frances Anna Rice	11. Present Address of Registrant: 821 E. Broadway, Enid, Okla	
NOTARY (Seal)	Subscribed and sworn to before me on: July 2 19 58		12. Signature of Notary: Marilyn Downing Marilyn Downing	13. Notary Commission expires: October 4 19 61	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 65		By whom issued and signed: Gladys J. Yoder	Date Issued: 7-2-58	Date Orig. Entry:
	Date of Birth: Feb. 15, 1906	Birth Place: Grand View, Idaho	Full Name of Mother: Mary Etta Adams	Name of Father: Frank Tillie Rice	
SUPPORTING RECORD 2.	Type of Document: Insurance Application		By whom issued and signed: Mutual Benefit Health & Acc. Assoc.	Date Issued:	Date Orig. Entry: Sept. 17, 1951
	Date of Birth: Feb. 15, 1906	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: signed by dr. 1-11-47 Oklahoma #11134	Date Issued: -	Date Orig. Entry: child born Jan. 10, 1947
	Date of Birth: age 40	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Jan. 29, 1960

FORM BH 56067

JAN 29 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

1. Registrant's Full Name of Birth: Frances Anna Rice		2. Date of Birth (month) February 15 (day) 1906 (year)	
3. Color or Race: White	4. Sex: F	5. Place of Birth (Town) Owyhee	6. Birth or Town of Birth: Grandview, Idaho
7. Full Name of Father: Frank Tillie Rice		8. State or Country of Father's Birth: Indiana	
9. Maiden Name of Mother: Mary Etta Adams		10. State or Country of Mother's Birth: Missouri	
11. Signature of Registrant: [illegible]		12. Present Address of Registrant: 521 E. Broadway, Enid, Okla	
13. Signature of Notary: Marilyn Downing		14. Notary Commission expires: October 4 to 61	
Date of Document: [illegible]	By whom issued and signed: Gladys [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
Date of Birth: Feb. 15, 1906	Birth Place: Grand View, Idaho	Full Name of Mother: Mary Etta Adams	Name of Father: Frank Tillie Rice
Date of Document: Insurance Application	By whom issued and signed: Mutual Benefit Health & Acc. Assoc.	Date Issued: [illegible]	Date Orig. Entry: Sept. 17, 1952
Date of Birth: Feb. 15, 1906	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
Date of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
Date of Birth: [illegible]	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---

Registrar's Certificate: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that the documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible]

Date of Letter: [illegible]	Evidence reviewed by: [illegible]	Date Filed: [illegible]

Form [illegible]

491-28-029-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-117

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jesse Ross Dial		2. Date Of Birth (month) (day) (year): Jan. 28, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah; b. City or Town of Birth
FATHER	6. Full Name of Father: Lewis Henry Dial		7. State or Country of Father's Birth: Kansas. U.S.A.
MOTHER	8. Full Maiden Name of Mother: Mary Ida Thompson		9. State or Country of Mother's Birth: Pennsylvania.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jesse Ross Dial	11. Present Address of Registrant: Garfield Wn
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 9, 1959	12. Signature of Notary: [illegible]	13. Notary Commission expires: June 9, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #184920	Date Issued:	Date Orig. Entry: child born Sept. 12, 1930
	Date of Birth: age 24	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: (born-6-2-1893) Affidavit by sister	By whom issued and signed: Agnes M. Dial Miller	Date Issued: 10-30-59	Date Orig. Entry:
	Date of Birth: Jan. 28, 1906	Birth Place: Latah County, Idaho	Full Name of Mother: Mary Ida Thompson	Name of Father: Lewis Henry Dial
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: March 14, 1947
	Date of Birth: Jan. 28, 1906	Birth Place: Latah County, Idaho	Full Name of Mother: Mary Ida Thompson	Name of Father: Lewis Henry Dial
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	Feb. 11, 1960

FORM BH 56067

FEB 11 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)	
	3. Sex of Person	4. Place of Birth (Country)	5. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant	
	12. Signature of Notary	13. Notary Commission Expires	

SUBSTANTIATING RECORD

Type of Document	By whom Issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Full Name of Mother	Name of Father	
Type of Document	By whom Issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Full Name of Mother	Name of Father	

SUBSTANTIATING RECORD 2

Type of Document	By whom Issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Full Name of Mother	Name of Father	
Type of Document	By whom Issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

QUALIFYING CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that accurate any evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Signature

Nancy Richards

Feb. 11, 1960

462-23-022-867

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-125

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Agatha Wiliminia Dobbs		2. Date Of Birth (month) (day) (year): February 13 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Leigh
FATHER	6. Full Name of Father: William Dobbs		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Letta Hopkins		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Agatha Wiliminia Dobbs	11. Present Address of Registrant: 423 Alturas Drive, Twin Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 2 1960	12. Signature of Notary: Edward N. [illegible]	13. Notary Commission expires: June 1 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit regarding LDS church records	By whom issued and signed: Francis M. Egbert Jr. Bishop, LDS Church	Date Issued: 1/19/60	Date Orig. Entry: May 6, 1906
	Date of Birth: Feb. 13, 1906	Birth Place: Leigh, Idaho	Full Name of Mother: Letta Hopkins	Name of Father: William Dobbs
SUPPORTING RECORD 2.	Type of Document: Affidavit	By whom issued and signed: Letta Pellum, mother	Date Issued: 2/2/60	Date Orig. Entry: May 6, 1906
	Date of Birth: 2-13/1906	Birth Place: Leigh, Idaho	Full Name of Mother: Letta Hopkins	Name of Father: William Dobbs
SUPPORTING RECORD 3.	Type of Document: Certified copy of affidavit for Marriage license	By whom issued and signed: Clerk, Bannock County	Date Issued: 1-27-60	Date Orig. Entry: 12-26-41
	Date of Birth: age 35	Birth Place: --	Full Name of Mother: --	Name of Father: --
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	1a Lois Ayers	Feb. 12, 1960

FORM BH 56067

1-20-60

FEB 12 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name at Birth: Agatha Wilminia Dobbs	2. Date of Birth: February 13 1906
	3. Place of Birth: White F	4. Place of Birth: Fremont
	5. Sex: Leigh	
FATHER	6. Full Name of Father: William Dobbs	7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Letta Hopkins	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant:
		11. Present Address of Registrant: 423 Alturas Drive Twin Falls, Idaho
NOTARY (Seal)	12. Subscribed and sworn to before me on: February 2 1960	13. Signature of Notary:
		14. Notary Commission expires: June 1 1963

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit church records	Francis M. Egbert Jr. Bishop, Lake Church	1/19/60	Feb 5 1960
Date of Birth	Full Name of Mother	Name of Father	
Feb. 13, 1906 Idaho	Letta Hopkins	William Dobbs	

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit	Letta Pellum, mother	2/2/60	
Date of Birth	Full Name of Mother	Name of Father	
2-13/1906 Leigh, Idaho	Letta Hopkins	William Dobbs	

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of affidavit Marriage License	Clerk, Bannock County	1-27-60	12-26-41
Date of Birth	Full Name of Mother	Name of Father	
--	--	--	

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CERTIFICATION

Hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the Supporting Statement.

Date Registrar	Evidence reviewed by	Date Filed
[illegible]	Lois Ayers	Feb. 12, 1960

614-22-010-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-134

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Virginia Wadsworth			2. Date Of Birth (month) (day) (year): July 21, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville County	b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Francis Abiah Wadsworth			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lydia Christina Christensen			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virginia Wadsworth Young		11. Present Address of Registrant: Box 416 Isleton, California
NOTARY (Seal)	Subscribed and sworn to before me on: January 19 1960	12. Signature of Notary: Nancy T. Hutton		13. Notary Commission expires: Sept. 10 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: Taylor Ward, LDS Church		Date Issued: 7-4-15	Date Orig. Entry: July 4, 1915
	Date of Birth: July 21, 1906	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Lydia Christenson	Name of Father: F. A. Wadsworth	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Ins. Co.		Date Issued: 11-1-28	Date Orig. Entry: Nov. 1, 1928
	Date of Birth: age next birthday 23 years	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Lodge Record	By whom issued and signed: Hogate Rebekah Lodge #294 Isleton, Calif. (Rec. Sec'ty)		Date Issued: 2-11-60	Date Orig. Entry: "ten years ago"
	Date of Birth: July 21, 1906	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. Lyle Benson	Evidence reviewed by: Nancy Richards nr	Date Filed: Feb. 17, 1960

FORM BH 56067

1 copy paid

FEB 17 1960

366-206-043-434

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-138

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Velma Minnie Coonrod
2. Date of Birth: March 6 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Canyon or Ada; b. City or Town of Birth: Van Wyck

FATHER

6. Full Name of Father: O. N. Ernest Coonrod
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Bertha Mc Murren
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Velma Schultz
11. Present Address of Registrant: 1166-N. W. Loop The Dalles, Ore.

NOTARY (Seal)

Subscribed and sworn to before me on: Dec. 10 1959
12. Signature of Notary:
13. Notary Commission expires: Apr. 17 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Social Security Record	Treasury Dept.		June 3, 1942
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	March 6, 1906 / Van Wyck, Idaho	Bertha McMurren	O. N. Ernest Coonrod	
SUPPORTING RECORD 2.	Type of Document: present at birth Affidavit by aunt, age 83	By whom issued and signed: Nancy Elizabeth Coonrod Connaughton	Date Issued: 2-4-60	Date Orig. Entry
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	March 6, 1906 / Vanwyck, Idaho	Bertha McMurren Coonrod	O. N. Coonrod	
SUPPORTING RECORD 3.	Type of Document: Statement re: Insurance Policy	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: -	Date Orig. Entry: policy Jan. 1, 1950
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	March 6, 1906 / Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Nancy Richards	Feb. 17, 1960

FORM BH 56067 12-4-59

FEB 17 1980

435-117-014-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-151

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ugene Moore Ulery			2. Date of Birth (month) (day) (year): June 17, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon Co.	b. City or Town of Birth: Payette, Idaho
FATHER	6. Full Name of Father: Claude Elwood Ulery			7. State or Country of Father's Birth: Onward, Indiana
MOTHER	8. Full Maiden Name of Mother: Edna Jane Moore			9. State or Country of Mother's Birth: Garner, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ugene M Ulery		11. Present Address of Registrant: Stites, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 10 1960	12. Signature of Notary: Emma Lou Tolden		13. Notary Commission expires: March 9 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 73	By whom issued and signed: Edna J. Ulery	Date Issued: 1-11-60	Date Orig. Entry:
	Date of Birth: June 17, 1906 / Birth Place: Payette, Idaho	Full Name of Mother: Edna Jane Moore Ulery	Name of Father: Claude Elwood Ulery	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #281142	Date Issued:	Date Orig. Entry: child born May 10, 1939
	Date of Birth: age 32 / Birth Place: Payette, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Printed Genealogy Record	By whom issued and signed: "compiled by F. I. Wells"	Date Issued: printed date-1932	Date Orig. Entry:
	Date of Birth: June 17, 1906 / Birth Place: ---	Full Name of Mother: Edna J. Moore	Name of Father: Claud E. Ulery	
QUALIFYING INFORMATION	School Record (actual attendance record), school name not stated: age 9 as of Sept. 20, 1915; parent-C. Ulery.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: D W Benson	Evidence reviewed by: nr Nancy Richards		Date Filed: Feb. 19, 1960

FORM BH 56067

1 copy paid 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 19 1969

295-22-5001-314

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-169
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Adelyn Campbell Kingsbury
2. Date of Birth (month) (day) (year): September 22, 1906
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Boise, Idaho — Ada Co.
b. City or Town of Birth: Boise, Idaho

FATHER

6. Full Name of Father: Dr. Charles Warren Kingsbury
7. State or Country of Father's Birth: Centerville, Iowa

MOTHER

8. Full Maiden Name of Mother: Blanche May Campbell
9. State or Country of Mother's Birth: Davenport, Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Adelyn Campbell Kingsbury
11. Present Address of Registrant: 3420 Lowell Way, San Diego 6, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: January 29th 1960
12. Signature of Notary: A. N. Kuensting
13. Notary Commission expires: My Commission Expires September 11, 1960 ____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1. Class*____	Affidavit by mother	Blanche Kingsbury	5-19-59	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept. 22, 1906 / Ada Co. Boise, Idaho	Blanche Kingsbury	Dr. Charles Warren Kingsbury	
SUPPORTING RECORD 2. Class____	Federal Census Record	U. S. Bureau of the Census	4-10-59	Jan. 1, 1920
	age 13 / Idaho	Blanche Kingsbury	Chas. Kingsbury	
SUPPORTING RECORD 3. Class____	Marriage Record	Santa Barbara Co., Calif.		July 25, 1935
	age 28 / Idaho	---	Dr. Charles Kingsbury	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Denson
Evidence reviewed by: mr Nancy Richards
Date Filed: Feb. 29, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 7 1960

REGISTRANT

1. Name: Melvin Campbell Kingsbury
2. Date of Birth: September 22, 1906
3. Color or Race: W
4. Sex: M
5. Place of Birth: Boise, Idaho
6. Residence: 1209 Boise, Idaho
7. Mailing Address: Same
8. Telephone Number: None
9. Person to Notify: Mrs. Melvin Kingsbury
10. Address of Person to Notify: Same
11. Employer's Name and Address: Self-employed
12. Place of Employment or Business: Boise, Idaho
13. Name of School or College: None
14. Year of Graduation: None
15. Highest Grade Completed: 12

I CERTIFY that the statements made by me are true, complete, and correctly made.

Melvin Campbell Kingsbury
(Registrant's Signature)

Date: March 7, 1960

REGISTRAR

Registered in Person at Office of Local Board

Date: March 7, 1960

(Registrar)

NOTICE TO REGISTRANT

You are hereby notified that you have been classified as shown below by your local board. Unless you request a personal appearance before the board or appeal from this classification within the time and manner prescribed by the Selective Service Regulations, this classification shall become final at the expiration of 10 days after the date this notice is mailed to you. Your local board will not reopen your classification after it becomes final except to correct a clerical error.

Class: 3-A

Date of Classification: March 7, 1960

Signature of Registrant

Melvin Campbell Kingsbury

Signature of Member of Local Board

Ralph Bennett

Ralph Bennett

Member of Local Board

Ada County Idaho

Local Board (Number, City, County, State and Zip Code if Any)

Boise, Idaho

Mailing Address of Local Board

Boise, Idaho

Date Mailed

March 7, 1960

APPEAL

If you desire to appeal from this classification, you must file a written notice of appeal with your local board within 10 days after the date this notice is mailed to you. Your local board will not reopen your classification after it becomes final except to correct a clerical error.

Date Appeal Filed

Signature of Registrant

Signature of Member of Local Board

Member of Local Board

Mailing Address of Local Board

Date Mailed

PERSONAL APPEARANCE

If you desire a personal appearance before the board, you must request it in writing within 10 days after the date this notice is mailed to you. If you request a personal appearance, you will be notified of the time and place thereof by mail addressed to you at your last address known to the board.

Date of Personal Appearance

Signature of Registrant

Signature of Member of Local Board

Member of Local Board

Mailing Address of Local Board

Date Mailed

FINAL ACTION BY LOCAL BOARD

Class: 3-A

Date of Classification: March 7, 1960

Signature of Member of Local Board

Ralph Bennett

Ralph Bennett

Member of Local Board

Ada County Idaho

Local Board (Number, City, County, State and Zip Code if Any)

Boise, Idaho

Mailing Address of Local Board

Boise, Idaho

Date Mailed

March 7, 1960

If person certified above has prior active military service, enter highest grade, rate or rating, service and serial number:

Date of Induction

Signature of Registrant

Signature of Member of Local Board

Member of Local Board

Mailing Address of Local Board

Date Mailed

DISPOSITION OF REGISTRANT

Date of Delivery to Registrant

Signature of Registrant

Signature of Member of Local Board

Member of Local Board

Mailing Address of Local Board

Date Mailed

RECORD OF CLASSIFICATION

Class: 3-A

Date of Classification: March 7, 1960

Type of Classification: Deferred because of dependency

Signature of Registrant: Melvin Campbell Kingsbury

Signature of Member of Local Board: Ralph Bennett

Ralph Bennett

Member of Local Board

Ada County Idaho

Local Board (Number, City, County, State and Zip Code if Any)

Boise, Idaho

Mailing Address of Local Board

Boise, Idaho

Date Mailed

March 7, 1960

RECORD OF APPEAL

Class: 3-A

Date of Classification: March 7, 1960

Type of Classification: Deferred because of dependency

Signature of Registrant: Melvin Campbell Kingsbury

Signature of Member of Local Board: Ralph Bennett

Ralph Bennett

Member of Local Board

Ada County Idaho

Local Board (Number, City, County, State and Zip Code if Any)

Boise, Idaho

Mailing Address of Local Board

Boise, Idaho

Date Mailed

March 7, 1960

RECORD OF PERSONAL APPEARANCE

Class: 3-A

Date of Classification: March 7, 1960

Type of Classification: Deferred because of dependency

Signature of Registrant: Melvin Campbell Kingsbury

Signature of Member of Local Board: Ralph Bennett

Ralph Bennett

Member of Local Board

Ada County Idaho

Local Board (Number, City, County, State and Zip Code if Any)

Boise, Idaho

Mailing Address of Local Board

Boise, Idaho

Date Mailed

March 7, 1960

RECORD OF FINAL ACTION BY LOCAL BOARD

Class: 3-A

Date of Classification: March 7, 1960

Type of Classification: Deferred because of dependency

Signature of Registrant: Melvin Campbell Kingsbury

Signature of Member of Local Board: Ralph Bennett

Ralph Bennett

Member of Local Board

Ada County Idaho

Local Board (Number, City, County, State and Zip Code if Any)

Boise, Idaho

Mailing Address of Local Board

Boise, Idaho

Date Mailed

March 7, 1960

If person certified above has prior active military service, enter highest grade, rate or rating, service and serial number:

Date of Induction

Signature of Registrant

Signature of Member of Local Board

Member of Local Board

Mailing Address of Local Board

Date Mailed

DISPOSITION OF REGISTRANT

Date of Delivery to Registrant

Signature of Registrant

Signature of Member of Local Board

Member of Local Board

Mailing Address of Local Board

Date Mailed

367-222-018-689

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De60-190
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elva Olive Cox
2. Date Of Birth (month) (day) (year): September 22 1906
3. Color or Race: white
4. Sex: f
5. Place of Birth a. County: Orofino, Ida. Clearwater
b. City or Town of Birth: Orofino, Idaho.

FATHER

6. Full Name of Father: James Edward Cox
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Cassandra Priscilla White
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elva Olive Cox
11. Present Address of Registrant: 1848 W. Broadway Spokane, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: February 1 1960
12. Signature of Notary: Helen C. Johnson
13. Notary Commission expires: March 22 1963.

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class*____	Marriage Record	age 19	----	Shoshone County, Idaho	----	10-29-58	----	Jan. 10, 1926
SUPPORTING RECORD 2. Class____	Affidavit by family friend, age 75	Sept. 22, 1906	Orofino, Idaho	John F. Carman	Cassandra Priscilla Cox	2-20-60	James Edward Cox	
SUPPORTING RECORD 3. Class____	own child's birth certificate	age 29	Orofino, Idaho	Idaho #244233	----		----	child born May 16, 1936

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. H. Benson
Evidence reviewed by: nr Nancy Richards
Date Filed: March 4, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH-10067

MAR 4 1980

366-215-006-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-227

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marion Eliza Cooper		2. Date Of Birth (month) March (day) 15 (year) 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Yuma
FATHER	6. Full Name of Father: Albert Friend Cooper		7. State or Country of Father's Birth: Penn
MOTHER	8. Full Maiden Name of Mother: Amelia Cathrine Larsen		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marion Eliza Cooper (Cross)	11. Present Address of Registrant: 228 West "E" Street Springfield, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: June 2, 1959	12. Signature of Notary: [signature]	13. Notary Commission expires: Aug. 12, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister (born 3-20-1896)	By whom issued and signed: Myrtle Amelia Hathaway	Date Issued: June 2, 1959	Date Orig. Entry: June 2, 1959
	Date of Birth: Mar. 15, 1906; Birth Place: Yuma, Idaho (Bingham Co.	Full Name of Mother: Amelia Cathrine Cooper (Larsen)	Name of Father: Albert Friend Cooper	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Nevada City, Calif.	Date Issued: 5-14-45	Date Orig. Entry: child born May 2, 1945
	Date of Birth: age 39; Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Physician's office record	By whom issued and signed: Harry N. March, M.D. Grass Valley, Calif.	Date Issued: 2-20-60	Date Orig. Entry: 1945
	Date of Birth: March 15, 1906; Birth Place: Yuma, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: March 15, 1960	

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 15 1961

551-207-036-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-256

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Betty Ruth Evans
2. Date Of Birth (month) (day) (year): March 7 1906
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Idaho Oneida
b. City or Town of Birth: Preston

FATHER

6. Full Name of Father: James Eddie Alexander Evans
7. State or Country of Father's Birth: Virginia

MOTHER

8. Full Maiden Name of Mother: Minnie Alice Warrick
9. State or Country of Mother's Birth: Virginia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth E. Goff
11. Present Address of Registrant: 298 E. Oneida, Preston, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: July 27 1959

12. Signature of Notary: William L. Weber Jr. Notary Public. Preston, Idaho
13. Notary Commission expires: January 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record -- Blessing	Oneida Stake, Preston 1st Ward LDS Church	8-12-53	Aug. 6, 1906
	Date of Birth: March 7, 1906 / Birth Place: Oneida Co. Preston, Idaho	Full Name of Mother: Minnie Alice Warrick	Name of Father: James Eddie Evans	
SUPPORTING RECORD 2.	Affidavit by mother's sister	Ettie Warrick Condie, age 81	7-27-59	
	Date of Birth: March 7, 1906 / Birth Place: Oneida Co. Preston, Idaho	Full Name of Mother: Minnie Alice Warrick	Name of Father: James Eddie Alexander Evans	
SUPPORTING RECORD 3.	own child's birth certificate	Idaho #201198		child born April 18, 1932
	Date of Birth: age 26 / Birth Place: Preston, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Nancy Richards
Date Filed: March 24, 1960

FORM BH 56067

DEPARTED CERTIFICATE OF BIRTH

DATE OF ISSUE

JUN 9 1960

766-102-020-547

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-275

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Nugent Powers			2. Date Of Birth (month) (day) (year): February 2, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Elmore Co.	b. City or Town of Birth: Mountain Home, Idaho
FATHER	6. Full Name of Father: Walter Francis Powers			7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Mollie Frances Nugent			9. State or Country of Mother's Birth: Ireland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Nugent Powers		11. Present Address of Registrant: 611 S. E. Frazer Ave. Pendleton, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: 11th March 1960	12. Signature of Notary: Charles Erwin		13. Notary Commission expires: 3/16/60 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Mollie F. Powers	Date Issued: 12-30-58	Date Orig. Entry:
	Date of Birth: Feb. 2, 1906	Birth Place: Elmore Co., Idaho Mountain Home	Full Name of Mother: Mollie F. Powers	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 25, 1936
	Date of Birth: Feb. 2, 1906	Birth Place: Mt. Home, Idaho	Full Name of Mother: Mollie F. Nugent	Name of Father: Walter F. Powers	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Knights of Columbus	Date Issued: 5-5-29	Date Orig. Entry: April 18, 1929
	Date of Birth: Feb. 2, 1906	Birth Place: Mountain Home, Idaho	Full Name of Mother: Molly Powers	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barnum	nr Nancy Richards	March 28, 1960

FORM BH 56067

1 copy paid

MAR 28 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

Date of Birth: [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): February 2, 1906	
	3. Sex: Male	4. Place of Birth (county): Elmore Co.	Place of Birth (city): Mountain Home, Idaho
FATHER	5. Full Name of Father: [illegible]	6. State or Country of Father's Birth: Canada	
MOTHER	7. Full Name of Mother: [illegible] Frances Nugent	8. State or Country of Mother's Birth: Ireland	
AFFIDAVIT	9. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: 611 [illegible] Fraser Ave., Pendleton, Oregon
	12. Subscribed and sworn to before me on: [illegible]	13. Signature of Notary: [illegible]	14. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by Mother	By whom issued and signed: Mollie F. Powers	Date Issued: 12-30-58	Date Orig. Entry:
	Date of Birth: [illegible] 1906	Birth Place: [illegible] Co., Idaho, Mountain Home	Full Name of Mother: Mollie F. Powers	Name of Father: —
SUPPORTING RECORD 2	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. [illegible], 1959
	Date of Birth: [illegible]	Birth Place: [illegible] Co., Idaho	Full Name of Mother: Mollie F. Nugent	Name of Father: Walter F. Powers
SUPPORTING RECORD 3	Type of Document: Insurance Policy	By whom issued and signed: Knights of Columbus	Date Issued: 5-5-29	Date Orig. Entry: April 18, 1929
	Date of Birth: Feb. 2, 1906	Birth Place: Mountain Home, Idaho	Full Name of Mother: Molly Powers	Name of Father: —
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this proposed [illegible] that documentary evidence has been [illegible] which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence Reviewed by	Date Filed
[illegible]	Nancy Richards	March 28, 1960

[illegible]

113-14-005-443

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-283

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Benjamin Jules Jacot			2. Date Of Birth (month) (day) (year): October 14 1906
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: St. Maries, Ida.	b. City or Town of Birth: St. Maries Idaho
FATHER	6. Full Name of Father: Jules Alfred Jacot			7. State or Country of Father's Birth: Les Petit Ponts, Switzerland
MOTHER	8. Full Maiden Name of Mother: Marie Lina Ducommun			9. State or Country of Mother's Birth: Brot Dessus - Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Benjamin Jules Jacot		11. Present Address of Registrant: Marthasville, Mo.
NOTARY (Seal)	Subscribed and sworn to before me on: 21st day of Mar. 1960	12. Signature of Notary: U. F. Vaelkending		13. Notary Commission expires: Nov. 30th 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister (born-3-10-1894)		By whom issued and signed: (Mrs.) Jeanne Ducommun	Date Issued: 2-24-60	Date Orig. Entry:
	Date of Birth: Oct. 14, 1906	Birth Place: Benewah Co. St. Maries, Idaho	Full Name of Mother: Marie Lina Ducommun	Name of Father: Jules Alfred Jacot	
SUPPORTING RECORD 2.	Type of Document: Bible record-copy		By whom issued and signed: original viewed by Notary Public James T. Margrave; St. Maries, Ida.	Date Issued: (not dated)	Date Orig. Entry: obviously old
	Date of Birth: Oct. 14, 1906	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #260784	Date Issued:	Date Orig. Entry: child born Nov. 13, 1937
	Date of Birth: age 31	Birth Place: St. Maries, Ida.	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	Marriage Record, Benewah County, Ida.; 2-23-60; age 22 as of June 7, 1929.				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards nr	March 30, 1960

FORM BH 56067 12-14-59

APR 22 1960

SEP 3 1971

133-208-025-893

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-311
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wilma Mae Alcorn
2. Date of Birth (month) May (day) 8 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Idaho
b. City or Town of Birth: Stites

FATHER

6. Full Name of Father: Reilly J. Alcorn
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Full Maiden Name of Mother: Cora E. Ribbon
9. State or Country of Mother's Birth: Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wilma Mae Chance
11. Present Address of Registrant: 3127 E. Artesia, Long Beach Calif.

NOTARY (Seal)

Subscribed and sworn to before me on February 12 19 60

12. Signature of Notary: Alvin J. Atkinson
13. Notary Commission expires: October 5 19 61

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class*_____	Federal Census Record	U. S. Bureau of the Census	5-6-54	Jan. 1, 1920
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 13 / Idaho	Cora E. Alcorn	----	
SUPPORTING RECORD 2. Class_____	own child's birth certificate	Los Angeles Co. Recorder California #615	11-18-53	child born Aug. 26, 1935
	age 29 / Idaho	----	----	
SUPPORTING RECORD 3. Class_____	Certified copy of Own child's Birth Certificate #5374	State of California Div. of Vital Statistics	Jan 12, 1949	child born Dec 9, 1942
	age 36 / Stites, Idaho	----	----	

QUALIFYING INFORMATION

Statement from Metropolitan Life Ins. Co., San Francisco, California issued 3-8-1960 regarding Insurance Policy NO. 35 960 345. Date of Policy Feb 8, 1937. Date of birth given May 8, 1906 and place of birth given as Idaho Walla Walla College Entrance Record for 1924-25 gives father's name as R. J. Alcorn

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Joyce B. Foltz	April 12, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR

681-127-035-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-313

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: David Lloyd Wyatt
2. Date of Birth (month) (day) (year): August 27 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Idaho — Nez Perce
b. City or Town of Birth: Ranch - Near Lewiston Idaho

FATHER

6. Full Name of Father: David Johnston Wyatt
7. State or Country of Father's Birth: Clairmont Co. Ohio

MOTHER

8. Full Maiden Name of Mother: Minnie Augusta Balsley
9. State or Country of Mother's Birth: Syracuse New York

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: David Lloyd Wyatt
11. Present Address of Registrant: 2313-9th Ave Lewiston Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: April 13th 1959
12. Signature of Notary: Carl C. Kuton
13. Notary Commission expires: July 11 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother, age 88	Minnie Augusta Wyatt	5-19-59	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 27, 1906	ranch near Lewiston, Idaho	Minnie Augusta Balsley Wyatt	David Johnston Wyatt

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #406260	California Western States Life Insurance Co., Sacramento, Calif.	Nov 25, 1939	Nov 25, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 27, 1906	Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage License and Certificate #4278	Book 351 State of California Page 120 SanFrancisco Co. Recorder	---	Feb 28, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 29	---	---	---

QUALIFYING INFORMATION

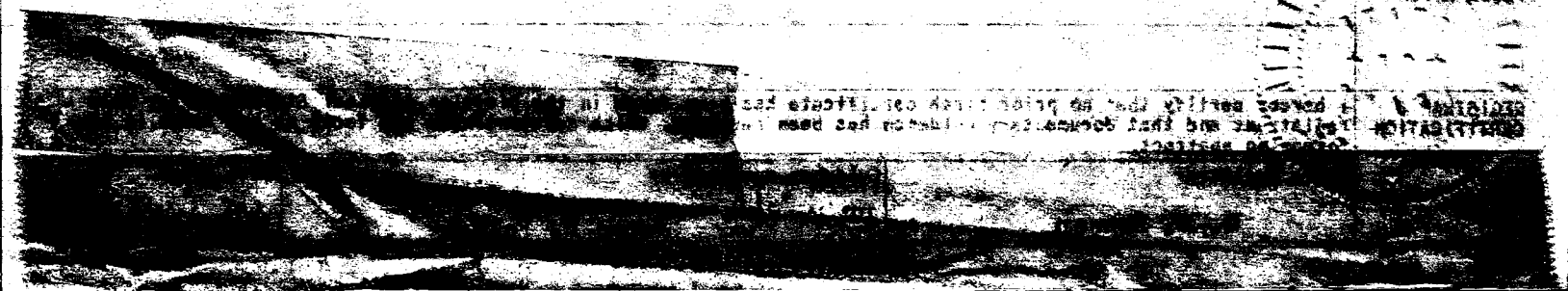
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Joyce B. Foltz	April 13, 1960

FORM BH 56067

APR 14 1960



243-114-035-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-339

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ernest Paul Butler			2. Date of Birth (month) January (day) 14 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Nezperce County	b. City or Town of Birth: Gildesac
FATHER	6. Full Name of Father: Clarence Adelbert Butler			7. State or Country of Father's Birth: Lynn County, Oregon
MOTHER	8. Full Maiden Name of Mother: Caroline Elsie Gieger			9. State or Country of Mother's Birth: Germany
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ernest Butler		11. Present Address of Registrant: Culdesac Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 1 1960	12. Signature of Notary: W. L. Teel		13. Notary Commission expires: NOTARY PUBLIC FOR IDAHO RESIDING AT LEWISTON THEREIN. MY COMMISSION EXPIRES FEB. 7, 19__

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation #327381	By whom issued and signed: Reorganized Church of Jesus Christ of Latter Day Saints		Date Issued: --	Date Orig. Entry: Baptized March 9, 1919
	Date of Birth: Jan. 14, 1906	Birth Place: Culdesac, Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: U. S. Census Record	By whom issued and signed: Department of Commerce Bureau of the Census		Date Issued: March 15, 1951	Date Orig. Entry: U.S.Census of April 15, 1910
	Date of Birth: age 4	Birth Place: Idaho	Full Name of Mother: Caroline E. Butler		Name of Father: Clarence A. Butler
SUPPORTING RECORD 3.	Type of Document: Affidavit by Father - age 76	By whom issued and signed: Clarence Adelbert Butler		Date Issued: Feb 29, 1960	Date Orig. Entry: ---
	Date of Birth: Jan. 14, 1906	Birth Place: Culdesac, Idaho Nez Perce Co.	Full Name of Mother: Caroline Elsie Gieger		Name of Father: Clarence Adebert Butler
QUALIFYING INFORMATION	Application for Northern Life Insurance Co., Seattle, Washington dated Nov 14, 1936. Date of Birth: Jan 14, 1906; Place of Birth: Culdesac, Idaho.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz		Date Filed: April 18, 1960	

FORM BH 56067

3-14-60 one copy paid #21407

APR 19 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child: Eugene Paul Keller

2. Color or race: White

3. Sex: Male

4. Twin, triplet, or other: Nonetwin

5. Date of birth: January 11, 1950

6. Place of birth: Washington County

7. Name of father: Clarence Adelbert Keller

8. Birthplace of father: Oregon

9. Age of father at time of birth: 21

10. Name of mother: Geraldine Hinkle Keller

11. Birthplace of mother: Oregon

12. Age of mother at time of birth: 21

13. Number of previous children of this mother: 0

14. Number of other children now living: 1

15. Name and address of informant: Geraldine Hinkle Keller, Weiser, Idaho

16. Relationship of informant to child: Mother

17. Date informant signed: January 11, 1960

18. Name and address of person who attended birth: Dr. Ralph Hall, Weiser, Idaho

19. Date attended birth: January 11, 1950

20. Was birth certified by a physician? Yes

21. Was birth registered with local registrar? Yes

22. Date registered: January 11, 1950

23. Name of local registrar: Geraldine Hinkle Keller

24. Address of local registrar: Weiser, Idaho

25. Date delayed certificate filed: April 19, 1960

26. Evidence submitted with application: Baptismal Record

27. Name and address of person making statement: Geraldine Hinkle Keller, Weiser, Idaho

28. Relationship to child: Mother

29. Date signed: April 19, 1960

30. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

31. Relationship to child: Father

32. Date signed: April 19, 1960

33. Name and address of person making statement: Clarence A. Keller

34. Relationship to child: Father

35. Date signed: April 19, 1960

36. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

37. Relationship to child: Father

38. Date signed: April 19, 1960

39. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

40. Relationship to child: Father

41. Date signed: April 19, 1960

42. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

43. Relationship to child: Father

44. Date signed: April 19, 1960

45. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

46. Relationship to child: Father

47. Date signed: April 19, 1960

48. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

49. Relationship to child: Father

50. Date signed: April 19, 1960

51. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

52. Relationship to child: Father

53. Date signed: April 19, 1960

54. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

55. Relationship to child: Father

56. Date signed: April 19, 1960

57. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

58. Relationship to child: Father

59. Date signed: April 19, 1960

60. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

61. Relationship to child: Father

62. Date signed: April 19, 1960

63. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

64. Relationship to child: Father

65. Date signed: April 19, 1960

66. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

67. Relationship to child: Father

68. Date signed: April 19, 1960

69. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

70. Relationship to child: Father

71. Date signed: April 19, 1960

72. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

73. Relationship to child: Father

74. Date signed: April 19, 1960

75. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

76. Relationship to child: Father

77. Date signed: April 19, 1960

78. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

79. Relationship to child: Father

80. Date signed: April 19, 1960

81. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

82. Relationship to child: Father

83. Date signed: April 19, 1960

84. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

85. Relationship to child: Father

86. Date signed: April 19, 1960

87. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

88. Relationship to child: Father

89. Date signed: April 19, 1960

90. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

91. Relationship to child: Father

92. Date signed: April 19, 1960

93. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

94. Relationship to child: Father

95. Date signed: April 19, 1960

96. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

97. Relationship to child: Father

98. Date signed: April 19, 1960

99. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

100. Relationship to child: Father

101. Date signed: April 19, 1960

102. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

103. Relationship to child: Father

104. Date signed: April 19, 1960

105. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

106. Relationship to child: Father

107. Date signed: April 19, 1960

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110. Date signed: April 19, 1960

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113. Date signed: April 19, 1960

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119. Date signed: April 19, 1960

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122. Date signed: April 19, 1960

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125. Date signed: April 19, 1960

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127. Relationship to child: Father

128. Date signed: April 19, 1960

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130. Relationship to child: Father

131. Date signed: April 19, 1960

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133. Relationship to child: Father

134. Date signed: April 19, 1960

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136. Relationship to child: Father

137. Date signed: April 19, 1960

138. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

139. Relationship to child: Father

140. Date signed: April 19, 1960

141. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

142. Relationship to child: Father

143. Date signed: April 19, 1960

144. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

145. Relationship to child: Father

146. Date signed: April 19, 1960

147. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

148. Relationship to child: Father

149. Date signed: April 19, 1960

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151. Relationship to child: Father

152. Date signed: April 19, 1960

153. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

154. Relationship to child: Father

155. Date signed: April 19, 1960

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157. Relationship to child: Father

158. Date signed: April 19, 1960

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161. Date signed: April 19, 1960

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163. Relationship to child: Father

164. Date signed: April 19, 1960

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166. Relationship to child: Father

167. Date signed: April 19, 1960

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169. Relationship to child: Father

170. Date signed: April 19, 1960

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172. Relationship to child: Father

173. Date signed: April 19, 1960

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175. Relationship to child: Father

176. Date signed: April 19, 1960

177. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

178. Relationship to child: Father

179. Date signed: April 19, 1960

180. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

181. Relationship to child: Father

182. Date signed: April 19, 1960

183. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

184. Relationship to child: Father

185. Date signed: April 19, 1960

186. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

187. Relationship to child: Father

188. Date signed: April 19, 1960

189. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

190. Relationship to child: Father

191. Date signed: April 19, 1960

192. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

193. Relationship to child: Father

194. Date signed: April 19, 1960

195. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

196. Relationship to child: Father

197. Date signed: April 19, 1960

198. Name and address of person making statement: Clarence Adelbert Keller, Weiser, Idaho

199. Relationship to child: Father

200. Date signed: April 19, 1960

364-22-026-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-347

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah LaVeida Coucher			2. Date of Birth (month) April (day) 22 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Rigby
FATHER	6. Full Name of Father: Joseph William Coucher			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Elizabeth Finn			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: LaVeda C. Bramwell		11. Present Address of Registrant: St. Anthony
NOTARY (Seal)	Subscribed and sworn to before me on: July 2 1959	12. Signature of Notary: S. J. Hathaway		13. Notary Commission expires: April 10, 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #217027		Date Issued:	Date Orig. Entry: child born Oct. 13, 1933
	Date of Birth: age 27	Birth Place: Rigby, Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Application for social security account number	By whom issued and signed: Treasury Department		Date Issued: --	Date Orig. Entry: July 1, 1943
	Date of Birth: April 22, 1906	Birth Place: Rigby, Idaho Jefferson co.	Full Name of Mother: Sarah Elizabeth Finn		Name of Father: Joseph William Coucher
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: Wm. J. E. Allbrand		Date Issued: --	Date Orig. Entry: Baptized May 2, 1914
	Date of Birth: April 22, 1906	Birth Place: Rigby, Idaho	Full Name of Mother: Sarah Finn		Name of Father: Joseph Wm. Coucher
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	mr Joyce B. Foltz	April 20, 1960

FORM BH 56067

1 copy paid.

APR 21 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File Number 20-347

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race	4. Place of Birth (county)	5. Locality or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth

SIGNATURE	I hereby declare under oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY	12. Subscribed and sworn to before me on 19__	13. Signature of Notary	14. Notary Commission expires 19__

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Jefferson Child's birth certificate	Idaho [illegible]		Oct. 13, 1933
Date of Birth	Full Name of Mother	Name of Father	
[illegible]	[illegible]	[illegible]	

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for social security account number	Treasury Department	--	July 1, 1943
Date of Birth: April 22, 1908	Birth Place: Rigby, Idaho, Jefferson Co.	Full Name of Mother: Sarah Elizabeth Kinn	Name of Father: Joseph William Goucher

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Wm. J. H. Allbrand	--	Baptized May 2, 1914
Date of Birth: April 22, 1908	Birth Place: Rigby, Idaho	Full Name of Mother: Sarah Kinn	Name of Father: Joseph Wm. Goucher

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce D. [illegible]	April 20, 1960

STATE OF IDAHO

689-118-007-845

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-349

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MELVIN M. WHITE			2. Date Of Birth (month) JUNE (day) 18 (year) 1906
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: BLAINE	b. City or Town of Birth: BELLEVUE, IDAHO
FATHER	6. Full Name of Father: WALTER EDWARD WHITE			7. State or Country of Father's Birth: NEVADA
MOTHER	8. Full Maiden Name of Mother: EVA HUNT			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melvin M. White		11. Present Address of Registrant: MOLALLA, OREGON.
NOTARY (Seal)	Subscribed and sworn to before me on January 27 1960	12. Signature of Notary: D V Rollins		13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires Aug. 21, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Eva White	Date Issued: 10-21-59	Date Orig. Entry:
	Date of Birth: June 18, 1906	Birth Place: Blaine Co. Bellvue, Idaho	Full Name of Mother: Eva White	Name of Father: Walter Edward White
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Blaine Co. Class A School Dist. No. 61, Hailey, Ida.	Date Issued: 11-25-59	Date Orig. Entry: Sept. 9, 1923
	Date of Birth: June 18, 1906	Birth Place: ---	Full Name of Mother: Eva Hunt White	Name of Father: Walter E. White
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: Bureau of the Census Washington D.C.	Date Issued: April 1, 1960	Date Orig. Entry: Census of Jan 1, 1920
	Date of Birth: Age 13	Birth Place: Idaho	Full Name of Mother: Eva White	Name of Father: Walter E.
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Joyce B. Foltz	April 20, 1960

FORM BH 56067

12-17-59

1 copy paid

APR 21 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person - Head) Birth Registered	1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth (month) (day) (year) [illegible]
	3. Color or Race 14. Sex 15. Place of Birth (County)	Utility or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Name of Mother	9. State or Country of Mother's Birth
APPLICANT	10. Signature of Applicant	11. Present Address of Registrant
	12. Signature of Notary	13. Notary Commission Expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible]	By Whom Issued and Signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Place of Birth: Ballvue, Idaho	Name of Father: Walter Edward [illegible]	
SUPPORTING RECORD 2.	Type of Document: School Record	By Whom Issued and Signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: Sept. 2, 1955
	Date of Birth: June 16, 1956	Place of Birth: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 3.	Type of Document: Census Record	By Whom Issued and Signed: Bureau of the Census [illegible]	Date Issued: April 1, 1960	Date Orig. Entry: Census of Jan 1, 1960
	Date of Birth: Apr 15	Birth Place: Idaho	Name of Father: Walter E.	
QUALIFIED INFORMATION				

DECLARATION OF CERTIFICATION (Name): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Year and that documentary evidence has been reviewed, and that the facts as set forth in the foregoing abstract.

Date Registrar: W. W. Ferguson	Evidence Reviewed by: Joyce R. Foltz	Date Filed: April 20, 1960

FORM 00 [illegible]

962120-011-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-395

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Allen Earnest Rosholt		2. Date of Birth (month) (day) (year): December 30 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Boundary; b. City or Town of Birth: Bonners Ferry, Idaho
FATHER	6. Full Name of Father: Eilert J. Rosholt		7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Anna Regene Danielson		9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: H. Rosholt	11. Present Address of Registrant: 312 5th. Ave. Lewiston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: [illegible]	12. Signature of Notary: March 30, 1960	13. Notary Commission expires: May 10 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Certificate of Birth	By whom issued and signed: Saint Joseph's Hospital Lewiston, Sister M. Cataldo, Supt.	Date Issued: 8-8-1939	Date Orig. Entry: child born Aug 8, 1939	
	Date of Birth: Dec. 30, 1906	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: Lutheran H. Thormodsgard, Pastor Bonners Ferry	Date Issued: ----	Date Orig. Entry: Mai 12, 1907	
	Date of Birth: Dec 30, 1906	Birth Place: ---	Full Name of Mother: Anna Regene Rosholt	Name of Father: Eilert J. Rosholt	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho #333984	Date Issued: ---	Date Orig. Entry: child born Jan 2, 1942	
	Date of Birth: age 35	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	May 11, 1960

MAY 11 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: Allen Ernest Rosholt	2. Date of Birth (month) (day) (year): December 30 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Boundary	6. County: Bonners Ferry, Idaho
FATHER	7. Full Name of Father: Filert J. Rosholt	7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Anna Regene Gaulsdon	8. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible] Ave. Lewiston, Idaho
	12. Subscribed and sworn to before me on: [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

APPROVED BY: [illegible]

Type of Document: Hospital Certificate of Birth	By whom issued and signed: Saint Joseph's Hospital, Lewiston, Glover M. Ratelde, Supt.	Date Issued: 5-8-1939	Date Orig. Entry: Child born Aug 5, 1939
Date of Birth: 1906	Birth Place: Idaho	Full Name of Mother:	Name of Father:
Type of Document: Church Record	By whom issued and signed: Lutheran [illegible] Bornsdegard, Pastor Bonners Ferry	Date Issued: ---	Date Orig. Entry: Mar 12, 1907
Date of Birth: Dec 30, 1906	Birth Place: ---	Full Name of Mother: Anna Regene Rosholt	Name of Father: Filert J. Rosholt
Type of Document: Unpublished birth certificate	By whom issued and signed: Idaho #[illegible]	Date Issued: ---	Date Orig. Entry: Child born Jan 2, 1942
Date of Birth: age 35	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: ---	Name of Father:

QUALIFYING INFORMATION:

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
W. W. [illegible]	Joyce [illegible] Holtz	May 11, 1960

FORM NO. [illegible]

3-8-[illegible] one copy paid #21229

546-104-006 -235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-429

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John Harold Edwards
2. Date Of Birth (month) July (day) 4 (year) 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Blackfoot, Ida. Bingham
b. City or Town of Birth: Blackfoot

FATHER

6. Full Name of Father: Robert Andrew Edwards
7. State or Country of Father's Birth: Utah, U.S.A.

MOTHER

8. Full Maiden Name of Mother: Lydia Hanna Stephens
9. State or Country of Mother's Birth: Utah, U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John Harold Edwards
11. Present Address of Registrant: 506 South A. Street Grangeville, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on April 11, 1960

12. Signature of Notary: [signature]
13. Notary Commission expires: June 8, 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by Aunt	Mary Farnworth	--	May 19, 1960

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 4, 1906	Blackfoot, Bingham Co., Idaho	Lydia Hanna Edwards	Robert Andrew Edwards

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family record book	--	--	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 4, 1906	Blackfoot, Idaho	Lydia H. Stephens	Robert A. Edwards

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance policy #1700948	Occidental Life Insurance Co., Los Angeles, California	--	July 23, 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 28	--	--	--

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Lois Ayers	May 20, 1960

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 21 1960

State File No. D60-629

1. Name of child (First, Middle, Last) — 2. Sex — 3. Date of birth (Month, Day, Year)

John Marcia Edwards — Male — July 4, 1908

4. Place of birth (County, City or Town) — Blackfoot, Idaho

5. Name of father — Andrew Edwards

6. Birthplace of father — Virginia

7. Maiden name of mother — Donna Stanyard

8. Birthplace of mother — Blackfoot, Idaho

9. Name and address of informant — Mrs. Donna Stanyard Edwards, Blackfoot, Idaho

10. Relationship of informant to child — Mother

11. Signature of informant — Donna Stanyard Edwards

12. Date signed — May 11, 1960

13. Address of informant — 1006 South A. Street, Grangeville, Idaho

14. Name of person preparing this form — Mary Farnsworth

15. Title of person preparing this form — Deputy Recorder

16. Date received by local registrar — May 12, 1960

17. Signature of local registrar — Mary Farnsworth

18. Date filed by State Registrar — May 19, 1960

19. Evidence submitted with this certificate — Affidavit by Aunt

20. Name of physician or midwife in attendance at birth — None

21. Date attended — None

22. Name of hospital or institution — None

23. Address — None

24. Date of birth — July 4, 1908

25. Name of hospital or institution — None

26. Address — None

27. Date of birth — None

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449-21-001-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-453

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MILDRED MARIE MURRAY		2. Date Of Birth (month) (day) (year): NOVEMBER 11, 1906	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: ADA	b. City or Town of Birth: CALDWELL
FATHER	6. Full Name of Father: CHARLES HEZIKIAH MURRAY		7. State or Country of Father's Birth: MISSOURI	
MOTHER	8. Full Maiden Name of Mother: GERTRUDE AKLEY ORVIS		9. State or Country of Mother's Birth: CANADA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred M. Keating	11. Present Address of Registrant: 1102 OXFORD SPARKS NEV	
NOTARY (Seal) County of Washoe State of Nevada	Subscribed and sworn to before me on: April 18 1960	12. Signature of Notary: Matilda H. Gibbons	13. Notary Commission expires: Aug. 22, 1961	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for Social Security Account No.	By whom issued and signed: Treasury Department	Date Issued: ---	Date Orig. Entry: Dec. 18, 1936
	Date of Birth: Nov. 11, 1906	Birth Place: Caldwell, Idaho	Full Name of Mother: Gertrude Orvis	Name of Father: Charles H. Murray
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt - Age 79	By whom issued and signed: Bertha O. Van Dorn	Date Issued: May 19, 1960	Date Orig. Entry: ---
	Date of Birth: Nov. 11, 1906	Birth Place: Caldwell, Idaho Canyon County	Full Name of Mother: Gertrude Akley Orvis	Name of Father: Charles Hezikiah Murray
SUPPORTING RECORD 3.	Type of Document: application for Change in Records (Name changed by marriage)	By whom issued and signed: Federal Security Agency Social Security Board	Date Issued: ---	Date Orig. Entry: Nov 19, 1946
	Date of Birth: Nov 11, 1906	Birth Place: Caldwell, Idaho Ada County	Full Name of Mother: Getrude Orvis	Name of Father: Charles H. Murray
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bf Joyce B. Foltz	Date Filed: June 1, 1960

FORM BH 56067

2-18-60

JUN 1 1960

APR 19 1963

APR 5 1973

913-110-042-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-472

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: WARREN LESLIE RATHBUN			2. Date of Birth (month) (day) (year): JUNE 10 1906
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: IDAHO TWIN FALLS	b. City or Town of Birth: TWIN FALLS
FATHER	6. Full Name of Father: BERT L. RATHBUN			7. State or Country of Father's Birth: UNITED STATES
MOTHER	8. Full Maiden Name of Mother: ELLA THOMPSON			9. State or Country of Mother's Birth: UNITED STATES
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Warren Leslie Rathbun		11. Present Address of Registrant: DASH POINT, WASH
NOTARY (Seal)	Subscribed and sworn to before me on: April 13 1960	12. Signature of Notary: Travis C. Chapin		13. Notary Commission expires: 4-8 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: March 30, 1960	Date Orig. Entry: Jan 1, 1920	
	Date of Birth: age 13	Birth Place: Idaho	Full Name of Mother: Ella Rathbun	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: application for social security account No.	By whom issued and signed: Treasury Department	Date Issued: ---	Date Orig. Entry: Dec 23, 1941	
	Date of Birth: June 10, 1906	Birth Place: Twin Falls, Idaho Twin Falls county	Full Name of Mother: Ella Thompson	Name of Father: Bert L. Rathbun	
SUPPORTING RECORD 3.	Type of Document: Application for life insurance policy-photocopy	By whom issued and signed: New York Life Insurance Co.	Date Issued: Jan. 31, 1927	Date Orig. Entry: Jan. 31, 1927	
	Date of Birth: June 10, 1906	Birth Place: Twin Falls, Idaho	Full Name of Mother: Ella Rathbun	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Penny Patterson	June 3, 1960

FORM BH 56067

3-2-60

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 3 1960

758-209-025-789

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-476

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Ruth Isabel Gehman			2. Date of Birth (month) (day) (year): Dec. 9, 1906
	3. Color or Race: A/W	4. Sex: F	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Samuel A. Gehman			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Myra Fogg Phillips			9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Isabel Clancy		11. Present Address of Registrant: Pilot Rock, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: May 13, 1960	12. Signature of Notary: [illegible]		13. Notary Commission expires: 12/1 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for social security account number		By whom issued and signed: Treasury Department	Date Issued: ---	Date Orig. Entry: Sept. 14, 1948
	Date of Birth: Dec. 9, 1906	Birth Place: Boise, Idaho Ada County	Full Name of Mother: Myra Fogg Phillips	Name of Father: Samuel Allison Gehman	
SUPPORTING RECORD 2.	Type of Document: Census record		By whom issued and signed: U. S. Dept. of Commerce Bureau of the Census	Date Issued: May 2, 1960	Date Orig. Entry: census of April 15, 1910
	Date of Birth: age 3	Birth Place: Idaho	Full Name of Mother: Myra Gehman	Name of Father: Samuel Gehman	
SUPPORTING RECORD 3.	Type of Document: statement regarding school record		By whom issued and signed: Ida. School for Deaf and Blind Edward W. Reay	Date Issued: April 26, 1960	Date Orig. Entry: entered on Sept. 17, 1913
	Date of Birth: Dec. 9, 1906	Birth Place: Boise, Idaho	Full Name of Mother: Myra Phillips	Name of Father: Samuel A. Gehman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Penny Patterson	Date Filed: June 3, 1960

FORM BH 56067 1-28-60

AUG 25 1966

JUN 3 1960

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-499

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nora Elizabeth Williams		2. Date of Birth (month) Dec. (day) 12 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Clifton
FATHER	6. Full Name of Father: Lorin Farr Williams		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Needham Henderson		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nora M. Call	11. Present Address of Registrant: Clifton Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 11 1960	12. Signature of Notary: [signature]	13. Notary Commission expires: 2/6/62 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father	By whom issued and signed: Lorin Farr Williams	Date Issued: May 11, 1960	Date Orig. Entry: ---
	Date of Birth: Dec. 12, 1906 / Birth Place: Clifton, Idaho	Full Name of Mother: Elizabeth Needham Henderson	Name of Father: Lorin Farr Williams	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #168770	Date Issued: ---	Date Orig. Entry: child born Feb. 27, 1929
	Date of Birth: age 22 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: application for life insurance policy	By whom issued and signed: Idaho Mutual Benefit Assn. Boise, Idaho	Date Issued: May 8, 1935	Date Orig. Entry: May 8, 1935
	Date of Birth: Dec. 12, 1906 / Birth Place: Clifton, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson	June 9, 1960

FORM BH 56067

4-5-60 one copy paid #00713

DELAYED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

[illegible]	[illegible]	2. Date of Birth	
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[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	7. State or Country of Father's Birth	
[illegible]	[illegible]	9. State or Country of Mother's Birth	
AFFIDAVIT	[illegible]	10. Signature of Registrant	11. Present address of Registrant
NOTARY (Seal)	[illegible]	12. Signature of Notary	13. Notary Commission expires

SUPPORTING RECORD 1	Type of Document	[illegible]	Date Issued	Date Orig. Entry
	[illegible]	Full name of Father	Name of Father	
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Full name of Mother	Name of Father	
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Full name of Mother	Name of Father	
QUALIFICATION INFORMATION				
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar	Evidence reviewed by	Date Filed	

FORM NO. [illegible]

437101-029-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-535

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thomas Francis McGovern		2. Date Of Birth (month) May (day) 1 (year) 1906	
	3. Color or Race	4. Sex	5. Place of Birth a. County: At Home Latah	b. City or Town of Birth: Kendrick Idaho
FATHER	6. Full Name of Father: Thomas McGovern		7. State or Country of Father's Birth: Dubbleton, Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Alice Walker		9. State or Country of Mother's Birth: Danville, Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thomas Francis McGovern	11. Present Address of Registrant: RR3 Box 258 Laporte Indiana	
NOTARY (Seal)	Subscribed and sworn to before me on June 8, 1960	12. Signature of Notary: Virginia J. Ricker	13. Notary Commission expires: Jan. 13 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: State of Wisconsin, Everette E. Runge, Reg. of Deeds, LaCrosse	Date Issued: April 29, 1960	Date Orig. Entry: child born Feb. 10, 1927
	Date of Birth: age 20 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security number	By whom issued and signed: Treasury Department	Date Issued: ---	Date Orig. Entry: Nov. 4, 1937
	Date of Birth: May 1, 1906 / Birth Place: Kendrick, Idaho	Full Name of Mother: Alice Walker	Name of Father: Thomas McGovern	
SUPPORTING RECORD 3.	Type of Document: certified copy from page from family Bible	By whom issued and signed: G. L. Warren, Kenneth R. Winston, Notary pulic	Date Issued: April 15, 1960	Date Orig. Entry: obviously old
	Date of Birth: May 1, 1906 / Birth Place: ---	Full Name of Mother: Mrs. T. McGovern	Name of Father: Thomas McGovern	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson	June 16, 1960

FORM BH 56067

2-19-60

JUN 17 1969

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

493 - 115-001-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-566

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Harold Chester Millard
2. Date Of Birth (month) (day) (year): March 15 1906
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Ada
b. City or Town of Birth: Boise, Idaho

FATHER

6. Full Name of Father: John Harrison Millard
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Emma Clark
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harold Chester Millard
11. Present Address of Registrant: Phoenix, Arizona

NOTARY (Seal)

Subscribed and sworn to before me on: April 30 1960

12. Signature of Notary: [signature]
13. Notary Commission expires: My Commission Expires June 25, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
application for Social Security Account No.	Treasury Department	---	Dec 2, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 15, 1906	Boise, Idaho	Emma Dark	John ~~Harrison~~ Millard

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit & photo copy of Life Insurance Policy	Kansas City Life Ins. Co. W.R.Dibos, Ass't Secretary	April 6, 1960	policy issued Aug 8, 1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 15, 1906	Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by sister age 65	Marie E. Whittaker	June 16, 1960	------

Date of Birth	Birth Place	Full Name of ~~Mother~~ -- father	Name of ~~Father~~ mother
March 15, 1906	Boise, Idaho	John Harrison Millard	Emma Millard

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Penny Patterson	June 24, 1960

FORM BH 56067

11-20-59 one copy paid #17748

JUN 27 1960

DELAYED BIRTH CERTIFICATE OF PATRIA

STATE OF IDAHO

433-128-001-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-576

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Russell Evert McCurdy
2. Date Of Birth (month) May (day) 28 (year) 1906
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Boise
b. City or Town of Birth: Boise Idaho

FATHER

6. Full Name of Father: Earnest Edward McCurdy
7. State or Country of Father's Birth: Swabintosa Nebraska

MOTHER

8. Full Maiden Name of Mother: Daisy Elizabeth McCoy
9. State or Country of Mother's Birth: Smith Center Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Russell Evert McCurdy
11. Present Address of Registrant: Portola California

NOTARY (Seal)

Subscribed and sworn to before me on: July 31 1959
12. Signature of Notary: Gladys K. Largan
13. Notary Commission expires: June 14, 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Employment record	The Denver & Rio Grande Western Railroad Co., Salt Lake City, Utah.		Nov. 22, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 28, 1906	----	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother, age 77	Daisy E. McCurdy	8-6-59	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 28, 1906	Ada Co. Boise, Idaho	Daisy Elizabeth McCoy	Earnest Edward McCurdy

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
census record	U.S.Dept. of Commerce Bureau of the Census	June 14, 1960	census of Jan. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 14	Idaho	Daisy McCurty	E. E. McCurty

QUALIFYING INFORMATION

Certificate of Railway Brotherhood Benevolent Society, Nampa, Idaho; Nov. 4, 1938: age 32; mother--Mrs. E. E. McCurdy.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson nr	June 28, 1960

FORM BH 56067

1 copy paid receipt 12529

JUN 28 1960

768-222-035-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-590

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HELEN ELIZABETH GOHEEN			2. Date of Birth (month) MAY (day) 22 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lewiston, Ida.	b. City or Town of Birth: Lewiston Idaho	
FATHER	6. Full Name of Father: Clarence W. Goheen			7. State or Country of Father's Birth: Glenwood, Iowa	
MOTHER	8. Full Maiden Name of Mother: Grace Levis Brinton			9. State or Country of Mother's Birth: Boone, Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Helen Goheen Farmer	11. Present Address of Registrant: 845 Alabama St., Lawrence Ks.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 28 1960		12. Signature of ~~Notary~~ City Clerk: W. C. Fisher	13. Notary Commission expires: _____ 19___	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security number		By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Nov. 2, 1942
	Date of Birth: May 5, 1906	Birth Place: Lewiston, Idaho	Full Name of Mother: Grace Brinton	Name of Father: Clarence Goheen	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage record		By whom issued and signed: Michael H. Doyle, Jr., Polk Co. Iowa, clerk	Date Issued: August 28, 1959	Date Orig. Entry: April 28, 1932
	Date of Birth: age 25	Birth Place: Lewiston, Idaho	Full Name of Mother: Grace L. Brinton	Name of Father: Clarence W. Goheen	
SUPPORTING RECORD 3.	Type of Document: certified statement regarding insurance policy #4,832,537		By whom issued and signed: The Equitable LifeAssurance Society, M. Hurst, Asst. Reg.	Date Issued: Sept. 9, 1959	Date Orig. Entry: issued August 22, 1928
	Date of Birth: May 22, 1906	Birth Place: Idaho	Full Name of Mother: Grace L. Goheen	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: pp Penny Patterson	Date Filed: June 30, 1960

FORM BH 56067

1 copy paid receipt 1395/

JUL 1 1960

correspondence filed under

Mrs. Helen Farney 8-21-59

867-209-038-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-605

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Louise Hopper -		2. Date of Birth (month) Oct (day) 9th (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Payette; b. City or Town of Birth: Payette Idaho
FATHER	6. Full Name of Father: Walter Jasper Hopper		7. State or Country of Father's Birth: Hamilton, Texas
MOTHER	8. Full Maiden Name of Mother: Maggie Burns ~~Hopper~~		9. State or Country of Mother's Birth: Whitesboro, Texas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Louise Hopper	11. Present Address of Registrant: 817 West 7th St. Anvarillo Texas
NOTARY (Seal)	Subscribed and sworn to before me on: April 4, 1960	12. Signature of Notary: Geo. L. Grogan	13. Notary Commission expires: Jun, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Mrs. Maggie Hopper	Date Issued: May 21,1960	Date Orig. Entry: -----
	Date of Birth: Oct.9,1906 / Birth Place: Payette, Idaho	Full Name of Mother: Maggie Burns	Name of Father: Walter Jasper Hopper	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security number	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Jan. 12, 1955
	Date of Birth: Oct. 9,1906 / Birth Place: Pyeatte, Idaho	Full Name of Mother: Maggie Burns	Name of Father: Walter J. Hopper	
SUPPORTING RECORD 3.	Type of Document: census record	By whom issued and signed: U.S.Dept. of Commerce Bureau of the Census	Date Issued: June 27, 1960	Date Orig. Entry: census of Jan. 1, 1920
	Date of Birth: age 13 / Birth Place: Idaho	Full Name of Mother: Maggie Hopper	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson	July 6, 1960

FORM BH 56067

3-17-60

JUL 7 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF TEXAS

432-126-044-2K3

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-627

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rolland C. McKinney			2. Date of Birth: (month) April (day) 26 (year) 1906	
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County: Idaho / Washington	b. City or Town of Birth: Weiser	
FATHER	6. Full Name of Father: Roy Clayton McKinney			7. State or Country of Father's Birth: Pennsylvania	
MOTHER	8. Full Maiden Name of Mother: Nellie Madeline Buchmiller			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rolland C. McKinney		11. Present Address of Registrant: Box 698, St. Cloud, Fla.	
NOTARY (Seal)	Subscribed and sworn to before me on: July 6 1960	12. Signature of Notary: Lily Rowe		13. Notary Commission expires: Notary Public, State of [illegible] at Large My Commison [illegible] 19 Bonded by American Surety Co. of N.Y.	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security number	By whom issued and signed: Treasury Department		Date Issued: -----	Date Orig. Entry: March 1, 1937
	Date of Birth: April 26, 1906	Birth Place: Weiser, Idaho	Full Name of Mother: Nellie Madeline Buchmiller	Name of Father: Roy Clayton McKinney	
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital record of birth of child	By whom issued and signed: Memorial Hospital, Houston, Texas,		Date Issued: -----	Date Orig. Entry: child born April 16, 1932
	Date of Birth: April 26, 1906	Birth Place: Weiser, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of a marriage license and certificate	By whom issued and signed: Ingham County, Michigan Irene M. Ferris, clerk		Date Issued: -----	Date Orig. Entry: Sept. 16, 1929
	Date of Birth: age 23	Birth Place: Weiser, Idaho	Full Name of Mother: Nellie M. Buchmiller	Name of Father: Roy C. McKinney	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson	July 13, 1960

FORM BH 56067

4-29-60

AUG 30 1960

499-216-006-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-669

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Hedwig Dirks		2. Date of Birth (month) (day) (year): November 16 1906
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Aberdeen
FATHER	6. Full Name of Father: Leonard Dirks		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Minna Bartel		9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice H. Hutka	11. Present Address of Registrant: 6716 S.E. 110 Ave Portland 66, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: July 11 19 60	12. Signature of Notary: Kathryn Renaud	13. Notary Commission expires: Sept 1 19 61

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of birth certificate of own child		By whom issued and signed: State of Oregon, Thomas L. Meador, M.D., Registrar	Date Issued: Oct. 23, 1946	Date Orig. Entry: child born Oct. 15, 1946
	Date of Birth: age 39	Birth Place: Aberdeen, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: statement regarding marriage records, Vol. 93, Pg. 201		By whom issued and signed: Multnomah Co. Oregon, H. J. Kepcha, clerk	Date Issued: July 8, 1960	Date Orig. Entry: Oct. 20, 1945
	Date of Birth: Nov. 16, 1906	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: affidavit by friend of family at time of birth		By whom issued and signed: Elsie Klempel age 66	Date Issued: July 30, 1960	Date Orig. Entry: -----
	Date of Birth: Nov. 16, 1906	Birth Place: Aberdeen, Idaho	Full Name of Mother: Minna Bartel	Name of Father: Leonard Dirks	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson	August 2, 1960

FORM BH 56067

6-28-60 one copy paid #04070

AUG 3 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose Birth is being registered)	1. Red Birth Full Name of Birth: Alice Hedwig Dirks	2. Date of Birth (month) (day) (year): November 16 1906
	3. Color or Race: White	4. Sex: F.
	5. Place of Birth: Bingham	6. County: Aberdeen
FATHER	6. Full Name of Father: Leonard Dirks	7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Minna Bartel	9. State or Country of Mother's Birth: Germany
AFFIDAVIT	9. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant:
		11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary:
		13. Notary Commission expires:

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date issued: Oct. [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: Nov. 16, 1906	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date issued: [illegible]	Date Orig. Entry:
	Date of Birth: Nov. 16, 1906	Birth Place: Aberdeen, Idaho	Full Name of Mother: Minna Bartel	Name of Father: Leonard Dirks

QUALIFYING INFORMATION

REGISTRAR CERTIFICATION (Seal)

I hereby certify that no prior Birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

E-25-60 one copy paid 30A070

292-213-037-286

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-684

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sadie Cleo Bishop			2. Date Of Birth (month) 1 (day) 13 (year) 1906	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bruneau, Idaho - Owyhee	b. City or Town of Birth: Bruneau, Idaho	
FATHER	6. Full Name of Father: Frank Bishop			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Mary Grace Shoemaker			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sadie Patrick		11. Present Address of Registrant: 5703 Corning Ave Los Angeles 56, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: August 3rd 1960	12. Signature of Notary: LILLIAN M. SWANSON		13. Notary Commission expires: June 3 1962	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of marriage certificate	By whom issued and signed: Los Angeles Co. Calif. Ray E. Lee, County recorder		Date Issued: July 27, 1960	Date Orig. Entry: June 22, 1931
	Date of Birth: age 25	Birth Place: Idaho	Full Name of Mother: Grace Shoemaker		Name of Father: Frank Bishop
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Grace Bishop Hutcheson		Date Issued: July 29, 1960	Date Orig. Entry: ------
	Date of Birth: Jan. 13, 1906	Birth Place: Bruneau, Idaho Owyhee County	Full Name of Mother: Mary Grace Shoemaker		Name of Father: Frank Bishop
SUPPORTING RECORD 3.	Type of Document: photocopy of schedule of insurance policy	By whom issued and signed: Metropolitan Life Insurance Co.		Date Issued: ------	Date Orig. Entry: Aug. 31, 1925
	Date of Birth: age next birth. 20	Birth Place: ----	Full Name of Mother: ----		Name of Father: ----
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Penny Patterson	Date Filed: Aug. 9, 1960

FORM BH 56067

7-15-60 one copy paid #04485

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 9 1960

515-114-009-666

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-705
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Daniel Webster VanStone
2. Date of Birth (month) (day) (year): August 14 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Hope, Idaho Bonner
b. City or Town of Birth: Hope, Idaho

FATHER

6. Full Name of Father: Enoch Chester Van Stone
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Mary Fowler
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Daniel Webster VanStone
11. Present Address of Registrant: Clarks Fork, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Aug 9 1960
12. Signature of Notary: Sylvia Buchanan
13. Notary Commission expires: Oct 24 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own childs birth certificate	Idaho #252740	-----	child born March 26, 1937
Class*	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 30 / Hope, Idaho	-----	-----	
SUPPORTING RECORD 2.	photocopy of notice of change of beneficiary	Railroad Retirement Board, Northern Pacific Ry. Co.	-----	Sept. 22, 1938
Class	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 14, 1906 / -----	-----	-----	
SUPPORTING RECORD 3.	affidavit by mother	Mary Van Stone	Aug. 9, 1956	-----
Class	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 14, 1906 / Hope, Idaho Bonner County	Mary Van Stone	Enock Van Stone	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny Patterson	Aug. 12, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 22 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name of Birth: Daniel Webster Vanstone	2. Date of Birth (month) August (day) 14 (year) 1906
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: Hope, Idaho; a. County: Bonner	b. City or Town of Birth: Hope, Idaho
FATHER	6. Full Name of Father: Cornelius Chester Van Stone	7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Mary Fowler	9. State or Country of Mother's Birth: Illinois
APPLICANT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: Clarks Fork, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary:
		13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: own child's birth certificate	By whom issued and signed: Idaho [illegible]	Date Issued: ----	Date Orig. Entry: child born March 20, 1917
	Date of Birth:	Birth Place:	Full Name of Mother: ----	Name of Father: ----
Class*				
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: [illegible]
	Date of Birth: Apr. 11, 1906	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
Class				
SUPPORTING RECORD 3	Type of Document: [illegible] by mother	By whom issued and signed: Mary Van Stone	Date Issued: Aug. 9, 1960	Date Orig. Entry: ----
	Date of Birth: Aug. 11, 1906	Birth Place: Hope, Idaho; Bonner County	Full Name of Mother: Mary Van Stone	Name of Father: Cornelius Van Stone
Class				
QUALIFYING INFORMATION				

REMARKS: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the preceding abstract.

State Registrar	Evidence reviewed by: [illegible]	Date Filed: Aug. 12, 1960

*Class A Records are those [illegible] the Registrant's fourth birthday.
Class B Records are those [illegible] the fourth birthday [illegible] at least 5 years old.

Form DPH-1960

417-104-028-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-709

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roy Maxwell			2. Date Of Birth (month) (day) (year): February 4, 1906
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Harrison
FATHER	6. Full Name of Father: William Martain Maxwell			7. State or Country of Father's Birth: Brooklyn, New York
MOTHER	8. Full Maiden Name of Mother: Mary Marian Burns			9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roy Maxwell		11. Present Address of Registrant: 709 Colorado St Butte Mont
NOTARY (Seal)	Subscribed and sworn to before me on: Aug - 12 1960	12. Signature of Notary: Sylvia K Carlson.		13. Notary Commission expires: February 25 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding employment records		By whom issued and signed: The Anaconda Company, Jim C. Davis, Employment supervisor	Date Issued: June 1, 1960	Date Orig. Entry: application April 18, 1922
	Date of Birth: Feb.4,1906	Birth Place: Herison, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage license #A-18635		By whom issued and signed: State of Montana, Frank J. Gabse, Silver Bow, Co. clerk	Date Issued: June 2, 1960	Date Orig. Entry: July 5, 1928
	Date of Birth: age 22	Birth Place: Harrison, Idaho	Full Name of Mother: Mary Burns	Name of Father: William Maxwell	
SUPPORTING RECORD 3.	Type of Document: statement regarding school census records		By whom issued and signed: Maybelle Hogan, Silver Bow County Supt. of Schools	Date Issued: June 1, 1960	Date Orig. Entry: year of 1908
	Date of Birth: Feb.4,1906	Birth Place: ----	Full Name of Mother: Mary Maxwell	Name of Father: William Maxwell	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	pp Penny Patterson	Aug. 15, 1960

FORM BH 56067

F-10-60

AUG 16 1960

DELAYED CERTIFICATE OF BIRTH

STATE of IDAHO

962-130-001-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-710

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ethiel Regionald Ross
2. Date Of Birth: August 30, 1906
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: William Horton Ross
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Bertha Coppal
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ethiel Ross
11. Present Address of Registrant: 4425 - 77th Sacto. Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: 8/13 1960
12. Signature of Notary: W. H. Beverley
13. Notary Commission expires: 7/17 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Identification card
By whom issued and signed: California Dept. of Employment
Date Issued: July 7, 1947
Date Orig. Entry: July 7, 1947
Date of Birth: 1906
Birth Place: ----
Full Name of Mother: ----
Name of Father: ----

SUPPORTING RECORD 2.

Type of Document: photocopy of application for insurance policy
By whom issued and signed: American National Insurance Company, Galveston, Texas
Date Issued: ----
Date Orig. Entry: August 1, 1946
Date of Birth: Aug. 30, 1906
Birth Place: Boise, Idaho
Full Name of Mother: ----
Name of Father: ----

SUPPORTING RECORD 3.

Type of Document: affidavit by cousin 13 years older
By whom issued and signed: William Edwin Gardner
Date Issued: Aug. 1, 1960
Date Orig. Entry: ----
Date of Birth: Aug. 30, 1906
Birth Place: Boise, Idaho
Full Name of Mother: Bertha Ross
Name of Father: William Ross

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. H. Beverley
Evidence reviewed by: Penny Patterson pp
Date Filed: Aug. 15, 1960

FORM BH 56067

2 copies

8-10-60

AUG 16 1960

319-216-036-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-807

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma Irene Larsen		2. Date Of Birth (month) May (day) 16 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: E IDAHO a. County: ONIEDA b. City or Town of Birth: CLIFTON
FATHER	6. Full Name of Father: John Foster Larsen		7. State or Country of Father's Birth: CLIFTON IDAHO
MOTHER	8. Full Maiden Name of Mother: Tabitha Hattaway		9. State or Country of Mother's Birth: Georgia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma Irene Larsen	11. Present Address of Registrant: 136 Ashbury Ave. El Cerrito Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: AUGUST 31 1960	12. Signature of Notary: Clyde B. Friedrich, Clyde B. Fairbanks	13. Notary Commission expires: My Commission Expires December 20, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Acacia Mutual Life Insurance	Date issued: Aug.30,1943	Date Orig. Entry: Aug. 30, 1943
	Date of Birth: May 16,1906	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: John F. Larson	
SUPPORTING RECORD 2.	Type of Document: affidavit by uncle age 75		By whom issued and signed: Fred J. Larsen	Date issued: Aug.30,1960	Date Orig. Entry: -----
	Date of Birth: May 16,1906	Birth Place: Clifton, Idaho	Full Name of Mother: Tabitha Jane Larsen	Name of Father: John F. Larsen	
SUPPORTING RECORD 3.	Type of Document: marriage license		By whom issued and signed: Madera County California, L.W. Cooper, county clerk	Date issued: Sept.19 1931	Date Orig. Entry: Sept. 19, 1931
	Date of Birth: age 25	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: pw Penny L. Wing	Date Filed: Sept. 13, 1960

FORM BH 56067

SEP 13 1960
SEP 21 1960

399-116-025-464

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-819

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WILLIAM STANTON CRITTENDEN
2. Date Of Birth (month) (day) (year): MARCH 16 1906
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: IDAHO
b. City or Town of Birth: KAMIAH, IDAHO

FATHER

6. Full Name of Father: CHARLES FRANKLIN CRITTENDEN
7. State or Country of Father's Birth: TENN.

MOTHER

8. Full Maiden Name of Mother: EMMA PEARL ~~CRITTENDEN~~ DODSON
9. State or Country of Mother's Birth: TENN.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William Stanton Crittenden
11. Present Address of Registrant: ORLANDO FLA.

NOTARY (Seal)

Subscribed and sworn to before me on: August 20 1960
12. Signature of Notary: Myrtle R. Richards
13. Notary Commission expires: Notary Public, State of Florida at Large My Commission Expires Feb 14, 1961 Bonded By American Fire & Casualty Co.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by relavite present at time of birth	By whom issued and signed: age 82 Parthenia Crittenden	Date Issued: July 18, 1960	Date Orig. Entry: -----
	Date of Birth: Mar.16,1906	Birth Place: Kamiah, Idaho	Full Name of Mother: Emma Pearl Dodson	Name of Father: Charles Franklin Crittenden
SUPPORTING RECORD 2.	Type of Document: statement regarding insurance policy	By whom issued and signed: The Paul Revere Life Insurande Company	Date Issued: July 22, 1960	Date Orig. Entry: applied Oct.10,1943
	Date of Birth: Mar.16,1906	Birth Place: Kamiah, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: copy of own child's birth certificate	By whom issued and signed: Orange Co.Health Dept.Orlando,Fla.Irene Gundersen,regist.	Date Issued: -----	Date Orig. Entry: child born April 3, 1944
	Date of Birth: age 38	Birth Place: Kamiah,Idaho	Full Name of Mother: -----	Name of Father: -----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny L. Wing	Sept. 20, 1960

FORM BH 56067

SEP 21 1960

093-117-031-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-821

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Nelson Millage			2. Date of Birth (month) (day) (year): September 17 1906
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Nezperce County, (now Lewis)	b. City or Town of Birth: 6 miles East of Craigmont mailing address Nezperce
FATHER	6. Full Name of Father: William Millage			7. State or Country of Father's Birth: New York
MOTHER	8. Full Maiden Name of Mother: Alice Sanford			9. State or Country of Mother's Birth: South Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Nelson Millage		11. Present Address of Registrant: Winchester, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 19 1960	12. Signature of Notary: Robert L. Swan		13. Notary Commission expires: October 17 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: copy of application for insurance policy	By whom issued and signed: Ohio Nat'l Life Insurance co.	Date Issued: May 5, 1943	Date Orig. Entry: April 28, 1943	
	Date of Birth: Sept. 17, 1906	Birth Place: Lewis County Nezperce, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: copy of own child's birth certificate	By whom issued and signed: Idaho #242560	Date Issued: Aug. 25, 1960	Date Orig. Entry: child born April 19, 1936	
	Date of Birth: age 29	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Alice Sanford Millage	Date Issued: Sept. 5, 1960	Date Orig. Entry: -----	
	Date of Birth: Sept. 17, 1906	Birth Place: 6 mi. East of Craigmont, Nez Perce (Lewis), Ida.	Full Name of Mother: Alice Sanford Millage	Name of Father: William Millage	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Penny L. Wing	Date Filed: Sept. 20, 1960

FORM BH 56067

SEP 26 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

John Nelson Millage

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: John Nelson Millage	2. Date of Birth: September 17 1960	
	3. Color or Race: White	4. Sex: male	5. Place of Birth: Nezperce County (now)
	6. Full Name of Father: William Millage	7. State or Country of Father's Birth: New York	
MOTHER	8. Full Maiden Name of Mother: Alice Sanford	9. State or Country of Mother's Birth: South Dakota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Winchester, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 19 1960	12. Signature of Notary: [illegible]	13. Notary Commission expires: October 17 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: May [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: Alice Sanford Millage	Date Issued: Sept. 5, 1960	Date Orig. Entry: -----
	Date of Birth: [illegible]	Full Name of Mother: Alice Sanford Millage	Name of Father: William Millage	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]	Evidence reviewed by: Penny L. Wing	Date Filed: Sept. 20, 1960

418-229-025-153

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-837

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Katherine Dahl			2. Date of Birth (month) (day) (year): October 29, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Westlake, Idaho	b. City or Town of Birth: Westlake
FATHER	6. Full Name of Father: Ole C. Dahl			7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Anna Marie Jelleberg			9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle Dahl Mael		11. Present Address of Registrant: Deary, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 23, 1960	12. Signature of Notary: [signature]		13. Notary Commission expires: December 31, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: copy of own childs birth certificate	By whom issued and signed: Idaho #172382		Date Issued: Mar.11.1944	Date Orig. Entry: child born June 20, 1929
	Date of Birth: age 22	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: affidavit by aunt age 74	By whom issued and signed: Mrs. Thea Mabbott		Date Issued: July 25, 1960	Date Orig. Entry: -----
	Date of Birth: Oct.29,1906	Birth Place: Westlake,Idaho	Full Name of Mother: Anna Marie Jelleberg	Name of Father: Ole C. Dahl	
SUPPORTING RECORD 3.	Type of Document: statement regarding insurance records	By whom issued and signed: Great Western Mutual Assn. J. P. McGuire,Sec.-Treas.		Date Issued: June 22, 1960	Date Orig. Entry: applied Oct.16,1954
	Date of Birth: Oct.29,1906	Birth Place: Westlake,Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barron	Penny L. Wing	Sept. 27,1960

FORM BH 56067

SEP 28 1960

25-428-840-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-838

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HOMER ELWOOD BEATY			2. Date Of Birth (month) MAY (day) 28 (year) 1906	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: SHOSHONE	b. City or Town of Birth: MURRAY	
FATHER	6. Full Name of Father: GEORGE MARTIN BEATY			7. State or Country of Father's Birth: MISSOURI	
MOTHER	8. Full Maiden Name of Mother: EMMA BURTON			9. State or Country of Mother's Birth: WISCONSIN	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Homer Elwood Beaty		11. Present Address of Registrant: 2708 W Courtland Spokane Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 23rd 1960	12. Signature of Notary: Elmer L Beasley		13. Notary Commission expires: Aug 11 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Metropolitan Life Insurance Company		Date Issued: Oct.30,1933	Date Orig. Entry: Oct.30,1933
	Date of Birth: May 28,1906	Birth Place: Murray, Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: copy of own childs birth certificate #2086	By whom issued and signed: state of Washington, George H.Ormrod, State Registrar		Date Issued: Sept.21, 1960	Date Orig. Entry: child born Oct. 11,1938
	Date of Birth: age 32	Birth Place: Murray, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: Emmanuel Episcopal Church, Kellogg, Ida. S.A.Watson, rector		Date Issued: ------	Date Orig. Entry: baptized Feb.15,1914
	Date of Birth: May 28,1906	Birth Place: Murray, Idaho	Full Name of Mother: Emma Beaty	Name of Father: George M. Beaty	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Barron	Evidence reviewed by: Penny L. Wing		Date Filed: Sept. 27, 1960	

FORM BH 56067

9-16-60

SEP 28 1960

JUN 2 A 1971

818-209-020-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-840

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Effie Rose Hayward			2. Date Of Birth (month) (day) (year): September 9 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Mountain Home, Elmore, Idaho	b. City or Town of Birth: Mountain Home, Idaho	
FATHER	6. Full Name of Father: James Alexander Hayward			7. State or Country of Father's Birth: MISSOURI	
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Kelley			9. State or Country of Mother's Birth: IOWA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Effie Rose Hayward Hoffman	11. Present Address of Registrant: Randolph, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: May 19 1960		12. Signature of Notary: Lewis Longhurst	13. Notary Commission expires: May 23 1962	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Commercial Travelers Insurance Company	Date Issued: -----	Date Orig. Entry: Feb. 24, 1945
	Date of Birth: Sept. 9, 1906	Birth Place: Mountain Home, Ida.	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: affidavit by sister		By whom issued and signed: Blanche Cartmel age 64	Date Issued: Sept.2,1960	Date Orig. Entry: ------
	Date of Birth: Sept.9,1906	Birth Place: Mountain Home,Ida.	Full Name of Mother: Mary Ellen Kelly Hayward	Name of Father: James Alexander Hayward	
SUPPORTING RECORD 3.	Type of Document: statement regarding church records		By whom issued and signed: LDS Church,Randolph Ward Leo C. Telford, ward clerk	Date Issued: Sept 22 1960	Date Orig. Entry: baptized Jan. 31,1923
	Date of Birth: Sept.9,1906	Birth Place: Mountain Home,Ida.	Full Name of Mother: Mary E. Kelley	Name of Father: James A. Hayward	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Brown	Evidence reviewed by: pp pw Penny L. Wing	Date Filed: Sept. 27, 1960

FORM BH 56067

4-27-60

SEP 28 1960

234-205-004-751

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-902

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lois Olivia Stuart
2. Date Of Birth: (month) Nov. (day) 5 (year) 1906
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Montpelier Ida. Bear Lake
b. City or Town of Birth: Montpelier

FATHER

6. Full Name of Father: Louis Tildon Stuart
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Olga Alexander Pearson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lois S. Teuscher
11. Present Address of Registrant: 265 Gilmore Pocatello Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Oct. 14 1960
12. Signature of Notary: Emmet M Haney
13. Notary Commission expires: Nov. 1 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statement regarding church records	LDS Church, Pocatello 13th ward, Horace L. Morrill, Jr, Bis.	Oct. 10, 1960	recorded July 7, 1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 5, 1906	----	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Blessing record	Nicholas G. Smith, Patriarch L.D.S. Church	---	July 6, 1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 5, 1906	Montpelier, Idaho	Olga Pearson	Louis Stuart

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own childs birth certificate	Idaho #351442	----	child born May 14, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 35	Montpelier, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny L. Wing	Oct. 18, 1960

FORM BH 56067

OCT 18 1960

6964/5 1006-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-921

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LORIN FIFE			2. Date of Birth (month) APRIL (day) 15 (year) 1906	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: BINGHAM	b. City or Town of Birth: LINCOLN	
FATHER	6. Full Name of Father: ROBERT H. FIFE			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: MARY E. STOCKS			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lorin Fife	11. Present Address of Registrant: P.O. Box 5031, Waco, Texas	
NOTARY (Seal)	Subscribed and sworn to before me on: October 15 1960		12. Signature of Notary: Ruby Mae Hope	13. Notary Commission expires: June 1, 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism and confirmation		By whom issued and signed: LDS Church, Lincoln Ward, F. A. Caine, clerk	Date Issued: June 30, 1914	Date Orig. Entry: baptized June 28, 1914
	Date of Birth: Apr. 15, 1906	Birth Place: Bingham County Lincoln, Idaho	Full Name of Mother: Mary E. Stocks	Name of Father: Robt. H. Fife	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination as Priest		By whom issued and signed: LDS Church, Logan 4th Ward, Francis M. Young, High Priest	Date Issued: Dec. 3, 1924	Date Orig. Entry: Dec. 1, 1924
	Date of Birth: Apr. 15, 1906	Birth Place: Lincoln, Idaho	Full Name of Mother: Mary Elizabeth Stocks	Name of Father: Robert H. Fife	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination as Teacher		By whom issued and signed: LDS Church, Logan 4th Ward, Serge B. Benson, High Priest	Date Issued: Feb. 22, 1922	Date Orig. Entry: Feb. 20, 1922
	Date of Birth: Apr. 15, 1906	Birth Place: Lincoln, Idaho	Full Name of Mother: Mary H. Stacks	Name of Father: Robert H. Fife	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: pw Penny L. Wing	Date Filed: Oct. 24, 1960

FORM BH 56067

OCT 24 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race 4. Sex 5. Place of Birth (Authority)	6. City or Town of Birth
FATHER	7. Full Name of Father	8. State or Country of Father's Birth
MOTHER	9. Full Maiden Name of Mother	10. State or Country of Mother's Birth
AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief	10. Signature of Registrant: [illegible]
	11. Present Address of Registrant: P.O. Box 5041, Waco, Texas	
	Subscribed and sworn to before me on: October 15 1960	12. Signature of Notary: [illegible]
	13. Notary Commission Expires: June 1, 19 61	

APPLICATION NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Ordination as [illegible]	By whom issued and signed: [illegible]	Date Issued: June 23, [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination as [illegible]	By whom issued and signed: [illegible]	Date Issued: Dec. 3, 1941	Date Orig. Entry: Dec. 2, 1941
	Date of Birth: Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination as [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: Feb. 20, 1942
	Date of Birth: Birth Place: Apr. 15, 1906 Lincoln, Idaho	Full Name of Mother: [illegible]	Name of Father: [illegible]	

QUALIFYING INFORMATION

FILE

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that accompanying evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	By Bonny L. King	Oct. 21, 1960

415-216-052-643

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-995

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JULIA PEARL DANIELS			2. Date Of Birth (month) FEBRUARY (day) 16 (year) 1906	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: FREMONT	b. City or Town of Birth: "HADEN" TETONIA	
FATHER	6. Full Name of Father: ENOCH AARON DANIELS			7. State or Country of Father's Birth: Payson Utah	
MOTHER	8. Full Maiden Name of Mother: ORA PEARL FULMER			9. State or Country of Mother's Birth: Providence, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Pearl Rammell	11. Present Address of Registrant: Tetonia Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on 11-10 1960		12. Signature of Notary: Dwight M Loosle	13. Notary Commission expires: June 20 1964	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by relative		By whom issued and signed: Anna C. Fullmer age 82	Date Issued: Oct.17,1960	Date Orig. Entry: -----
	Date of Birth: Feb.16,1906	Birth Place: "Haden" Tetonia, Idaho	Full Name of Mother: Ora Pearl Fullmer	Name of Father: Enoch Aaron Daniels	
SUPPORTING RECORD 2.	Type of Document: statement regarding church records		By whom issued and signed: LDS Church, Adrian H. Cook Ward Clerk	Date Issued: -----	Date Orig. Entry: baptized Sept.10,1914
	Date of Birth: Feb.16,1906	Birth Place: Fremont County Haden, Idaho	Full Name of Mother: Ora Pearl Fullmer	Name of Father: Enoch Aaron Daniels	
SUPPORTING RECORD 3.	Type of Document: own childs birth certificate		By whom issued and signed: Idaho #211355	Date Issued: ----	Date Orig. Entry: child born Mar.31,1933
	Date of Birth: age 27	Birth Place: Tetonia, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	pw Penny L. Wing	Nov. 15, 1960

FORM BH 56067

RAMMELL

NOV 15 1960

955-208-025-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1011

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verla (n) Rencehausen			2. Date Of Birth: (month) June (day) 8 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Harrisburg
FATHER	6. Full Name of Father: George Henry Rencehausen			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Eunice Ann Wood			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verla Pfefferkorn		11. Present Address of Registrant: Kamiah, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 18, 1960 19___	12. Signature of Notary: Robert L Ansbary		13. Notary Commission expires: February 5 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Examination Report		By whom issued and signed: Jr.Class A School Dist.#241 Grangeville,Ida. L.E.Carpenter	Date Issued: ------	Date Orig. Entry: examined May 1921
	Date of Birth: age 14	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate (copy)		By whom issued and signed: Idaho #387593	Date Issued: Apr.20,1944	Date Orig. Entry: child born Jan.29,1925
	Date of Birth: age 18	Birth Place: Harrisburg,Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by cousin		By whom issued and signed: Milo E. Wood age 78	Date Issued: Nov.14,1960	Date Orig. Entry: ------
	Date of Birth: June 8,1906	Birth Place: Harrisburg,Idaho	Full Name of Mother: Eunice Ann Wood	Name of Father: George Hanry Rencehausen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Penny L. Wing	Nov. 17. 1960

FORM BH 56067

3-17-60 one copy paid #21495

NOV 17 1960

JUN 7 1989

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

249-110-238-751

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 60-1025

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bill Smith			2. Date of Birth (month) (day) (year): January 10, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Payette	b. City or Town of Birth: New Plymouth, Idaho
FATHER	6. Full Name of Father: James Smith			7. State or Country of Father's Birth:
MOTHER	8. Full Maiden Name of Mother: Hannah Pearson			9. State or Country of Mother's Birth:
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bill Smith		11. Present Address of Registrant: New Plymouth, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 19 1960	12. Signature of Notary: John L. Wagner		13. Notary Commission expires: Sept. 16, 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement reguarding Insurance	By whom issued and signed: Modern Woodmen of American	Date Issued: -----	Date Orig. Entry: April 4, 1927
	Date of Birth: January 10, 1906	Birth Place: -----	Full Name of Mother: -------	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth age 81	By whom issued and signed: Jas. F. Driscoll	Date Issued: November 16, 1960	Date Orig. Entry: -------
	Date of Birth: January 10, 1906	Birth Place: New Plymouth, Ida.	Full Name of Mother: Hanna Smith	Name of Father: James Smith
SUPPORTING RECORD 3.	Type of Document: Bible record	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: Obviously old
	Date of Birth: January 10, 1906	Birth Place: New Plymouth, Idaho	Full Name of Mother: Hannah Smith	Name of Father: James Smith

QUALIFYING INFORMATION

Army Qualification gives Birth Date as January 10, 1906. Dated September 9, 1942.

Issued by Separation Center, For Douglas, Utah.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ec Elaine Coy	November 23, 1960

FORM BH 56067

NOV 23 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

De
60-1025

REGISTRAR: 1. Registrant's Full Name at Birth | 2. Date of Birth | 3. Place of Birth

FATHER: 4. Full Name of Father | 5. State or Country of Father's Birth

MOTHER: 6. Full Maiden Name of Mother | 7. State or Country of Mother's Birth

AFFIDAVIT: 8. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant | 11. Present Address of Registrant

NOTARY: 9. Subscribed and sworn to before me on | 12. Signature of Notary | 13. Notary Commission expires

[illegible] 1960

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding [illegible] Modern Woodmen of American		-----	April 4, 1927

Date of Birth	Place of Birth	Name of Father	Date of Birth
January 1, 1906	-----	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by neighbor at time of birth age 81	Jas. F. Driscoll	November 16, 1960	-------

Date of Birth	Place of Birth	Name of Father	Name of Father
January 10, 1906	New Plymouth, Ida.	Hannah Smith	James Smith

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible record	Family Bible	----	Obviously old

Date of Birth	Place of Birth	Name of Father	Name of Father
January 10, 1906	New Plymouth, Idaho	Hannah Smith	James Smith

INFORMATION: Army Qualification gives Birth Date as January 10, 1906. Dated September [illegible], 1942.

Issued by Separation Center, For Douglas, Utah.

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ec Elaine Coy	November 23, 1960

FORM NO. 56067

1962-106-035-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1043

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clarence Gordon Robnett			2. Date Of Birth (month) August (day) 6 (year) 1906	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho Nez Perce	b. City or Town of Birth: Lewiston	
FATHER	6. Full Name of Father: Clarence Wilbur Robnett			7. State or Country of Father's Birth: Washington	
MOTHER	8. Full Maiden Name of Mother: Jennie May Robnett			9. State or Country of Mother's Birth: Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: C Robnett	11. Present Address of Registrant: W. 1704 Jackson Avenue Spokane, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: November 22 1960		12. Signature of Notary: M C Bauer	13. Notary Commission expires: April 1 1961	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate		By whom issued and signed: State of Washington, Reg.#101	Date Issued: Nov.22,1960	Date Orig. Entry: child born Jan.9,1938
	Date of Birth: age 31	Birth Place: Lewiston, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Social Security Record		By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Nov. 30, 1936
	Date of Birth: Aug.6,1906	Birth Place: Lewiston, Idaho	Full Name of Mother: Jennie M. Harrington	Name of Father: Clarence W. Robnett	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy Application		By whom issued and signed: Prudential Insurance Co.	Date Issued: ----	Date Orig. Entry: May 9, 1944
	Date of Birth: Aug.6,1906	Birth Place: Lewiston, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Bergoon	Evidence reviewed by: Penny L. Wing	Date Filed: Nov. 28, 1960

FORM BH 56067

NOV 28 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of Birth: Clarence Gordon Robnett	2. Date of Birth: Nov. 6, 1906		
3. Color or Race: White	4. Sex: M	5. Place of Birth: Yoabo	Mez Perce
6. Full Name of Father: Clarence Wilbur Robnett	7. State or Country of Father's Birth: Washington		
8. Full Maiden Name of Mother: Jennie May Robnett	9. State or Country of Mother's Birth: Minnesota		
10. Signature of Registrant: W. 1704 Jackson Avenue, Spokane, Washington	11. Signature of Registrant:		
12. Signature of Notary:	13. Notary Commission expires:		

APPLICANT: Affiant, Registrant upon oath that the above statements are true to the best of my knowledge and belief.

NOTARY (SEAL): Subscribed and sworn to before me on

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Age 31	Lewiston, Idaho		

SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Social Security Record	Treasury Department		Nov. 30, 1935
	Date of Birth: Nov. 6, 1906	Full Name of Mother: Jennie M. Washington	Name of Father: Clarence	

SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Insurance Policy Application	Prudential Insurance Co.		May 7, 1944
	Date of Birth: Nov. 6, 1906	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that the prior birth certificate has been issued in the division of Vital Statistics for this registration and that documents, evidence, and sworn statements which are presented as the facts as set forth in the following attest.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Jenny L. King	Nov. 25, 1960

955-22-022-667

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1071

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Viola Rose Renner			2. Date of Birth (month) February (day) 27 (year) 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Ernest A. Renner			7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Rosella E. Fogg			9. State or Country of Mother's Birth: USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Viola Bonporno		11. Present Address of Registrant: 2628 Gettle St. Klamath Falls, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 6th 1960	12. Signature of Notary: Nora A Funke		13. Notary Commission expires: July 13 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church, Rexburg 1st Ward Joseph F. Smith, Historian	Date Issued: Nov.28,1960	Date Orig. Entry: recorded May 6,1906	
	Date of Birth: Feb.27,1906	Birth Place: Fremont County Rexburg, Idaho	Full Name of Mother: Rozella E. Fogg	Name of Father: Earnest A. Renner	
SUPPORTING RECORD 2.	Type of Document: photocopy of voting registration	By whom issued and signed: Klamath, County Oregon, Chas. F. Delap, County Clerk	Date Issued: Nov.29,1960	Date Orig. Entry: Oct.1,1948	
	Date of Birth: Feb.27,1906	Birth Place: Fremont County Rexburg, Idaho	Full Name of Mother: Rose E. Fogg	Name of Father: E. A. Renner	
SUPPORTING RECORD 3.	Type of Document: affidavit by aunt	By whom issued and signed: Florence E. Harmon age 73	Date Issued: Nov.22,1960	Date Orig. Entry: ------	
	Date of Birth: Feb.27,1906	Birth Place: Fremont County Rexburg, Idaho	Full Name of Mother: Rosella Fogg	Name of Father: Ernest A. Renner	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Dec. 9, 1960

FORM BH 56067 11-17-60

DEC 9 1960

319-205-035-264

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1108

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALICE MAUd TARRY		2. Date of Birth (month) 12 (day) 5 (year) 1906	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: SOUTHWICK
FATHER	6. Full Name of Father: WALTER EDWARD TARRY		7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: EMMA SOUTHWICK		9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice J. Van Ausdale	11. Present Address of Registrant: 629-48th St Sacramento, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: August 18 19 58	12. Signature of Notary: Leo E Sloate	13. Notary Commission expires: November 4 19 59	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Prudential Insurance Co.	Date Issued: Feb.2,1931	Date Orig. Entry: Feb.2,1931
	Date of Birth: age next birth. 25	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Emma Tarry	Date Issued: Aug.18,1958	Date Orig. Entry: ----
	Date of Birth: Dec.5,1906	Birth Place: Southwick, Idaho	Full Name of Mother: Emma Southwick Tarry	Name of Father: Walter Edward Tarry
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: Elmhurst Methodist Church, Sacramento,Calif.G.E.Harrison	Date Issued: June 2,1946	Date Orig. Entry: June 2,1946
	Date of Birth: Dec.5,1906	Birth Place: Southwick, Idaho	Full Name of Mother: Emma Tarry	Name of Father: Walter Tarry
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Penny L. Wing	Dec. 29, 1960

FORM BH 56067

DEC 29 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

313-201-008-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D61-057

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALICE MARGUERITE CALDERWOOD			2. Date of Birth (month) (day) (year): SEPTEMBER 1, 1906
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: BOISE	b. City or Town of Birth: CENTERVILLE
FATHER	6. Full Name of Father: RALPH CALDERWOOD			7. State or Country of Father's Birth: MAINE
MOTHER	8. Full Maiden Name of Mother: ANNIE CARPENTIER			9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Hansford		11. Present Address of Registrant: Riggins, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 13 1961	12. Signature of Notary: W. H. Foster		13. Notary Commission expires: April 29 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security number	By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Aug. 14, 1939	
	Date of Birth: Sept. 1, 1906	Birth Place: Centerville, Idaho Boise County	Full Name of Mother: Annie Carpentier	Name of Father: Ralph Calderwood	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #404987	Date Issued: July 22, 1960	Date Orig. Entry: child born April 19, 1945	
	Date of Birth: age 38	Birth Place: Centerville, Idaho	Full Name of Mother: ---	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Ins. Application	By whom issued and signed: Bankers Life & Casualty	Date Issued: 11/19/53	Date Orig. Entry: 11/19/53	
	Date of Birth: 9/1/1906	Birth Place: ----	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Bane	pp Penny L. Wing	Jan. 19, 1961

FORM BH 56067

JAN 19 1961

JAN 30 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)
Person whose Birth is being registered	3. Color or Race 4. Sex 5. Place of Birth 6. County	7. Duty or Town of Birth
FATHER	8. Full Name of Father	9. State or Country of Father's Birth
MOTHER	10. Full Maiden Name of Mother	11. State or Country of Mother's Birth
AFFIDAVIT	1. Person declaring upon death that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [signature] 13. Present Address of Registrant: Riggins, Idaho
NOTARY	Subscribed and sworn to before me on [illegible] 61	14. Signature of Notary: [signature] 15. Notary Commission expires: April 29 [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Ins. Application	By whom issued and signed: Bankers Life & Casualty	Date Issued: 11/19/53	Date Orig. Entry: 11/19/53
	Date of Birth: [illegible]	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible]

Registrar: [signature] Evidence designed by: Tommy L. Wing [illegible]

619-201-010-518

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-092

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NINA ESTHER WARD			2. Date Of Birth (month) JULY (day) 1 (year) 1906	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: BONNEVILLE	b. City or Town of Birth: IONA	
FATHER	6. Full Name of Father: GEORGE B. WARD			7. State or Country of Father's Birth: UTAH	
MOTHER	8. Full Maiden Name of Mother: ESTHER ANN HAYCOCK			9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: nina Esther ward Brentwich		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: January 25 1961	12. Signature of Notary: John M. Sharp		13. Notary Commission expires: Dec. 15 1964	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by uncle over 70	By whom issued and signed: Levi Frandsen		Date Issued: Feb.17,1960	Date Orig. Entry: -----
	Date of Birth: July 1,1906	Birth Place: Iona, Idaho	Full Name of Mother: Esther Ann Haycock Ward	Name of Father: George B. Ward	
SUPPORTING RECORD 2.	Type of Document: own twins birth certificates	By whom issued and signed: Idaho #252427 & 252428		Date Issued: -----	Date Orig. Entry: Mar.10,1933
	Date of Birth: age 26	Birth Place: Iona, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #19853	By whom issued and signed: Pacific National Life Assur.		Date Issued: Dec.14,1936	Date Orig. Entry: Dec.8, 1936
	Date of Birth: 1906	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	pw Penny L. Wing	Jan. 31, 1961

FORM BH 56067

JAN 31 1961

314-207-035-995

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-099

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence May Campbell			2. Date Of Birth (month) (day) (year): November 3 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nezperce	b. City or Town of Birth: Willola
FATHER	6. Full Name of Father: Hubbard Hines Campbell			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Minnie Lizetta Ireland (also shown as Arland)			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence M. Matthews		11. Present Address of Registrant: 1107 West 16th Street Port Angeles, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: December 29th 1960	12. Signature of Notary: Lorna E. Bendict		13. Notary Commission expires: August 28 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Record		By whom issued and signed: Clallam County Washington, Raoul A. Fleming, Auditor	Date Issued: Dec.23,1960	Date Orig. Entry: Jan.21,1926
	Date of Birth: age 19	Birth Place: Idaho	Full Name of Mother: Minnie Arland	Name of Father: Hubbard Campbell	
SUPPORTING RECORD 2.	Type of Document: affidavit by brother		By whom issued and signed: Floyd Campbell born 1895	Date Issued: Jan.5,1961	Date Orig. Entry: ----
	Date of Birth: Nov.3,1906	Birth Place: Nez Perce County Willola, Idaho	Full Name of Mother: Minnie Lizetta Ireland	Name of Father: Hubbard Hines Campbell	
SUPPORTING RECORD 3.	Type of Document: own childs birth certificate		By whom issued and signed: Washington #184 reg. #2080	Date Issued: Apr.5,1960	Date Orig. Entry: child born Aug.13,1930
	Date of Birth: age 23	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: pw Penny L. Wing	Date Filed: Jan. 30, 1961

FORM BH 56067

12-20-60 1 copy paid

[redacted]

FEB 1 1961

574-211-003-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-139

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maudie Exum			2. Date of Birth (month) 11 (day) 11 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello	
FATHER	6. Full Name of Father: Oliver K. Exum			7. State or Country of Father's Birth: Mississippi	
MOTHER	8. Full Maiden Name of Mother: Alla Vaughn Tolman			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maudie Exum Vogt		11. Present Address of Registrant: 1703 Crenshaw Blvd Los Angeles 19 Calif	
NOTARY (Seal)	Subscribed and sworn to before me on: February 9 1961	12. Signature of Notary: Wilma C. McKelvey		13. Notary Commission expires: ~~My Commission Expires Dec. 6, 1964~~	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department		Date Issued: -----	Date Orig. Entry: Nov.30,1936
	Date of Birth: Nov.11,1906	Birth Place: Pocatello, Idaho	Full Name of Mother: Alla Vaughn Tolman	Name of Father: Oliver Kinah Exum	
SUPPORTING RECORD 2.	Type of Document: Church Cert. of membership	By whom issued and signed: LDS Church, Pocatello 6th Wd. John E. Marley, Ward clerk		Date Issued: Dec.5,1943	Date Orig. Entry: baptized Apr.1,1923
	Date of Birth: Nov.11,1906	Birth Place: Bannock County Pocatello, Idaho	Full Name of Mother: Alla V. Tolman	Name of Father: Ollie K. Exum	
SUPPORTING RECORD 3.	Type of Document: affidavit by aunt	By whom issued and signed: Nora A. Parker born 1889		Date Issued: Jan.20,1961	Date Orig. Entry: ----
	Date of Birth: Nov.11,1906	Birth Place: Pocatello, Idaho	Full Name of Mother: Alla Vaught Tolman	Name of Father: Oliver K. Exum.	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Feb. 14, 1961

FORM BH 56067

FEB 14 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Registrant	A. Registrant's Full Name of Birth: Maudie Exum	B. Date of Birth (month) 11 (day) 11 (year) 1906	
Person whose birth is being registered	C. Color or Race, Sex: White Female	D. Place of Birth: Bannock County	E. City or Town of Birth: Pocatello
Father	F. Full Name of Father: Oliver E. Exum	G. State or Country of Father's Birth: Mississippi	
Mother	H. Full Maiden Name of Mother: Alla Vaughn Tolman	I. State or Country of Mother's Birth: Idaho	
Affidavit	J. Person declares upon date that the above statements are true to the best of my knowledge and belief.	K. Signature of Registrant	L. Present Address of Registrant
Notary Public	Subscribed and sworn to before me on [illegible]	M. Signature of Notary	N. Notary Commission Expires

Supporting Record 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: Nov. 20, 1921
	Date of Birth: [illegible]	Full Name of Mother: Alla Vaughn Tolman	Name of Father: Oliver Kinsh Exum	
Supporting Record 2	Type of Document: Church Cert. of Membership	By whom issued and signed: [illegible]	Date Issued: Dec. 5, 1921	Date Orig. Entry: Entered April 1, 1923
	Date of Birth: Nov. 11, 1906	Full Name of Mother: Alla [illegible]	Name of Father: Ollie E. Exum	
Supporting Record 3	Type of Document: Affidavit by aunt	By whom issued and signed: [illegible]	Date Issued: Jan. 29, 1961	Date Orig. Entry: ----
	Date of Birth: Nov. 11, 1906	Full Name of Mother: Alla Vaughn Tolman	Name of Father: Oliver E. Exum	

Qualifying Information

Relative Certification: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that proper any evidence has been reviewed, which substantiates the facts as set forth in the [illegible]

State Registrar | Evidence reviewed by | Date filed: Feb. [illegible], 1961

8951041010-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-143

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name At Birth: George Edson Heinton		2. Date Of Birth (month) May (day) 4th (year) 1906
	3. Color or Race: American	4. Sex: Male	5. Place of Birth a. County: Idaho Falls-Bonneville; b. City or Town of Birth: Idaho Falls Idaho
FATHER	6. Full Name of Father: James Herbert Henton		7. State or Country of Father's Birth: Winnipeg Canada
MOTHER	8. Full Maiden Name of Mother: Dorothy Isabel Smith		9. State or Country of Mother's Birth: Denver Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: G. E. Henton	11. Present Address of Registrant: 2204-Arlington Ave San Leandro Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: February 11 1961	12. Signature of Notary: Thelma R Thornton / Thelma R Thornton	13. Notary Commission expires: Jan. 6 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding lodge records	By whom issued and signed: Waverly Lodge #174, A.F.& A.M. Oregon, L.W. Cashner, Secretary	Date Issued: Dec. 31, 1960	Date Orig. Entry: Jan. 13, 1949
	Date of Birth: May 4, 1906 / Birth Place: Idaho Falls, Ida.	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Employment Record	By whom issued and signed: Southern Pacific Company, E. H. Polk, Dist. Storekeeper	Date Issued: ------	Date Orig. Entry: June 30, 1925
	Date of Birth: May 4, 1906 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: Dorothy Maihl	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Jan. 4, 1937
	Date of Birth: May 4, 1966 / Birth Place: Bonneville County Idaho Falls, Idaho	Full Name of Mother: Dorothy I. Smith	Name of Father: James H. Hinton	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Feb. 16, 1961

FORM BH 56067

11-30-60

FEB 24

533202-022-897

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-160

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Emma Harriett Elliott
2. Date of Birth (month) Oct (day) 2 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: St. Anthony, Fremont
b. City or Town of Birth: St. Anthony, Idaho

FATHER

6. Full Name of Father: Thomas Elliott
7. State or Country of Father's Birth: Yorkshire, England

MOTHER

8. Full Maiden Name of Mother: Amanda Higbee
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Emma Harriet Elliott Cook
11. Present Address of Registrant: 15945½ Calif St. Cal,

NOTARY (Seal)

Subscribed and sworn to before me on: February 14 1958
12. Signature of Notary: State of Calif Co of Los Angeles Thomas P. Allen
13. Notary Commission expires: My Commission Expires Aug. 11, 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own child's birth certificate	California #E-430	7-6-42	child born April 18, 1924
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 17 / Idaho	----	----	
SUPPORTING RECORD 2.	Record of Church Membership	LDS Church, Salt Lake City, Utah, Ella D. Jack, Custodian	Feb. 18, 1960	baptized Oct. 2, 1924
	Oct. 2, 1906 / St. Anthony, Idaho	Amanda M. Higby	Thomas Elliott	
SUPPORTING RECORD 3.	affidavit by father	Thomas Elliott	Feb. 14, 1958	-----
	Oct. 2, 1906 / Fremont County St. Anthony, Idaho	-----	Thomas Elliott	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing nr	Feb. 20, 1961

FORM BH 56067

FEB 21 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name at Birth	2. Date of Birth	3. Sex
	4. Place of Birth	5. Place of Birth	6. Date of Birth
	7. Place of Birth	8. Place of Birth	9. Date of Birth
MOTHER	9. Full Maiden Name of Mother	10. Date of Birth	11. Place of Birth
AFFIDAVIT	I hereby declare that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant	13. Present
NOTARY (Seal)	Subscribed and sworn to before me on	14. Signature of Notary	15. Notary Public

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date issued	Date
[illegible]	California [illegible]		
Date of Birth	Full Name of Mother	Name of Mother	
[illegible]			

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	
Date of Birth	Full Name of Mother	Name of Father	
[illegible]	[illegible]	[illegible]	

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	
Date of Birth	Full Name of Mother	Name of Father	
[illegible]	[illegible]	[illegible]	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which subsequently, also the facts as set forth in the [illegible] contract.

Date Filed	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Feb. 21, 1961

345-128-004-565

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-162

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RULON SEYMOUR TUELLER			2. Date Of Birth: (month) June (day) 28 (year) 1906	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Paris	
FATHER	6. Full Name of Father: Christian Tueller			7. State or Country of Father's Birth: Switzerland	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Von Almen			9. State or Country of Mother's Birth: Switzerland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rulon S. Tueller		11. Present Address of Registrant: 381 Hyde Pocatello, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 16 1961	12. Signature of Notary: Lea S. Manning		13. Notary Commission expires: Dec. 24 1962	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #224162		Date Issued: -----	Date Orig. Entry: child born July 30, 1934
	Date of Birth: age 28	Birth Place: Paris, Idaho	Full Name of Mother: -----		Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church, Paris 1st Ward, Joseph F. Smith, Historian		Date Issued: Dec. 5, 1960	Date Orig. Entry: recorded Aug. 5, 1906
	Date of Birth: June 28, 1906	Birth Place: Bear Lake County Paris, Idaho	Full Name of Mother: Elizabeth Von Almen		Name of Father: Chris Tueller
SUPPORTING RECORD 3.	Type of Document: affidavit by sister	By whom issued and signed: Adeline E. Tueller born 1893		Date Issued: Dec. 6, 1960	Date Orig. Entry: -----
	Date of Birth: June 28 1906	Birth Place: Bear Lake County Paris, Idaho	Full Name of Mother: Elizabeth Von Almen		Name of Father: Christian Tueller
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	Feb. 20, 1961

FORM BH 56067

100 Pt. Ms. # 9172

3-7-1-1

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 21 1967

APR 5 1971

1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)	
[illegible]	June 28 [illegible]	
3. Color or Race	4. Sex	5. Place of Birth (county)
White	Female	Bear Lake
6. Full Name of Father	7. State or Country of Father's Birth	
[illegible]	Switzerland	
8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
Elizabeth Von Almen	Switzerland	
AFFIDAVIT: I, the undersigned, do hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY PUBLIC: Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission Expires

DO NOT WRITE BELOW THIS LINE

SUPPORTING DOCUMENT	Type of Document: Delayed birth certificate	By whom issued and signed: Idaho Department of Health	Date Issued: —	Date Orig. Entry: [illegible]
	Date of Birth: June 28	Birth Place: Paris, Idaho	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 2:	Type of Document: Certificate of Birth	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: June 28, [illegible]	Birth Place: Bear Lake County, Paris, Idaho	Full Name of Mother: Elizabeth Von Almen	Name of Father: Christian Tueller
SUPPORTING RECORD 3:	Type of Document: Affidavit by sister	By whom issued and signed: Adeline E. Tueller, [illegible]	Date Issued: [illegible]	Date Orig. Entry: —
	Date of Birth: June 28	Birth Place: Bear Lake County, Paris, Idaho	Full Name of Mother: Elizabeth Von Almen	Name of Father: Christian Tueller

CERTIFICATION: I hereby certify that no other birth certificate has been filed in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the preceding statement.

State Registrar	Evidence reviewed by	Date Filed
[signature]	[illegible]	[illegible]

FORM 80 [illegible]

335417-018-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-195

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRANK LYLE CLEM			2. Date of Birth: (month) October (day) 17 (year) 1906	
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County: Clearwater	b. City or Town of Birth: Cavendish (mail address Southwick)	
FATHER	6. Full Name of Father: George K. Clem			7. State or Country of Father's Birth: Point Pleasant, W. Va.	
MOTHER	8. Full Maiden Name of Mother: Mary Frances Palmer			9. State or Country of Mother's Birth: Cape Fair, Mo.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frank L Clem		11. Present Address of Registrant: 2566 Union North Bend Ore	
NOTARY (Seal)	Subscribed and sworn to before me on: February 21, 1961	12. Signature of Notary: Eleanor L. Whitlock		13. Notary Commission expires: August 30, 1962	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father	By whom issued and signed: George K. Clem		Date Issued: Jan.6,1940	Date Orig. Entry: ----
	Date of Birth: Oct.17,1906	Birth Place: Cavendish,Idaho	Full Name of Mother: Mary Frances Clem	Name of Father: George K. Clem	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #234445		Date Issued: ----	Date Orig. Entry: child born June 24, 1935
	Date of Birth: age 28	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Marriage License Affidavit	By whom issued and signed: Latah County Idaho, Bessie Babcock, recorder		Date Issued: Feb.17,1961	Date Orig. Entry: Nov.13,1934
	Date of Birth: age 28	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	pw Penny L. Wing	Mar. 1, 1961

FORM BH 56067

MAR 1 1961

154-126-029 - 239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-200

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Oliver Gladstone Anderson			2. Date Of Birth (month) (day) (year): March 26th 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah, County.	b. City or Town of Birth: Moscow, Idaho.
FATHER	6. Full Name of Father: David Anderson.			7. State or Country of Father's Birth: Montana.
MOTHER	8. Full Maiden Name of Mother: Mary Anna Strandberg			9. State or Country of Mother's Birth: Iowa.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Oliver B Anderson		11. Present Address of Registrant: R #2 1.0.8 Garfield Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: February 27 1961	12. Signature of Notary: Irene C Straight.		13. Notary Commission expires: December 28 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record		By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: June 20, 1956
	Date of Birth: Mar.26,1906	Birth Place: Latah County Moscow, Idaho	Full Name of Mother: Mary Anna Strandberg	Name of Father: David Anderson	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy		By whom issued and signed: Loyal Protective Life Insur.	Date Issued: ----	Date Orig. Entry: May 31,1940
	Date of Birth: Mar.26,1906	Birth Place: Moscow, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: statement regarding voting records		By whom issued and signed: Whitman County, Washington, Pauline H. Lust, Auditor	Date Issued: Jan.23,1961	Date Orig. Entry: Feb.14,1936
	Date of Birth: age 29	Birth Place: Moscow, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Penny L. Wing	Date Filed: Mar. 1, 1961

FORM BH 56067

11-25-60 1 copy paid #9808

MAR 1 1961

963215-029-593

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-204

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edith Ellen Rothwell
2. Date of Birth (month) (day) (year): January 15, 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Viola, Idaho Latah
b. City or Town of Birth: Viola

FATHER

6. Full Name of Father: Samuel Joseph Rothwell
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Alwilda Nichols
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edith Ethwank
11. Present Address of Registrant: 264 Maple Clarkston, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: February 3, 1960
12. Signature of Notary: D L Goodnow
13. Notary Commission expires: Dec. 22, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Application	Idaho Mutual Benefit Assoc.		Nov. 8, 1951
	Date of Birth: Jan. 15, 1906 / Birth Place: Viola, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	School Record	Eastern Wash. College of Education, Cheney, Wash.	9-25-53	1924
	Date of Birth: Jan. 15, 1906 / Birth Place: Viola, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Social Security Record	Treasury Department	-----	July 21, 1946
	Date of Birth: Jan. 15, 1906 / Birth Place: Latah County Viola, Idaho	Full Name of Mother: Alwilda Nichols	Name of Father: Samuel Joseph Rothwell	

QUALIFYING INFORMATION

Operator's License, Idaho; issued 1-21-55: born Jan. 15, 1906.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W M Benson
Evidence reviewed by: mr Penny L. Wing
Date Filed: Mar. 2, 1961

FORM BH 56067

MAR 2 1961

38-201-003-814

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-217

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Annie Luella Thornley			2. Date of Birth (month) (day) (year): December 1, 1906
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: McCammon, Bannock	b. City or Town of Birth: McCammon, Idaho
FATHER	6. Full Name of Father: John Stuart Thornley			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lydia Hamp			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Annie L. Lish		11. Present Address of Registrant: McCammon, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 3rd 1961	12. Signature of Notary: Mildred E. Lindenschmitt		13. Notary Commission expires: Oct. 25 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by friend of family at time of birth	By whom issued and signed: Zina G. Orgill born 1887		Date Issued: Mar.3,1961	Date Orig. Entry: ----
	Date of Birth: Dec.1,1906	Birth Place: McCammon, Idaho	Full Name of Mother: Lydia Hamp	Name of Father: John Stuart Thornley	
SUPPORTING RECORD 2.	Type of Document: Transcript of Credita	By whom issued and signed: Idaho State College		Date Issued: ----	Date Orig. Entry: matriculated Feb. 11, 1954
	Date of Birth: Dec.1,1906	Birth Place: McCammon, Idaho	Full Name of Mother: Lydia Thornley	Name of Father: John Thornely	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Equitable Life Assurance		Date Issued: Oct.16,1926	Date Orig. Entry: Oct.9,1926
	Date of Birth: Dec.1,1906	Birth Place: ----	Full Name of Mother: Lydia Thornley	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	March. 6, 1961

FORM BH 56067

2-28-61

MAR 6 1961

MAY 17 1967

3442 8-085-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-212

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Franciel Laurel Cummings			2. Date of Birth (month) January (day) 28 (year) 1906	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Lewiston	
FATHER	6. Full Name of Father: Everett George Cummings			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Silva Emma Lambdin			9. State or Country of Mother's Birth: Montana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Franciel L. (Cummings) Kimble	11. Present Address of Registrant: 1230 Market St. Salem, Ore.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 2 1961		12. Signature of Notary: O. L. Searey	13. Notary Commission expires: May 3, 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by cousin	By whom issued and signed: Vivian E. Cummings Mills		Date Issued: Jan. 14, 1961	Date Orig. Entry: ----
	Date of Birth: Jan. 28, 1906	Birth Place: Nez Perce Lewiston, Idaho	Full Name of Mother: Silva Emma Lambdin	Name of Father: Everett G. Cummings	
SUPPORTING RECORD 2.	Type of Document: Family Bible record	By whom issued and signed: O. L. Searey, Notary Public		Date Issued: Jan. 16, 1961	Date Orig. Entry: obviously old
	Date of Birth: Jan. 28, 1906	Birth Place: Lewiston, Idaho	Full Name of Mother: Silva E. Cummings	Name of Father: Everett G. Cummings	
SUPPORTING RECORD 3.	Type of Document: Lodge Application	By whom issued and signed: Rebekah Lodge #1, Salem, Oregon Edith J. Berrigan, Noble Gr.		Date Issued: ----	Date Orig. Entry: Nov. 10, 1947
	Date of Birth: Jan. 28, 1906	Birth Place: Lewiston, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barnes	Evidence reviewed by: pw pw Penny L. Wing	Date Filed: March 15, 1961

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 15 19[illegible]

168-207-043-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-255

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lyyli Josephine Johnson		2. Date Of Birth (month) 1 (day) 7 (year) 1906
	3. Color of Race: White	4. Sex: F	5. Place of Birth: McCall a. County: Valley b. City or Town of Birth: McCall, Idaho
FATHER	6. Full Name of Father: John S. Johnson		7. State or Country of Father's Birth: Kannus Finland
MOTHER	8. Full Maiden Name of Mother: Hanna Sironen		9. State or Country of Mother's Birth: Karstula Finland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lula J. Luoma	11. Present Address of Registrant: Rt 1 Bx 502 Clarkston Wash
NOTARY (Seal)	Subscribed and sworn to before me on: March 6th 1961	12. Signature of Notary: Ib Lynn Tuttle	13. Notary Commission expires: Oct 22 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate		By whom issued and signed: Idaho #174362	Date issued: ----	Date Orig. Entry: child born Aug. 25, 1929
	Date of Birth: age 23	Birth Place: McCall, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: statement regarding hospital records		By whom issued and signed: St.Joseph's Hospital, Mae Austin, Medican Records Off.	Date issued: Mar.9,1961	Date Orig. Entry: Dec.31,1941
	Date of Birth: Jan.7,1906	Birth Place: McCall, Idaho	Full Name of Mother: Hanna Sironen	Name of Father: John S. Johnson	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #L 12186		By whom issued and signed: Great Western Mutual Assn.	Date issued: Mar.9,1945	Date Orig. Entry: Mar.9,1945
	Date of Birth: Jan.7,1906	Birth Place: McCall, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	pw Penny L. Wing	Mardh 20, 1961

FORM BH 56067

MAR 20 1961

612-230-036-386

(Be sure the information is complete and accurate)

State File No. De61-272

Local Reg. No.

Reg. Dist. No.

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF BIRTH
a. COUNTY: Oneida
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Downey
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print): a. (First): Edna; b. (Middle): —; c. (Last): Wakley

4. SEX: female

5a. THIS BIRTH: SINGLE ☒ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF BIRTH (Month) (Day) (Year): 2 - 30 - 1906

FATHER OF CHILD

7. FULL NAME: a. (First): Arthur Daniel; b. (Middle): —; c. (Last): Wakley

8. COLOR OR RACE: white

9. AGE (At time of this birth): 21 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Downey

11a. USUAL OCCUPATION: farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First): Bertha; b. (Middle): Olive; c. (Last): Thornton

13. COLOR OR RACE: white

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Malad Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship): Mrs Celia E Rossi Aunt

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: D C Ray

18b. ATTENDANT AT BIRTH: M. D. ☒ MIDWIFE ☐ OTHER (Specify)

18c. ADDRESS: Box 72 Pocatello Idaho

18d. DATE SIGNED: 3-8-1961

19. DATE REC'D BY LOCAL REG.: March 21, 1961

20. REGISTRAR'S SIGNATURE: W. W. Benson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: WEEKS

22b. WEIGHT AT BIRTH: LBS. OZS.

23. Was a standard serological test for syphilis performed? YES ☐ NO ☒

Approximate date

Name prophylactic used to prevent Ophthalmia Neonatorum: 0.1% $AgNO_3$

DELAYED

Form DPH-48001

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

State of Idaho,
County of Bannock

On this 8th day of March, 1961, before me Sarah Devaney, Clerk, of the District Court in and for said County and State, hereby certify that the signature of D. C. Ray is genuine and that he signed the Birth Certificate hereto attached.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Sarah Devaney

Clerk of the District Court
Bannock County, Idaho

APR 8 1961

393-230-003-462

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-285

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HAZEL TILLOTSON			2. Date Of Birth (month) (day) (year): July 30 1906	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: McCammon	
FATHER	6. Full Name of Father: Arthur [redacted] Tillotson			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Sylvia Moss			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Hazel Henson	11. Present Address of Registrant: McCammon Ida Bap 4	
NOTARY (Seal)	Subscribed and sworn to before me on: March 24 1961		12. Signature of Notary: Mildred E. Lindenschmitt	13. Notary Commission expires: Oct 25 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding church records		By whom issued and signed: LDS Church, McCammon Ward, Loren C. Dunn Ward Clerk	Date Issued: ----	Date Orig. Entry: baptized Apr.6,1918
	Date of Birth: July 30, 1906	Birth Place: Bannock County McCammon, Idaho	Full Name of Mother: Sylvia Moss	Name of Father: Arthur Tillotson	
SUPPORTING RECORD 2.	Type of Document: affidavit by neighbor at birth		By whom issued and signed: Verl Hall born 1888	Date Issued: Feb.23,1961	Date Orig. Entry: ----
	Date of Birth: July 30, 1906	Birth Place: McCammon, Idaho	Full Name of Mother: Sylvia Moss	Name of Father: Arthur Tillotson	
SUPPORTING RECORD 3.	Type of Document: marriage license affidavit		By whom issued and signed: Bannock County Idaho, Sarah Devaney, clerk of Dist.Court	Date Issued: Dec.18,1958	Date Orig. Entry: June 9, 1923
	Date of Birth: age 16	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barnes	Evidence reviewed by: Penny L. Wing	Date Filed: March 28, 1961

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF [illegible]

MAR 28 1961

455-405-022-394

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-291
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ernest ELLis Denny			2. Date of Birth (month) (day) (year): March 5 1906
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Idaho FREMONT	b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: John Henry Denny			7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Una S. True			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ernest A. Denny		11. Present Address of Registrant: Wisdon montana
NOTARY (Seal)	Subscribed and sworn to before me on: May 3 1956	12. Signature of Notary: Don E. Carson		13. Notary Commission expires: Mar 6 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record		By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Nov.30,1936
Class*	Date of Birth: Mar.5,1906	Birth Place: St. Anthony,Idaho	Full Name of Mother: Una S. True	Name of Father: John Henry Denny	
SUPPORTING RECORD 2.	Type of Document: affidavit by half brother		By whom issued and signed: Harley L.C.Denny age 71	Date Issued: Mar.22,1956	Date Orig. Entry: -----
Class	Date of Birth: Mar.5,1906	Birth Place: St.Anthony, Idaho	Full Name of Mother: Una S. True	Name of Father: John H. Denny	
SUPPORTING RECORD 3.	Type of Document: Marriage License		By whom issued and signed: Beaverhead County, Montana H.E.Gontway, clerk	Date Issued: Mar.28,1961	Date Orig. Entry: Sept.25,1931
Class	Date of Birth: age 25	Birth Place: St.Anthony, Idaho	Full Name of Mother: Una True	Name of Father: John H. Denny	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

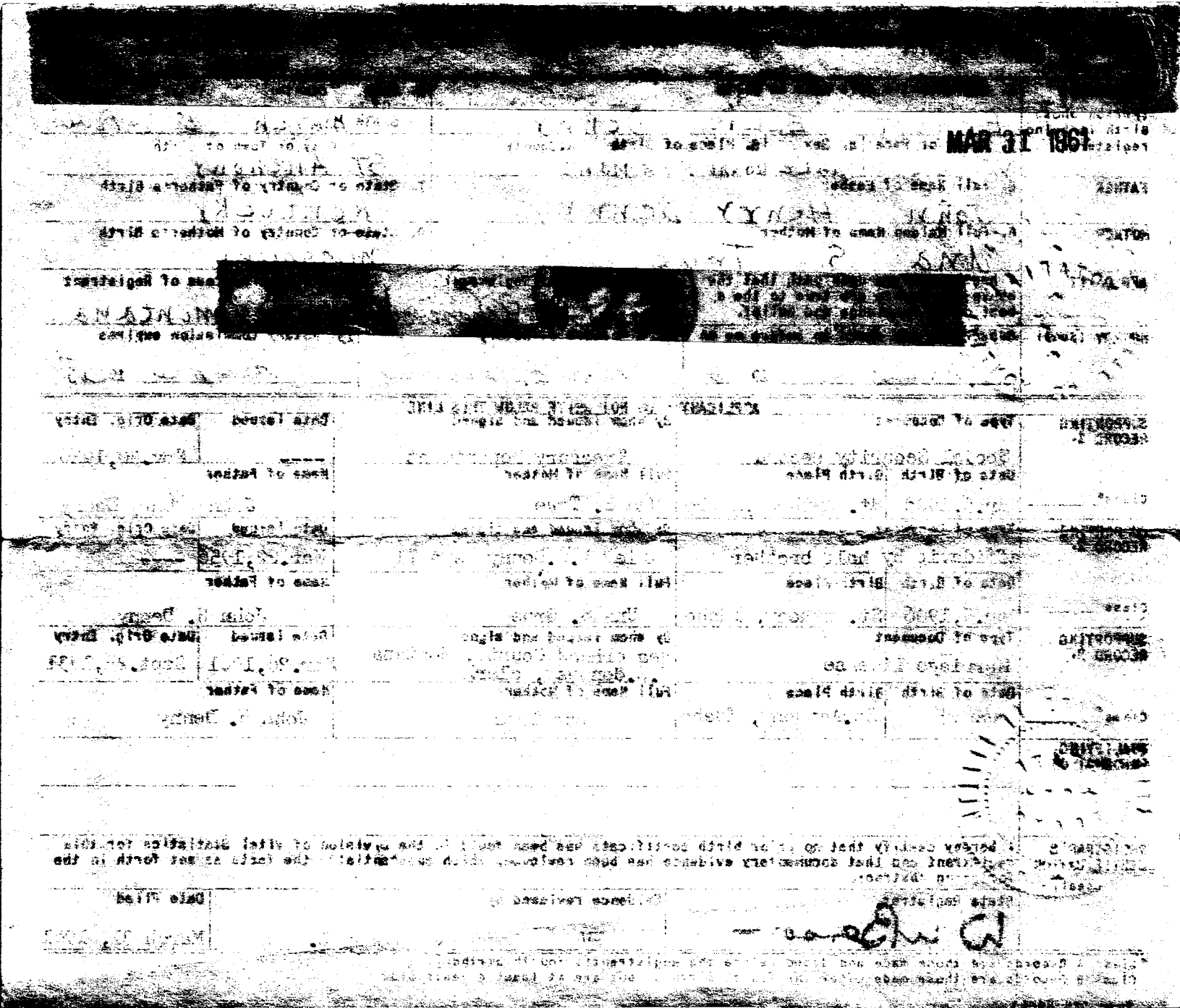
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	March 31, 1961

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

3-23-61



474-203-035-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-340

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anna May Updegraff			2. Date Of Birth (month) January (day) 3 (year) 1906	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Nezperce	b. City or Town of Birth: Culdesac	
FATHER	6. Full Name of Father: Clermant B. Updegraff			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Bertha Catherine Thayer			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anna May Updegraff		11. Present Address of Registrant: Box 152, Lind, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 13, 1961	12. Signature of Notary: G H Brewer		13. Notary Commission expires: Aug. 1, 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Bertha C. Updegreff	Date Issued: Apr.14,1961	Date Orig. Entry: ----
	Date of Birth: Jan.3,1906 / Birth Place: Culdesac, Idaho	Full Name of Mother: Bertha C. Updegraff	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Nov.30,1939
	Date of Birth: Jan.3,1906 / Birth Place: Nez Perce County Culdesac, Idaho	Full Name of Mother: Bertha C. Thayer	Name of Father: Clermont B. Updegraff	
SUPPORTING RECORD 3.	Type of Document: Insurance policy application	By whom issued and signed: Sun Life Assurance Co.-Canada	Date Issued: ----	Date Orig. Entry: Nov.1,1930
	Date of Birth: Jan.3,1906 / Birth Place: Culde Sac,Idaho	Full Name of Mother: Bertha C. Updegraff	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Brewer	Penny L. Wing	April 17, 1961

FORM BH 56067

3-21-61

DELAYED CERTIFICATE OF BIRTH

STATE OF IOWA

APR 18 1960

JAN 9 1961

1. Name of child	Anna May Davenport
2. Date of birth (month, day, year)	January 3, 1902
3. Sex	White / Female
4. Place of birth (county)	Keokuk
5. Name of father	Clermont D. Upjohn
6. State or Country of Father's Birth	Iowa
7. Maiden name of Mother	Myrtle Octavia Thayer
8. State or Country of Mother's Birth	Nebraska
9. Name and address of physician or midwife in attendance at birth	Dr. Frank Hall, Keokuk, Iowa
10. Name and address of informant	Myrtle Octavia Thayer Upjohn, Box 152, Lind, Wash.
11. Date filed	
12. Signature of Registrar	

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on _____, 19__

Signature of Affiant

Notary Commission expires

STATE OF IOWA
DEPARTMENT OF HEALTH
CERTIFIED COPY

I hereby certify that on prior birth certificate was born found in the Division of Vital Statistics for this State and duly registered, which discloses the facts as are stated in the foregoing certificate.

Issue Date

Issue Failure

Issue Refund

Issue Replacement

Issue Amendment

Issue Delayed

Issue Court Order

Issue Other

Issue Verification

Issue Search

Issue Certified Copy

Issue Photocopy

Issue Microfilm

Issue Digital

Issue Scan

Issue Print

Issue Email

Issue Fax

Issue Mail

Issue Pickup

Issue Courier

Issue Express

Issue Priority

Issue Standard

Issue Economy

Issue Bulk

Issue Custom

449-211-015-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-354

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Effie Lavera Durney ~~Baxter~~		2. Date Of Birth (month) June (day) 11 (year) 1906
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Soda Springs; b. City or Town of Birth:
FATHER	6. Full Name of Father: Hyrum Gordon Durney		7. State or Country of Father's Birth: Richmond, Cache, Utah
MOTHER	8. Full Maiden Name of Mother: Mary Munro		9. State or Country of Mother's Birth: Franklin, Oneida, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Effie Lavera Durney Baxter	11. Present Address of Registrant: 140 E. Main, St. Anthony, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 19 1961	12. Signature of Notary: Phyllis Happenlatzel	13. Notary Commission expires: December 31, 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, St. Anthony 2nd Ward D.R. Ston, clerk	Date issued: Sept. 6, 1925	Date Orig. Entry: baptized Sept. 6, 1925
	Date of Birth: June 11, 1906 / Birth Place: Soda Springs	Full Name of Mother: Mary Munro	Name of Father: Hyrum Baxter	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #146440	Date issued: —	Date Orig. Entry: child born Sept. 17, 1926
	Date of Birth: age 20 / Birth Place: Idaho	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: Marriage License Application	By whom issued and signed: Salt Lake County, Utah, Alvin Keddington, clerk	Date issued: Feb. 6, 1961	Date Orig. Entry: July 13, 1925
	Date of Birth: June 11, 1906 / Birth Place: Soda Springs, Ida.	Full Name of Mother: May Monroe	Name of Father: Hyrum G. Durney	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny L. Wing	April 20, 1961

FORM BH 56067

Baxter

APR 20 1961

JAN 9 1962

JAN 25 1962

JAN 25 1962

146431-030652

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-365

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Olaf Edgar Amonson
2. Date of Birth (month) (day) (year): Dec. 31 1906
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Lemhi Ida. Lemhi
b. City or Town of Birth: Lemhi, Idaho.

FATHER

6. Full Name of Father: Anker Emiel Amonson
7. State or Country of Father's Birth: Lemhi Co. Idaho.

MOTHER

8. Full Maiden Name of Mother: Emma Webber
9. State or Country of Mother's Birth: Rour Co. Colorado.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Olaf Edgar Amonson
11. Present Address of Registrant: 379 Beverly Lane Gladstone Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: January 26 1959
12. Signature of Notary: Gail Strauss
13. Notary Commission expires: My Commission Expires Oct. 20, 196_ 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother, age 75	Emma Amonson	1-19-59	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 31, 1906	Lemhi, Idaho	Emma Amonson	Amker Emiel Amonson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement re: application for marriage license	(Oregon City, Ore.) Clackamas Co. Clerk, Oregon	1-5-59	March 28, 1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 24	---	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Department	-----	Feb. 8, 1956

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.31,1906	Lemhi County Lemhi, Idaho	Emma Charlott Webber	Anker Emiel Amonson

QUALIFYING INFORMATION

Voting Registration Record, Clackamas Co., Oregon; 1-5-59: registered-Apr. 16,1946: born-Lemhi, Lemhi Co., Idaho; parents Anker & Emma Amonson.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barger	nr Penny L. Wing	April 25, 1961

1 copy paid

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 25 1984

231-128-037-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-378

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Albert L. Black		2. Date Of Birth (month) (day) (year): October 28, 1906
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Owyhee; b. City or Town of Birth: Bruneau
FATHER	6. Full Name of Father: Joseph R. Black		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Virginia C. Tate		9. State or Country of Mother's Birth: Mayfield, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Albert L Black	11. Present Address of Registrant: Bruneau Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 25, 1961	12. Signature of Notary: Sam O. Noble	13. Notary Commission expires: Jan. 9 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Virginia C. Black	Date issued: --	Date Orig. Entry: Sept. 9, 1959
	Date of Birth: October 28, 1906	Birth Place: Bruneau, Idaho	Full Name of Mother: Virginia C. Black	Name of Father: Joseph R. Black
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: U.S. Dept. of Commerce, Bureau of the Census	Date issued: Oct. 29, 1959	Date Orig. Entry: census of Jan. 1, 1920
	Date of Birth: age 13	Birth Place: Idaho	Full Name of Mother: Virginia C. Black	Name of Father: Joseph R. Black
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics #246710	Date issued: --	Date Orig. Entry: child born Sept. 6, 1936
	Date of Birth: age 29	Birth Place: Bruneau, Idaho	Full Name of Mother: --	Name of Father: --
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	1a Penny L. Wing	May 1, 1961

FORM BH 56067 One copy paid

MAY 1 . 1961

JAN 29 1971

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

1. Registrant's Full Name at Birth: Albert L. Black	2. Date of Birth: October 28, 1900	
3. Color or Race: White	4. Place of Birth: Bruneau	5. City or Town of Birth: Bruneau
6. Sex: Male	7. Name of Father: Joseph R. Black	8. State or Country of Father's Birth: Missouri
9. Full Name of Mother: Virginia C. Tate	10. State or Country of Mother's Birth: Mayfield, Idaho	
11. Present Address of Registrant: [illegible]	12. Signature of Registrant: [illegible]	13. Notary Commission expires: [illegible]
14. Signature of Notary: [illegible]		

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Virginia C. Black	--	Sept. 9, 1959
Date of Birth: Birth Place	Full Name of Mother	Name of Father	
October 28, 1900 Bruneau, Idaho	Virginia C. Black	Joseph R. Black	
Type of Document: Census Record	By whom issued and signed: U.S. Dept. of Commerce, Bureau of the Census	Date Issued: Oct. 24, 1959	Date Orig. Entry: census of Jan. 1, 1920
Date of Birth: age 13	Birth Place: Idaho	Full Name of Mother: Virginia C. Black	Name of Father: Joseph R. Black
Type of Document: Am child's birth certificate	By whom issued and signed: On file Vital Statistics #245[illegible]	Date Issued: --	Date Orig. Entry: child born Sept. 6, 1936
Date of Birth: age 29	Birth Place: Bruneau, Idaho	Full Name of Mother: --	Name of Father: --

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that secondary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Stamp	Evidence reviewed by	Date Filed
Stamp: [illegible]	[illegible]	May 1, 1961

One copy paid

747-206-010-652

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-390

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Enid Celestia Pugmire		2. Date Of Birth (month) December (day) 6 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Vincent Rich Pugmire		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Edna Webb		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Enid Celestia Miller	11. Present Address of Registrant: 408 Ash Street, Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 28, 1961	12. Signature of Notary: Delbert O. St. Clair	13. Notary Commission expires: 11-26 1961	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by friend of family	By whom issued and signed: Mercedes G. Holden	Date Issued: Apr.27,1961	Date Orig. Entry: -----	
	Date of Birth: Dec.6,1906	Birth Place: Idaho Falls,Idaho	Full Name of Mother: Edna W. Pugmire	Name of Father: Vincent Rich Pugmire	
SUPPORTING RECORD 2.	Type of Document: Passport	By whom issued and signed: Dept. of State,Washington,DC	Date Issued: May 9,1930	Date Orig. Entry: May 9, 1930	
	Date of Birth: Dec.6,1966	Birth Place: Idaho Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #275756	Date Issued: -----	Date Orig. Entry: child born Dec.22,1938	
	Date of Birth: age 32	Birth Place: Idaho Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barron	Penny L. Wing	May 3, 1961

FORM BH 56067

MAY 3 1961

Miller (2nd form)

1. Registrant's Full Name of Birth: Enid Celestia Pugmire	2. Date of Birth: December 6 1960	
3. Color or Race: White	4. Sex: Female	5. Place of Birth: Connerville
6. Full Name of Father: Vincent Rich Pugmire	7. State or Country of Father's Birth: Idaho	
8. Full Maiden Name of Mother: Rena Webb	9. State or Country of Mother's Birth: Utah	
10. Signature of Registrant	11. Present Address of Registrant: 409 Ash Street, Idaho Falls, Idaho	
12. Signature of Mother	13. Notary Commission Expires	

SUPPORTING RECORD 1	Type of Document: Birth Certificate	By whom Issued and Signed: Mercedes G. Miller	Date Issued: Apr. 20, 1961	Date Orig. Entry: ----
	Date of Birth: Dec. 6, 1960	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Rena W. Pugmire	Name of Father: Vincent Rich Pugmire
SUPPORTING RECORD 2	Type of Document: Passport	By whom Issued and Signed: Dept. of State, Washington, DC	Date Issued: May 2, 1 20	Date Orig. Entry: May 2, 1960
	Date of Birth: Dec. 6, 1960	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3	Type of Document: Birth Certificate	By whom Issued and Signed: Idaho Falls	Date Issued: ----	Date Orig. Entry: Child Bonus Dec. 12, 1960
	Date of Birth: Dec 22	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that sufficiently evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
[signature]	Nancy L. Vinz	May 3, 1961

493-126-010-792

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-391

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eugene Fauntleroy Miller
2. Date Of Birth: July 26 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Idaho Falls, Idaho

FATHER

6. Full Name of Father: James Edgar Miller
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Hester Gibson
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eugene Fauntleroy Miller
11. Present Address of Registrant: 408 Ash Street, Idaho Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 28th 1961
12. Signature of Notary: Delbert O. McClure
13. Notary Commission expires: November 26 1961 (11-26-61)

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own childs birth certificate	Idaho #275756	-----	child born Dec. 22, 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 32	Idaho Falls, Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by friend of family	Mercedes G. Holden (over 20 at time of birth)	Apr. 27, 1961	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 26, 1906	Idaho Falls, Idaho	Hester Gibson	James Edgar Miller

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Columbian Nat'l Life Insur. Co	Oct 17, 1947	Oct 17, 1947

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 26, 1906	Idaho Falls, Idaho	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	May 3, 1961

FORM BH 56067

4-6-61

MAY 3 1961

Miller (2nd form)

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registration Full Name of Birth		2. Date of Birth (month) (day) (year)
Eugene Montgomery Miller		July 20, 1906
3. Color or Race	4. Sex	5. Place of Birth
White	Male	Corneville
6. Full Name of Father		7. State or Country of Father's Birth
James Edgar Miller		Michigan
8. Full Maiden Name of Mother		9. State or Country of Mother's Birth
Hester Gibson		Missouri

AFFIDAVIT

9. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant 408 Ash Street Idaho Falls, Idaho
Subscribed and sworn to before me	12. Signature of Notary	13. Notary Commission Expires

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	----	[illegible]
	Date of Birth	Birth Place	Name of Father	Name of Father
	July 20, 1906	Idaho Falls, Idaho	----	----
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	Apr. 27, 1961	----
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	July 20, 1906	Idaho Falls, Idaho	Hester Gibson	[illegible]
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Insurance Policy	Columbian Nat'l Life Insur. Co.	Oct. 27, 1947	Oct. 27, 1947
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	July 20, 1906	Idaho Falls, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which supplemented the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	[illegible]	[illegible]

694-201-044-556

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-394

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Esther Leona Widner		2. Date Of Birth (month) October (day) 1 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington; b. City or Town of Birth: Midvale
FATHER	6. Full Name of Father: Frank Widner		7. State or Country of Father's Birth: Mercer County, Missouri
MOTHER	8. Full Maiden Name of Mother: Delila Newman		9. State or Country of Mother's Birth: Weiser, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esther Leona Widner	11. Present Address of Registrant: Cambridge, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 20 19 61	12. Signature of Notary: Mary Kautz Winninger	13. Notary Commission expires: January 20 19 62

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate		By whom issued and signed: Idaho #175195	Date issued: ----	Date Orig. Entry: child born Oct.3,1929
	Date of Birth: age 23	Birth Place: Midvale, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Elector's Oath		By whom issued and signed: Washington County, Idaho, Helen Linck, recorder	Date issued: Mar.22,1961	Date Orig. Entry: Oct.7,1930
	Date of Birth: Oct.1,1906	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Social Security Record		By whom issued and signed: Treasury Department	Date issued: ----	Date Orig. Entry: July 1, 1941
	Date of Birth: Oct.1,1906	Birth Place: Washington County Midvale, Idaho	Full Name of Mother: Delilah Newman	Name of Father: Frank Widner	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny L. Wing	May 3, 1961

FORM BH 56067

3-10-61 1 copy paid

MAY 3 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. —

1. Registrant's Full Name at Birth: Esther Jeane Widner

2. Sex: Female

3. Place of Birth — County: Washington

4. Date of Birth: October 1, 1915

5. Age at Last Birthday: Midyear

6. Full Name of Father: Frank Widner

7. State or Country of Father's Birth: Missouri

8. Full Maiden Name of Mother: Pet's Meamen

9. State or Country of Mother's Birth: Missouri, Idaho

10. Personal Address of Registrant: Cambridge, Idaho

11. Signature of Registrant

12. Date Signed: January 20, 19 62

13. Name of Witness

14. Address of Witness

15. Signature of Notary: [illegible]

16. Notary Commission Expires: January 20, 19 62

17. Subscribed and sworn to before me on: March 20, 19 62

18. Type of Document

19. Date of Birth as Given on Birth Record: Oct. 1, 1915

20. Name of Person on Whose Birth Record Search Was Made

21. Relationship to Registrant

22. Purpose for Which Copy Is Required

23. Date Issued: ----

24. By Whom Issued and Signed: Idaho Department of Public Health, Bureau of Vital Statistics

25. Fee Paid: $3.00

26. Date Issued: ----

27. By Whom Issued and Signed: Washington County, Idaho, Frank L. Jones, Recorder

28. Fee Paid: $3.00

29. Date Issued: ----

30. By Whom Issued and Signed: Secretary [illegible]

31. Fee Paid: $3.00

32. Date Issued: ----

33. By Whom Issued and Signed: [illegible]

34. Fee Paid: $3.00

35. Date Issued: ----

36. By Whom Issued and Signed: [illegible]

37. Fee Paid: $3.00

38. Date Issued: ----

39. By Whom Issued and Signed: [illegible]

40. Fee Paid: $3.00

41. Date Issued: ----

42. By Whom Issued and Signed: [illegible]

43. Fee Paid: $3.00

44. Date Issued: ----

45. By Whom Issued and Signed: [illegible]

46. Fee Paid: $3.00

47. Date Issued: ----

48. By Whom Issued and Signed: [illegible]

49. Fee Paid: $3.00

50. Date Issued: ----

51. By Whom Issued and Signed: [illegible]

52. Fee Paid: $3.00

53. Date Issued: ----

54. By Whom Issued and Signed: [illegible]

55. Fee Paid: $3.00

56. Date Issued: ----

57. By Whom Issued and Signed: [illegible]

58. Fee Paid: $3.00

59. Date Issued: ----

60. By Whom Issued and Signed: [illegible]

61. Fee Paid: $3.00

62. Date Issued: ----

63. By Whom Issued and Signed: [illegible]

64. Fee Paid: $3.00

65. Date Issued: ----

66. By Whom Issued and Signed: [illegible]

67. Fee Paid: $3.00

68. Date Issued: ----

69. By Whom Issued and Signed: [illegible]

70. Fee Paid: $3.00

71. Date Issued: ----

72. By Whom Issued and Signed: [illegible]

73. Fee Paid: $3.00

74. Date Issued: ----

75. By Whom Issued and Signed: [illegible]

76. Fee Paid: $3.00

77. Date Issued: ----

78. By Whom Issued and Signed: [illegible]

79. Fee Paid: $3.00

80. Date Issued: ----

81. By Whom Issued and Signed: [illegible]

82. Fee Paid: $3.00

83. Date Issued: ----

84. By Whom Issued and Signed: [illegible]

85. Fee Paid: $3.00

86. Date Issued: ----

87. By Whom Issued and Signed: [illegible]

88. Fee Paid: $3.00

89. Date Issued: ----

90. By Whom Issued and Signed: [illegible]

91. Fee Paid: $3.00

92. Date Issued: ----

93. By Whom Issued and Signed: [illegible]

94. Fee Paid: $3.00

95. Date Issued: ----

96. By Whom Issued and Signed: [illegible]

97. Fee Paid: $3.00

98. Date Issued: ----

99. By Whom Issued and Signed: [illegible]

100. Fee Paid: $3.00

101. Date Issued: ----

102. By Whom Issued and Signed: [illegible]

103. Fee Paid: $3.00

104. Date Issued: ----

105. By Whom Issued and Signed: [illegible]

106. Fee Paid: $3.00

107. Date Issued: ----

108. By Whom Issued and Signed: [illegible]

109. Fee Paid: $3.00

110. Date Issued: ----

111. By Whom Issued and Signed: [illegible]

112. Fee Paid: $3.00

113. Date Issued: ----

114. By Whom Issued and Signed: [illegible]

115. Fee Paid: $3.00

116. Date Issued: ----

117. By Whom Issued and Signed: [illegible]

118. Fee Paid: $3.00

119. Date Issued: ----

120. By Whom Issued and Signed: [illegible]

121. Fee Paid: $3.00

122. Date Issued: ----

123. By Whom Issued and Signed: [illegible]

124. Fee Paid: $3.00

125. Date Issued: ----

126. By Whom Issued and Signed: [illegible]

127. Fee Paid: $3.00

128. Date Issued: ----

129. By Whom Issued and Signed: [illegible]

130. Fee Paid: $3.00

131. Date Issued: ----

132. By Whom Issued and Signed: [illegible]

133. Fee Paid: $3.00

134. Date Issued: ----

135. By Whom Issued and Signed: [illegible]

136. Fee Paid: $3.00

137. Date Issued: ----

138. By Whom Issued and Signed: [illegible]

139. Fee Paid: $3.00

140. Date Issued: ----

141. By Whom Issued and Signed: [illegible]

142. Fee Paid: $3.00

143. Date Issued: ----

144. By Whom Issued and Signed: [illegible]

145. Fee Paid: $3.00

146. Date Issued: ----

147. By Whom Issued and Signed: [illegible]

148. Fee Paid: $3.00

149. Date Issued: ----

150. By Whom Issued and Signed: [illegible]

151. Fee Paid: $3.00

152. Date Issued: ----

153. By Whom Issued and Signed: [illegible]

154. Fee Paid: $3.00

155. Date Issued: ----

156. By Whom Issued and Signed: [illegible]

157. Fee Paid: $3.00

158. Date Issued: ----

159. By Whom Issued and Signed: [illegible]

160. Fee Paid: $3.00

161. Date Issued: ----

162. By Whom Issued and Signed: [illegible]

163. Fee Paid: $3.00

164. Date Issued: ----

165. By Whom Issued and Signed: [illegible]

166. Fee Paid: $3.00

167. Date Issued: ----

168. By Whom Issued and Signed: [illegible]

169. Fee Paid: $3.00

170. Date Issued: ----

171. By Whom Issued and Signed: [illegible]

172. Fee Paid: $3.00

173. Date Issued: ----

174. By Whom Issued and Signed: [illegible]

175. Fee Paid: $3.00

176. Date Issued: ----

177. By Whom Issued and Signed: [illegible]

178. Fee Paid: $3.00

179. Date Issued: ----

180. By Whom Issued and Signed: [illegible]

181. Fee Paid: $3.00

182. Date Issued: ----

183. By Whom Issued and Signed: [illegible]

184. Fee Paid: $3.00

185. Date Issued: ----

186. By Whom Issued and Signed: [illegible]

187. Fee Paid: $3.00

188. Date Issued: ----

189. By Whom Issued and Signed: [illegible]

190. Fee Paid: $3.00

191. Date Issued: ----

192. By Whom Issued and Signed: [illegible]

193. Fee Paid: $3.00

194. Date Issued: ----

195. By Whom Issued and Signed: [illegible]

196. Fee Paid: $3.00

197. Date Issued: ----

198. By Whom Issued and Signed: [illegible]

199. Fee Paid: $3.00

200. Date Issued: ----

201. By Whom Issued and Signed: [illegible]

202. Fee Paid: $3.00

203. Date Issued: ----

204. By Whom Issued and Signed: [illegible]

205. Fee Paid: $3.00

206. Date Issued: ----

207. By Whom Issued and Signed: [illegible]

208. Fee Paid: $3.00

209. Date Issued: ----

210. By Whom Issued and Signed: [illegible]

211. Fee Paid: $3.00

212. Date Issued: ----

213. By Whom Issued and Signed: [illegible]

214. Fee Paid: $3.00

215. Date Issued: ----

216. By Whom Issued and Signed: [illegible]

217. Fee Paid: $3.00

218. Date Issued: ----

219. By Whom Issued and Signed: [illegible]

220. Fee Paid: $3.00

221. Date Issued: ----

222. By Whom Issued and Signed: [illegible]

223. Fee Paid: $3.00

224. Date Issued: ----

225. By Whom Issued and Signed: [illegible]

226. Fee Paid: $3.00

227. Date Issued: ----

228. By Whom Issued and Signed: [illegible]

229. Fee Paid: $3.00

230. Date Issued: ----

231. By Whom Issued and Signed: [illegible]

232. Fee Paid: $3.00

233. Date Issued: ----

234. By Whom Issued and Signed: [illegible]

235. Fee Paid: $3.00

236. Date Issued: ----

237. By Whom Issued and Signed: [illegible]

238. Fee Paid: $3.00

239. Date Issued: ----

240. By Whom Issued and Signed: [illegible]

241. Fee Paid: $3.00

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849. By Whom Issued and Signed: [illegible]

850. Fee Paid: $3.00

851. Date Issued: ----

852. By Whom Issued and Signed: [illegible]

853. Fee Paid: $3.00

854. Date Issued: ----

855. By Whom Issued and Signed: [illegible]

856. Fee Paid: $3.00

857. Date Issued: ----

858. By Whom Issued and Signed: [illegible]

859. Fee Paid: $3.00

860. Date Issued: ----

861. By Whom Issued and Signed: [illegible]

862. Fee Paid: $3.00

863. Date Issued: ----

864. By Whom Issued and Signed: [illegible]

865. Fee Paid: $3.00

866. Date Issued: ----

867. By Whom Issued and Signed: [illegible]

868. Fee Paid: $3.00

869. Date Issued: ----

870. By Whom Issued and Signed: [illegible]

871. Fee Paid: $3.00

872. Date Issued: ----

873. By Whom Issued and Signed: [illegible]

874. Fee Paid: $3.00

875. Date Issued: ----

876. By Whom Issued and Signed: [illegible]

877. Fee Paid: $3.00

878. Date Issued: ----

879. By Whom Issued and Signed: [illegible]

880. Fee Paid: $3.00

881. Date Issued: ----

882. By Whom Issued and Signed: [illegible]

883. Fee Paid: $3.00

884. Date Issued: ----

885. By Whom Issued and Signed: [illegible]

886. Fee Paid: $3.00

887. Date Issued: ----

888. By Whom Issued and Signed: [illegible]

889. Fee Paid: $3.00

890. Date Issued: ----

891. By Whom Issued and Signed: [illegible]

892. Fee Paid: $3.00

893. Date Issued: ----

894. By Whom Issued and Signed: [illegible]

895. Fee Paid: $3.00

896. Date Issued: ----

897. By Whom Issued and Signed: [illegible]

898. Fee Paid: $3.00

899. Date Issued: ----

900. By Whom Issued and Signed: [illegible]

901. Fee Paid: $3.00

902. Date Issued: ----

903. By Whom Issued and Signed: [illegible]

904. Fee Paid: $3.00

905. Date Issued: ----

906. By Whom Issued and Signed: [illegible]

907. Fee Paid: $3.00

908. Date Issued: ----

909. By Whom Issued and Signed: [illegible]

910. Fee Paid: $3.00

911. Date Issued: ----

912. By Whom Issued and Signed: [illegible]

913. Fee Paid: $3.00

914. Date Issued: ----

915. By Whom Issued and Signed: [illegible]

916. Fee Paid: $3.00

917. Date Issued: ----

918. By Whom Issued and Signed: [illegible]

919. Fee Paid: $3.00

920. Date Issued: ----

921. By Whom Issued and Signed: [illegible]

922. Fee Paid: $3.00

923. Date Issued: ----

924. By Whom Issued and Signed: [illegible]

925. Fee Paid: $3.00

926. Date Issued: ----

927. By Whom Issued and Signed: [illegible]

928. Fee Paid: $3.00

929. Date Issued: ----

930. By Whom Issued and Signed: [illegible]

931. Fee Paid: $3.00

932. Date Issued: ----

933. By Whom Issued and Signed: [illegible]

934. Fee Paid: $3.00

935. Date Issued: ----

936. By Whom Issued and Signed: [illegible]

937. Fee Paid: $3.00

938. Date Issued: ----

939. By Whom Issued and Signed: [illegible]

940. Fee Paid: $3.00

941. Date Issued: ----

942. By Whom Issued and Signed: [illegible]

943. Fee Paid: $3.00

944. Date Issued: ----

945. By Whom Issued and Signed: [illegible]

946. Fee Paid: $3.00

947. Date Issued: ----

948. By Whom Issued and Signed: [illegible]

949. Fee Paid: $3.00

950. Date Issued: ----

951. By Whom Issued and Signed: [illegible]

952. Fee Paid: $3.00

953. Date Issued: ----

954. By Whom Issued and Signed: [illegible]

955. Fee Paid: $3.00

956. Date Issued: ----

957. By Whom Issued and Signed: [illegible]

958. Fee Paid: $3.00

959. Date Issued: ----

960. By Whom Issued and Signed: [illegible]

961. Fee Paid: $3.00

962. Date Issued: ----

963. By Whom Issued and Signed: [illegible]

964. Fee Paid: $3.00

965. Date Issued: ----

966. By Whom Issued and Signed: [illegible]

967. Fee Paid: $3.00

968. Date Issued: ----

969. By Whom Issued and Signed: [illegible]

970. Fee Paid: $3.00

971. Date Issued: ----

972. By Whom Issued and Signed: [illegible]

973. Fee Paid: $3.00

974. Date Issued: ----

975. By Whom Issued and Signed: [illegible]

976. Fee Paid: $3.00

977. Date Issued: ----

978. By Whom Issued and Signed: [illegible]

979. Fee Paid: $3.00

980. Date Issued: ----

981. By Whom Issued and Signed: [illegible]

982. Fee Paid: $3.00

983. Date Issued: ----

984. By Whom Issued and Signed: [illegible]

985. Fee Paid: $3.00

986. Date Issued: ----

987. By Whom Issued and Signed: [illegible]

988. Fee Paid: $3.00

989. Date Issued: ----

990. By Whom Issued and Signed: [illegible]

991. Fee Paid: $3.00

992. Date Issued: ----

993. By Whom Issued and Signed: [illegible]

994. Fee Paid: $3.00

995. Date Issued: ----

996. By Whom Issued and Signed: [illegible]

997. Fee Paid: $3.00

998. Date Issued: ----

999. By Whom Issued and Signed: [illegible]

1000. Fee Paid: $3.00

919-208-035-653

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 477

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Inez Rains
2. Date of Birth (month) (day) (year): Feb. 8 1906
3. Color or Race: W.
4. Sex: F
5. Place of Birth: a. County: NEZ PERC
b. City or Town of Birth: SOUTH WICK

FATHER

6. Full Name of Father: John Z. Rains
7. State or Country of Father's Birth: Washington State

MOTHER

8. Full Maiden Name of Mother: Lura B. Welch
9. State or Country of Mother's Birth: Ohio - Williams Co.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. Inez Rains mompher
11. Present Address of Registrant: Denver Colorado

NOTARY (Seal)

Subscribed and sworn to before me on May 22nd 1961

12. Signature of Notary: Gladys J. McKay
13. Official Designation: NOTARY PUBLIC
My Commission Expires July 10 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	affidavit by mother	Lura Rains Kiser	May 22,1961	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb.8,1906 / Southwick,Idaho	Lura B. Welch	John Z. Rains	
SUPPORTING RECORD 2.	Marriage Application	Seneca County, Ohio, C.C.McKay clerk	----	Oct.6,1923
	age 17 / South Wick,Idaho	Lura B. Welch	John Z. Rains	
SUPPORTING RECORD 3.	own childs birth certificate	#243, Ohio	May 22,1961	child born May 19,1931
	age 25 / S.W., Idaho	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	May 31, 1961

FORM BH 56067

1 copy paid 4-25-61

MAY 31 1961

319-208-041 893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 529

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CORA MATILDA LARSEN
2. Date of Birth: November 8 1906
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Teton; b. City or Town of Birth: Darby Ward

FATHER

6. Full Name of Father: Lars Peter Larsen
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Matilda Leishman Hill
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Cora M. Briggs
11. Present Address of Registrant: 312 West 16th Idaho Falls Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: June 20 1961
12. Signature of Notary: Helen L. Anderson
13. Notary Commission expires: July 23 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own childs birth certificate	Idaho #170107	-----	child born Mar 20, 1929
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age222 / Darby, Idaho	-----	-----	
SUPPORTING RECORD 2.	Church Membership Record	LDS Church, Salt Lake City, Ut. Ella D. Jack. Custodian	July 28, 1959	baptized Sept. 30, 1922
	Nov. 8, 1906 / Darby, Idaho	Matilda L. Hill	Lars P. Larsen	
SUPPORTING RECORD 3.	#396 012M1 statement regarding insurance policy records	Metropolitan Life Insurance Co, F.R. Boysen, Asst. V-Pres.	July 16, 1958	Jan. 1, 1941
	Nov. 8, 1906 / Idaho	-----	-----	

QUALIFYING INFORMATION

Certificate of Age from Marriage Record issued by T. W. Stivers, Ex-Officio Recorder for Twin Falls County, Idaho. Issued on June 15, 1961. Date of original entry was April 5, 1928. age: 21

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barger	pw Penny L. Wing	June 22, 1961

FORM BH 56067

JUN 21 1961

613-201-003-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 600

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Daphne Dorcas Watts			2. Date of Birth (month) January (day) 1 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Pocatello Idaho Bannock	b. City or Town of Birth: Pocatello	
FATHER	6. Full Name of Father: William Green Watts			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Sarah Ann Brown			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Daphne H. Menne		11. Present Address of Registrant: c/ McDermitt, Nevada	
NOTARY (Seal)	Subscribed and sworn to before me on: July 18 1961	12. Signature of Notary: Bernardo Alonta		13. Notary Commission expires: June 6 1965	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #256692		Date Issued: ----	Date Orig. Entry: child born July 2, 1937
	Date of Birth: age 31	Birth Place: Pocatello	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Arthur a. Rowsell Bishop		Date Issued: ----	Date Orig. Entry: baptized Nov. 3, 1934
	Date of Birth: Jan. 1, 1906	Birth Place: Pocatello, Idaho	Full Name of Mother: Sarah A. Brown	Name of Father: William G. Watts	
SUPPORTING RECORD 3.	Type of Document: marriage license affidavit	By whom issued and signed: Bannock County, Idaho, Sarah Devaney, clerk of Court		Date Issued: Feb. 8, 1961	Date Orig. Entry: Feb. 2, 1931
	Date of Birth: age 25	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. H. Barnum	Penny L. Wing	July 21, 1961

FORM BH 56067

JUL 21 1961

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT	1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth (month) (day) (year): January 1 1906
	3. Color or Race: [illegible]	4. Sex: [illegible]
	5. Place of Birth: [illegible]	6. Place of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	10. Name and address upon that the statements are true to the [illegible]	11. Present Address of Registrant: [illegible]
	12. Signature of Registrant: [illegible]	13. Signature of Notary: [illegible]
	14. Notary Commission expires: [illegible]	

APPLICATION OF ADVERTISEMENT

SUPPORTING RECORD	Document: Childs birth certificate	By whom issued and signed: Idaho [illegible]	Date Issued: ----	Date Orig. Entry: July 2, 1961
	Date of Birth: [illegible]	Full Name of Mother: ----	Name of Father: ----	
	Place of Birth: Pocatello			
SUPPORTING RECORD	Type of Document: Certificate of Tamiam	By whom issued and signed: Lee Church, Arthur A. Howell, Bishop	Date Issued: ----	Date Orig. Entry: Nov. [illegible]
	Date of Birth: Jan. 1, 1906	Full Name of Father: Sarah A. [illegible]	Name of Father: William G. Watts	
	Place of Birth: Pocatello, Idaho			
SUPPORTING RECORD	Type of Document: Marriage License Affidavit	By whom issued and signed: Bannock County, Idaho, Sarah Downey, Clerk of Court	Date Issued: Feb. 6, 1961	Date Orig. Entry: Feb. 2, 1961
	Date of Birth: [illegible]	Full Name of Mother: ----	Name of Father: ----	
	Place of Birth: ----			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Year)

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Henry L. Wing	July 21, 1961

HENNE

418-216-040-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 628

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Dorothy Mayne			2. Date Of Birth (month) Feb. (day) 16 (year) 1906	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Osburn, Idaho	b. City or Town of Birth: Osburn	
FATHER	6. Full Name of Father: Joseph Mayne			7. State or Country of Father's Birth: Cumb. Co. N.S. Canada	
MOTHER	8. Full Maiden Name of Mother: Beda Matilda Anderson			9. State or Country of Mother's Birth: Near Stockholm Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Margaret D. Simpson	11. Present Address of Registrant: Box 101, Oxford N.S.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 31 1961		12. Signature of Notary: Reburn F. McCann	13. Notary Commission Expires: for life 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Marriage	By whom issued and signed: Province of Nova Scotia, Can. H. S. Naugler, Registrar-Gen.		Date Issued: May 24, 1961	Date Orig. Entry: Nov. 5, 1932
	Date of Birth: age 26	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: affidavit by aunt	By whom issued and signed: Mrs. John Miller born 1871		Date Issued: May 22, 1961	Date Orig. Entry: -----
	Date of Birth: Feb. 16, 1906	Birth Place: Osburn, Idaho	Full Name of Mother: father Joseph Mayne	Name of Father: mother Beda Matilda Anderson	
SUPPORTING RECORD 3.	Type of Document: statement regarding own childs birth certificate	By whom issued and signed: Nova Scotia, file #43-02-066369		Date Issued: July 10, 1961	Date Orig. Entry: child born May 26, 1943
	Date of Birth: age 37	Birth Place: Idahoe, U.S.A.	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	August 1, 1961

1 copy paid 5-23-61

M BH 56067

6-76

AUG 1 1967

NOV 24 1965

CERTIFIED COPY OF BIRTH CERTIFICATE

STATE OF IDAHO

415-205-036-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 665

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PEARL DAVIS			2. Date of Birth (month) OCTOBER (day) 5 (year) 1906	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Malad	
FATHER	6. Full Name of Father: Joseph Richard Davis			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Anna Louise Jones			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl Davis		11. Present Address of Registrant: 274 W. 3rd no. Malad, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 7 1961	12. Signature of Notary: Evelyn D. Sweeten Clerk of the district court		13. Notary Commission expires: 1/12 1962	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding school records	By whom issued and signed: Malad City Schools, Arlis Sweeten, Sec.	Date Issued: Oct. 15, 1957	Date Orig. Entry: graduated May 25, 1925
	Date of Birth: Oct. 5, 1906	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: affidavit by brother	By whom issued and signed: Arthur J. Davis born 1896	Date Issued: June 21, 1961	Date Orig. Entry: ----
	Date of Birth: Oct. 5, 1906	Birth Place: Oneida County Malad, Idaho	Full Name of Mother: Anna Louise Jones	Name of Father: Joseph R. Davis
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Occidental Life Insurance Co.	Date Issued: May 8, 1936	Date Orig. Entry: May 8, 1936
	Date of Birth: Oct. 5, 1906	Birth Place: Malad, Idaho	Full Name of Mother: ----	Name of Father: Joseph R. Davis
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Barnes	Evidence reviewed by: Penny L. Wing	Date Filed: August 14, 1961

FORM BH 56067

APR 28 1967

AUG 14 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth: Month [illegible] Day [illegible] Year [illegible]	
	3. Sex: Female	4. Place of Birth: Canada	5. Date of Birth: Month [illegible] Year [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: [illegible] Louise Jones	9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	10. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant: [illegible]	12. Present Address of Registrant: [illegible]
NOTARY (SEAL)	13. Subscribed and sworn to before me on: [illegible]	14. Signature of Notary: [illegible]	15. Notary Commission expires: [illegible]

APPLICANT — TO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Statement regarding school records	By whom issued and signed: [illegible]	Date Issued: Oct. [illegible]	Date Orig. Entry: May [illegible]
	Date of Birth: [illegible]	Full Name of Father: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: Arthur [illegible] Davis [illegible]	Date Issued: June 21, 1961	Date Orig. Entry: ----
	Date of Birth: [illegible] Birth Place: Oneida County Malad, Idaho	Full Name of Mother: Anna Louise Jones	Name of Father: [illegible]	
SUPPORTING RECORD 3	Type of Document: Insurance Policy	By whom issued and signed: [illegible] Life Insurance Co.	Date Issued: [illegible]	Date Orig. Entry: May [illegible]
	Date of Birth: Oct. [illegible] Birth Place: Malad, Idaho	Full Name of Mother: ----	Name of Father: Joseph [illegible] Davis	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that necessary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature: [illegible]	Evidence reviewed by: [illegible]	Date Filed: August [illegible] 1961

FORM 80 [illegible]

816-111-006-816

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-682

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WILLIAM PORTER HAWLEY
2. Date Of Birth: August 11 1906
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Blackfoot

FATHER

6. Full Name of Father: William L. Hawley
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Grace M. Hawley
9. State or Country of Mother's Birth: Montana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William Porter Hawley
11. Present Address of Registrant: 505 - 3rd Ave., N. Apt 301 Great Falls, Montana

NOTARY (Seal)

Subscribed and sworn to before me on: April 19, 1961
12. Signature of Notary: James A. Faucel
13. Notary Commission expires: Sept 4, 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	Bureau of the Census	Apr.22,1957	Jan.1,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 13	Idaho	-----	William L. Hawley

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Military Record	Cascade County, Montana, J. L. Lennon, recorder	-----	date of rank July 1,1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.11,1906	Blackfoot,Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by relative	Catharine Porter age 77	Aug.11,1961	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.11,1906	Blackfoot,Idaho	Grace M. Hawley	William L. Hawley

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	PW Penny L. Wing	Aug.16,1961

FORM BH 56067

AUG 16 1967

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): August 13 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Bingham
	6. Birth Place of Father: William L. Hawley	7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Grace M. Hawley	9. State or Country of Mother's Birth: Montana	
AFFIDAVIT	10. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant: [illegible]	12. Present Address of Registrant: 505 - 3rd Ave., N. Apt. #01 Great Falls, Montana
	13. Subscribed and sworn to before me on: [illegible]	14. Signature of Notary: [illegible]	15. Notary Commission expires: [illegible]

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: William L. Hawley	
	Age 13	Idaho		
SUPPORTING RECORD 2.	Type of Document: Military Record	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: [illegible]
	Date of Birth: Aug. 11, 1906	Birth Place: Blackfoot, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Affidavit in relative	By whom issued and signed: Catharine Porter	Date Issued: Aug. 11, 1967	Date Orig. Entry: ----
	Date of Birth: Aug. 11, 1906	Birth Place: Blackfoot, Idaho	Full Name of Mother: Grace M. Hawley	Name of Father: William L. Hawley
SUPPORTING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	[illegible]	Aug. 16, 1967

318-209-026-857

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 704

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Virginia Taylor			2. Date of Birth (month) February (day) 9 (year) 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Rigby
FATHER	6. Full Name of Father: Green Taylor			7. State or Country of Father's Birth: Utah USA
MOTHER	8. Full Maiden Name of Mother: Christina Hegsted			9. State or Country of Mother's Birth: Utah USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth V. Searle		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 17 1961	12. Signature of Notary: [signature]		13. Notary Commission expires: ____ 19____

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Idaho Falls 22nd Ward, Paul R. Boren, clerk	Date Issued: Dec. 6, 1959	Date Orig. Entry: baptized Jan. 5, 1918
	Date of Birth: Feb. 9, 1906	Birth Place: Jefferson County Rigby, Idaho	Full Name of Mother: Christena Hegstead	Name of Father: Greene Taylor
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #236982	Date Issued: -----	Date Orig. Entry: child born Oct. 19, 1935
	Date of Birth: age 29	Birth Place: Rigby, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: affidavit by sister	By whom issued and signed: Emma Taylor Ruud born 1893	Date Issued: Jan. 6, 1960	Date Orig. Entry: ------
	Date of Birth: Feb. 9, 1906	Birth Place: Jefferson County Rigby, Idaho	Full Name of Mother: Christina Hegsted	Name of Father: Green Taylor
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Penny L. Wing	Date Filed: Aug. 24, 1961

FORM BH 56067

AUG 24 1961

133-213-018-342

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 708

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Sarah Lottie Allen
2. Date Of Birth: (month) June (day) 13 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth (a. County): Clearwater
b. City or Town of Birth: Orofino

FATHER

6. Full Name of Father: George Henery Allen
7. State or Country of Father's Birth: Maine

MOTHER

8. Full Maiden Name of Mother: Sarah B Rush
9. State or Country of Mother's Birth: Wolf County Kentucky

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sarah Lottie Smith
11. Present Address of Registrant: Ahsahka Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Jan 13 1957

12. Signature of Notary: [illegible] Lear
13. Notary Commission expires: Jan 14 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Parents	Sarah Allen George Henry Allen	1/13/1957	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 13, 1906	Clear Water Co. Orofino, Idaho	Sarah Allen	George Henry Allen

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
License Verification (Driver's License) #210565	Idaho Dept. of Law Enforcement., George Denney	Mar. 15, 1961	issued July 7, 1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 13, 1906	----	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statement regarding lodge records	Bluebell Rebekah Lodge #72, Orofino, Nona West, Sec.	----	joined Feb. 27, 1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 13, 1906	Orofino, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	SS pw Penny L. Wing	Aug. 25, 1961

FORM BH 56067

1 copy paid #[illegible]

16-61

AUG 25 1961

819-224-016-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 726

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Reva Ione Haight		2. Date Of Birth (month) May (day) 24, (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia; b. City or Town of Birth: Albion
FATHER	6. Full Name of Father: Joseph Young Haight		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Jane Stoddart		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jane H. Rambo	11. Present Address of Registrant: 1550 Burton Burley, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: August 28 1961	12. Signature of Notary: [signature]	13. Notary Commission expires: May 12 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Claremont Ward, Berkeley Stake L.D.S. Church	Date issued: July 1, 1951	Date Orig. Entry:
	Date of Birth: May 24, 1906	Birth Place: Cassia County Albion, Idaho	Full Name of Mother: Mary Jane Stoddard	Name of Father: Joseph Young Haight
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: Bureau of the Census, Richard M. Scammon	Date issued: July 10, 61	Date Orig. Entry:
	Date of Birth: age 13	Birth Place: Idaho	Full Name of Mother: Mary J. Haight	Name of Father: Joseph Y. Haight
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Lee W. Merrill	Date issued: April 28, 61	Date Orig. Entry:
	Date of Birth: May 24, 1906	Birth Place: Albion, Idaho	Full Name of Mother: MARY JANE STODDART HAIGHT	Name of Father: JOSEPH Y. HAIGHT
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	ss Penny L. Wing	August 31, 1961

FORM BH 56067

AUG 31 1961

168-111-036-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 743

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ora Thomas John
2. Date of Birth (month) July (day) 11 (year) 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County Oneida; b. City or Town of Birth Malad City

FATHER

6. Full Name of Father: Nephi James John
7. State or Country of Father's Birth: Portage Utah

MOTHER

8. Full Maiden Name of Mother: Mary M. Thomas
9. State or Country of Mother's Birth: St. John, Idaho.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ora Thomas John
11. Present Address of Registrant: 250 E. 5 South

NOTARY (Seal)

Subscribed and sworn to before me on Sept. 6. 1961

12. Signature of Notary: Jas. B. Jones

13. Notary Commission expires: Nov. 20 1961

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	LDS Church, Joseph Parry, clerk	Nov. 6, 1921	baptized Nov. 6, 1921
	Date of Birth July 11, 1906	**Birth Place** Oneida County Malad, Idaho	**Full Name of Mother** Mary M. Thomas	**Name of Father** Nephi John
SUPPORTING RECORD 2.	Type of Document: affidavit by parents	By whom Issued and Signed: Nephi James John, Mary M. Thomas John	Date Issued: Sept. 6, 1961	Date Orig. Entry: -----
	Date of Birth July 11, 1906	**Birth Place** Malad City, Ida.	**Full Name of Mother** Mary M. Thomas	**Name of Father** Nephi James John
SUPPORTING RECORD 3.	Type of Document: Insurance Policy Application	By whom Issued and Signed: Idaho Mutual Benefit Assn.	Date Issued: -----	Date Orig. Entry: Nov. 19, 1941
	Date of Birth July 11, 1906	**Birth Place** Malad, Idaho	**Full Name of Mother** -----	**Name of Father** -----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Sept. 8, 1961

FORM BH 56067

8-28-61

SEP 8 1961

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT Person whose birth is being registered	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Order of Birth 4. Sex 5. Place of Birth 6. County	Birth of Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth

AFFIDAVIT POLICY (Seal)	9. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant
	Subscribed and sworn to before me on 19 [illegible]	12. Signature of Notary
		11. Present Address of Registrant
		13. Notary Commission expires 19 [illegible]

ADDITIONAL — DO NOT WRITE WITH THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible] Birth Place: Malad, Idaho	Full Name of Mother: Mary M. Thomas	Name of Father: Nephi Jehn	
SUPPORTING RECORD 2.	Type of Document: Affidavit of parents	By whom issued and signed: Mary M. Thomas	Date Issued: Sept. 6, 1961	Date Orig. Entry:
	Date of Birth: [illegible] Birth Place: Malad City, Ida.	Full Name of Mother: Mary M. Thomas	Name of Father: Nephi Isman Jehn	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy Application	By whom issued and signed: [illegible] Annual Benefit Assn.	Date Issued: [illegible]	Date Orig. Entry: Nov. 19, 1961
	Date of Birth: [illegible] Birth Place: Malad, Idaho	Full Name of Mother:	Name of Father:	
OBJECTIVE INDICATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Penny L. Wing	Sept. 8, 1961

8-25-61

231-202-022-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 772

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rebecca Lyle Maupin Staker	2. Date Of Birth (month) June (day) 2 (year) 1906	
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: St. Anthony; a. County: Fremont	b. City or Town of Birth: St. Anthony, Idaho	
FATHER	6. Full Name of Father: William D. Maupin	7. State or Country of Father's Birth: Springfield Mo.	
MOTHER	8. Full Maiden Name of Mother: Emma Johnson	9. State or Country of Mother's Birth: Toledo Ohio	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rebecca Lyle Maupin Staker	11. Present Address of Registrant: Newdale, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 1 19 61	12. Signature of Notary: Eugene A Westerberg	13. Notary Commission expires: February 2 19 61

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, John H. Murri Clerk	Date Issued: Aug.3,1941	Date Orig. Entry: baptized Aug. 2, 1941
	Date of Birth: June 2,1906; Birth Place: Fremont St.Anthony,Idaho	Full Name of Mother: Emma Johnson	Name of Father: William D. Maupin	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #126180	Date Issued: -----	Date Orig. Entry: child born Sept. 4, 1924
	Date of Birth: age 18; Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: statement regarding school records	By whom issued and signed: Fremont County, Idaho LaMonte Bauer, clerk	Date Issued: Sept.11, 1961	Date Orig. Entry: 1918-1919
	Date of Birth: age 12; Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	pw Penny L. Wing	Sept. 19, 1961

FORM BH 56067

8-9-61

SEP 20 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

staker

CHAPTER 1	1. Registrant's Full Name of Birth: Rebecca Lyle Maupin Staker	2. Date of Birth: June 2 1905
	3. Color or Race: White	4. Sex: Female
	5. Place of Birth: St. Anthony	6. County: Fremont
	7. Place of Birth: St. Anthony, Idaho	
FATHER	8. Full Name of Father: William D. Maupin	9. State or Country of Father's Birth: [illegible]
MOTHER	9. Full Maiden Name of Mother: Emma Johnson	10. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Newdale, Idaho
NOTARY	12. Signature of Notary: [illegible]	13. Notary Commission expires: February 2 19 61

SUPPORTING RECORD 1	Document: Affidavit of Baptism	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: Emma Johnson	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: Idaho [illegible]	Date Issued: ----
	Date of Birth: [illegible]	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: ----	Name of Father: ----

QUALIFYING INFORMATION

SEGISTRAR'S CERTIFICATION

I hereby certify that my office certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Sept. 19, 1961

684-1051038-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 775

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CALVIN CHARLES FLINT			2. Date Of Birth: (month) May (day) 5 (year) 1906	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette	
FATHER	6. Full Name of Father: Herbert Charles Flint			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Johnson			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Calvin C. Flint		11. Present Address of Registrant: 444 Fir Lane Los Altos, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 11 1961	12. Signature of Notary: Lorraine Elanderson		LORRAINE E. ANDERSON, Notary Public In and for the County of Santa Clara, State of California My Commission Expires July 17, 1963 670 Fairmont, Apt. 8, Mountain View, Calif.	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Passport	By whom issued and signed: Dept. of State, Washington		Date Issued: July 24, 1928	Date Orig. Entry: July 24, 1928
	Date of Birth: May 5, 1906	Birth Place: Payette, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: affidavit by aunt	By whom issued and signed: Mrs. H. Kaeser age 76		Date Issued: Apr. 23, 1957	Date Orig. Entry: -----
	Date of Birth: May 5, 1906	Birth Place: Payette, Idaho	Full Name of Mother: Lizzie Johnson	Name of Father: Charlie Flint	
SUPPORTING RECORD 3.	Type of Document: Certificate of Service	By whom issued and signed: U.S. Army, Thomas M. Childs, Col.		Date Issued: June 16, 1946	Date Orig. Entry: active duty May 30, 1942
	Date of Birth: May 5, 1906	Birth Place: Payette, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Penny L. Wing	Date Filed: Sept. 20, 1961

FORM BH 56067 NM

9-6-61 PW

SEP 20 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

231-124-018-694

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 786

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lloyd Garrison Stalnaker
2. Date of Birth (month) (day) (year): September 24, 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Clearwater; b. City or Town of Birth: Ahsahka, Idaho

FATHER

6. Full Name of Father: Lewis Ellsworth Stalnaker
7. State or Country of Father's Birth: Randolph County, W. Virginia

MOTHER

8. Full Maiden Name of Mother: Myrtle Leanna Widvey
9. State or Country of Mother's Birth: Knightstown, Indiana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lloyd L Stalnaker
11. Present Address of Registrant: Ahsahka, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: July 24, 1961
12. Signature of Notary: Ralph Daley
13. Notary Commission expires: June 16, 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	statement regarding lodge records	Orofino Lodge #64, I.O.O.F. Ray Malm, Rec. Sec.	July 25, 1961	Joined Mar. 24, 1925
	Date of Birth: Sept. 24, 1906	**Birth Place:** ----	**Full Name of Mother:** ----	**Name of Father:** ----
SUPPORTING RECORD 2.	statement regarding school records	Clearwater County, Ida. School Dist. #22, Gayle Hayden, Clerk	July 20, 1961	Oct. 16, 1926
	Date of Birth: age 20	**Birth Place:** -----	**Full Name of Mother:** -----	**Name of Father:** Louis Stalnaker
SUPPORTING RECORD 3.	affidavit by relative	Edward Stalnaker age 66	Sept. 19, 1961	-----
	Date of Birth: Sept. 24, 1906	**Birth Place:** Clearwater County Ahsahka, Idaho	**Full Name of Mother:** Myrtle Leanna Widvey	**Name of Father:** Lewis Ellsworth Stalnaker

QUALIFYING INFORMATION

own childs birth certificate file in Idaho #263040. Child born Jan. 6, 1938 gives Lloyd's age as 31 yrs. born in Ahsahka, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	pw Penny L. Wing	Sept. 22, 1961

FORM BH 56087 (5) 5-26-61 1 Copy paid #16281 9-6-61

SEP 22 1981

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

284101-021-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-815
815

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edward Grant Shumway
2. Date of Birth (month) (day) (year): Jan 1 1906
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Franklin
b. City or Town of Birth: Franklin

FATHER

6. Full Name of Father: James Henry Shumway
7. State or Country of Father's Birth: Mendon Utah

MOTHER

8. Full Maiden Name of Mother: Edith Kirby
9. State or Country of Mother's Birth: Hyde Park Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edward Grant Shumway
11. Present Address of Registrant: McCammon Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: July 18th 1961
12. Signature of Notary: Mildred E. Lindenschmitt
13. Notary Commission expires: Oct 25 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Ordination to office of Deacon	Royal Hale, McCammon Ward	12-29-19	12-29-19

Date of Birth	Birth Place	Full Name of Mother	Name of Father
1-1-06	Franklin, Idaho	Edith Kirby	James H. Shumway

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	State of Utah	8-1930	8-5-30

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 24	Franklin, Idaho	-----	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Social Security	10-5-42	10-5-42

Date of Birth	Birth Place	Full Name of Mother	Name of Father
1-1-06	Franklin, Idaho	Edith Kirby	James H. Shumway

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	September 29, 1961

FORM BH 56067

OCT 3

366-123-022-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 822

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sherman Alfonso Powell			2. Date of Birth (month) June (day) 23 (year) 1906	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Egin		b. City or Town of Birth: Egin, Fremont County Idaho
FATHER	6. Full Name of Father: William Powell			7. State or Country of Father's Birth: Whitwick, Lestershire, England	
MOTHER	8. Full Maiden Name of Mother: Alice Elizabeth Robinson			9. State or Country of Mother's Birth: Birmingham Warwick, England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: x Sherman Alfonso Powell	11. Present Address of Registrant: St. Anthony, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 12, 1961 19___		12. Signature of Notary: LaMonte Bauer Clerk of District Court	13. Notary Commission expires: elective 19___	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding school records		By whom issued and signed: Fremont County, Idaho. LaMonte Bauer, Clerk of Court	Date Issued: Aug. 31, 1961	Date Orig. Entry: 1919-1920
	Date of Birth: age 13	Birth Place: -----	Full Name of Mother: -----	Name of Father: William Powell	
SUPPORTING RECORD 2.	Type of Document: affidavit by brother		By whom issued and signed: Henry Powell age 79	Date Issued: Sept. 12, 1961	Date Orig. Entry: -----
	Date of Birth: June 23, 1906	Birth Place: Fremont County Egin, Idaho	Full Name of Mother: Alice Elizabeth Robinson	Name of Father: William Powell	
SUPPORTING RECORD 3.	Type of Document: own childs birth certificate		By whom issued and signed: Idaho #156878	Date Issued: ----	Date Orig. Entry: child born Aug. 12, 1927
	Date of Birth: age 21	Birth Place: Egin, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	Oct. 3, 1961

FORM BH 56067 9-7-61

DELAYED CERTIFICATE OF BIRTH

STATE OF TEXAS

695-201-025-897

Rosemary Freeman Brundage

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 826

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rosemary Freeman		2. Date of Birth (month) (day) (year): January 1st. 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County: Idaho; b. City or Town of Birth: Whitebird
FATHER	6. Full Name of Father: Robert Lee Freeman		7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Rose May Higgins		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rosemary Freeman Brundage	11. Present Address of Registrant: Box 406 - Orofino Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 29 1961	12. Signature of Notary: Marie L Herger	13. Notary Commission expires: Feb 1 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother		By whom issued and signed: Rose May Hylton	Date Issued: Jan.11,1961	Date Orig. Entry: -----
	Date of Birth: Jan.1,1906	Birth Place: Idaho Whitebird, Idaho	Full Name of Mother: Mose May Higgins	Name of Father: Robert Lee Freeman	
SUPPORTING RECORD 2.	Type of Document: insurance policy application		By whom issued and signed: Northern Life Insurance Co.	Date Issued: ----	Date Orig. Entry: Nov.3,1939
	Date of Birth: Jan.1,1906	Birth Place: Whitebird, Idaho	Full Name of Mother: Rose May Hilton	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: statement regarding hospital records		By whom issued and signed: Orofino, Hospital, A.B.Pappenhagen,M.D.	Date Issued: Jan.30,1961	Date Orig. Entry: Aug.13,1939
	Date of Birth: age 33	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W L Benson	Evidence reviewed by: Penny L. Wing	Date Filed: Oct. 3, 1961

FORM BH 56067

10-24-60

OCT [illegible] 1961

JUL 15 1968

DEC 5 1968

Date of Birth	Birth Place	Full Name of Mother	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Date Issued	Date Orig. Entry

10-24-60

285427-022-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 867

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLARENCE SHERWOOD		2. Date of Birth (month) 12 (day) 27 (year) 1906	
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: FREMONT COUNTY	b. City or Town of Birth: LAKE IDAHO
FATHER	6. Full Name of Father: JOSEPH WILFORD SHERWOOD		7. State or Country of Father's Birth: NEW YORK (STATE)	
MOTHER	8. Full Maiden Name of Mother: MARY ANN GARNER		9. State or Country of Mother's Birth: ILLINOIS	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarence Sherwood	11. Present Address of Registrant: 371 HYDE AVE POCATELLO IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct-16 1961	12. Signature of Notary: Merle Stahlnecker	13. Notary Commission expires: May 20 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: insurance policy application	By whom issued and signed: New York Life Insurance Co.	Date Issued: -----	Date Orig. Entry: Apr.27,1924
	Date of Birth: Dec.27,1906 / Birth Place: Lake, Idaho	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: marriage license application	By whom issued and signed: Bannock County, Idaho	Date Issued: Aug.23,1961	Date Orig. Entry: Sept.9,1933
	Date of Birth: age 26 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: insurance policy application	By whom issued and signed: Fidelity Suretyship	Date Issued: -----	Date Orig. Entry: Oct.21,1942
	Date of Birth: Dec.27,1906 / Birth Place: Lake, Idaho	Full Name of Mother: Mary Ann Sherwood	Name of Father: Joe Sherwood	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Brown	Penny L. Wing	Oct.18,1961

FORM BH 56067

1 copy paid rec. #1021 - 9-7-61

OCT 19 1961

259-209-004-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 883

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thelma Perkins
2. Date Of Birth (month) (day) (year): Aug. 9 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bear Lake
b. City or Town of Birth: Bennington Idaho

FATHER

6. Full Name of Father: David Hunter Perkins
7. State or Country of Father's Birth: Idaho, Bear Lake Co.

MOTHER

8. Full Maiden Name of Mother: Carrie Romina Munk Perkins
9. State or Country of Mother's Birth: Mantua, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thelma Perkins Robison
11. Present Address of Registrant: 1631 Browning ave. Salt Lake City 5, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: 24th October 1961
12. Signature of Notary: Dayne L. Jensen
13. Notary Commission expires: 26 June 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Certificate of Birth	LDS Church, Bennington Ward, Joseph F. Smith, Historian	Aug.29,1961	recorded Sept.2,1906
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.9,1906 / Bear Lake Bennington, Idaho	Carrie Romina Munk	David H. Perkins	
SUPPORTING RECORD 2.	Type of Document: affidavit by parents	By whom issued and signed: David H. Perkins, Romina M. Perkins	Date Issued: Aug.20,1961	Date Orig. Entry: ------
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.9,1906 / Bennington, Idaho	--Romina M. Perkins	David H. Perkins	
SUPPORTING RECORD 3.	Type of Document: statement regarding school records	By whom issued and signed: Emerson School, Amos B. Hulme Supt. of Schools	Date Issued: Aug.19,1961	Date Orig. Entry: Sept. 1912
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 6 / -----	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Oct. 25, 1961

FORM BH 56067

2-14-61

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 31 1961

613-112 036-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 902

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Oris Robbins Wallwork
2. Date of Birth: October 12 1906
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Oneida; b. City or Town of Birth: Stone

FATHER

6. Full Name of Father: James Thomas Wallwork
7. State or Country of Father's Birth: Wyoming

MOTHER

8. Full Maiden Name of Mother: Agnes Rebeca Robbins
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Oris R. Wallwork
11. Present Address of Registrant: 540 Mc Arthur ave. Redwood City, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on 10/2/61 1961

12. Signature of Notary: JIM DAROLD NICHOLS Jim Darold Nichols
13. Notary Commission expires: EXPIRES JUNE 26TH, 1962 19____

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Ordination	LDS Church, Worland Branch, Ward, Eldred Geo. Cottrell, W.C.	Mar. 1, 1936	ordained March 1, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 12, 1906	Stone, Idaho	Agnes Robbins	James Thomas Wallwork

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
insurance policy application	Pacific Mutual Life Insurance	------	June 28, 1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 12, 1906	Stone, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by father	James T. Wallwork	July 10, 1961	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 12, 1906	Stone, Idaho	----	James Thomas Wallwork

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barron	Penny L. Wing	Oct. 31, 1961

FORM BH 56067

OCT 31 1961

REGISTRAR	1. Registrar's Full Name of Birth	2. Date
		Birth
	3. Color or Race	4. Sex	5. Place of Birth	6. Duty or Year of Birth
				Idaho
FATHER	7. Full Name of Father	8. Name of Country of Father's Birth
MOTHER	9. Full Name of Mother	10. Name of Country of Mother's Birth
APPLICATIVE	11. Declare upon oath that the	12. Signature of Registrant	13. Present Address of Registrant
NOTARY	14. Declare to notary to be	15. Signature of Notary	16. Notary Commission Expires
SUBSEQUENT RECORD		By whom issued and signed	Date Issued	Date Orig. Entry
		Full Name of Mother	Name of Father	
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
ADDITIONAL INFORMATION				
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar	Evidence Reviewed by	Date Filed
			Oct. 31, 1961

993-21-0491-443

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 920

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Eliza Powell Riley
2. Date Of Birth: (month) July (day) 11 (year) 1906.
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Victor Idaho Teton; b. City or Town of Birth: Victor Idaho

FATHER

6. Full Name of Father: William Henry Powell
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Eliza Harriet Dutton
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Powell Riley
11. Present Address of Registrant: Basin Wyo

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 13 1961
12. Signature of Notary: [signature]
13. Notary Commission expires: May 6 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	LDS Church, Hatch Ward, L. Leroy Porter, clerk	-----	baptized June 2, 1918
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 11, 1906 / Teton, County Victor, Idaho	Harriet Eliza Dutton	William Henry Powell	
SUPPORTING RECORD 2.	Census Record	Bureau of the Census	Oct. 17, 1961	Jan. 1, 1920
	age 13 / Idaho	Elira H. Powell	William H. Powell	
SUPPORTING RECORD 3.	own childs birth certificate	Wyoming #1937	Sept. 29, 1961	child born July 10, 1937
	age 30 / Victor, Idaho	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barson
Evidence reviewed by: pw Penny L. Wing
Date Filed: Nov. 2, 1961

FORM BH 56067

NOV 2. 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

363-126-001-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 924

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Walter David Cochran			2. Date of Birth (month) Feb. (day) 26 (year) 1906
	3. Color or Race: W	4. Sex: M.	5. Place of Birth a. County	b. City or Town of Birth: Boise Idaho
FATHER	6. Full Name of Father: Clark Wilson Cochran			7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Emma Nancy Harvill			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Walter D. Cochran		11. Present Address of Registrant: 8244 N. Dana Ave, Portland, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 5 th. 1961 19	12. Signature of Notary: Geo. D. Olsen		13. Notary Commission expires: Feb. 2 nd. 1965 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding school records	By whom issued and signed: Portland Public Schools, Mrs. Helen Coffey, Secretary	Date Issued: Sept. 12 1961	Date Orig. Entry: 1919-1920
	Date of Birth: Feb. 26, 1906 / Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: Clark Cochran	
SUPPORTING RECORD 2.	Type of Document: insurance policy schedule	By whom issued and signed: Metropolitan Life Insurance	Date Issued: ----	Date Orig. Entry: May 30, 1932
	Date of Birth: age next birth. 27 / Birth Place: -----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Nov. 24, 1936
	Date of Birth: Feb. 26, 1906 / Birth Place: Boise, Idaho	Full Name of Mother: Emma Harvel	Name of Father: Clark W. Cochran	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. M. Barron	Evidence reviewed by: pw Penny L. Wing		Date Filed: Nov. 3, 1961

FORM BH 56067

NOV 3 1961

466-127-010-851

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-926

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: James Henry Downs
2. Date of Birth (month) (day) (year): February 27, 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth — a. County: Bonneville; b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: Alfred Downs
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Thersia Heath
9. State or Country of Mother's Birth: Eagle Rock, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: James H Downs
11. Present Address of Registrant: 2583 33 st Ogden

NOTARY (Seal)

Subscribed and sworn to before me on: November 3 1961
12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept 28 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Social Security record
By whom issued and signed: Treasury Dept.
Date Issued: -------
Date Orig. Entry: 2-24-37
Date of Birth: Feb. 27, 1906
Birth Place: Idaho Falls, Idaho
Full Name of Mother: Tissie Heath
Name of Father: Alfred Downs

SUPPORTING RECORD 2.

Type of Document: Marriage License
By whom issued and signed: State of Utah Lawrence M. Malan
Date Issued: -------
Date Orig. Entry: 8-25-39
Date of Birth: Age 33
Birth Place: -------
Full Name of Mother: -----
Name of Father: -------

SUPPORTING RECORD 3.

Type of Document: Own childs birth cert.
By whom issued and signed: City of Ogden, Utah
Date Issued: 6-3-34
Date Orig. Entry: May 31, 1934
Date of Birth: Age 28
Birth Place: Idaho Falls, Idaho
Full Name of Mother: ------
Name of Father: ------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Elaine Coy
Date Filed: November 3, 1961

FORM BH 56067 12-15-59

NOV 6 1961

JUL 17 1970

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De 61-926

REGISTRANT (Person Name Birth is being registered)	1. Registrant's Full Name of Birth: James Henry Downs	2. Date (month) (day) (year) Birth: February 27, 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Bonneville County, Idaho Falls
FATHER	6. Full Name of Father: Alfred Downs	7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Phernia Heath	9. State or Country of Mother's Birth: Eagle Rock, Idaho	
AFFIDAVIT	1. Hereby affirm upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: 2 5 8 3 3 [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on 19	12. Signature of Notary	13. Notary Commission expires 19

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD	Type of Document: Duplicate Security record	By whom issued and signed: Treasury Dept.	Date Issued: -------	Date Orig. Entry: 2-24-37
	Date of Birth: Feb. 27, 1906	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Tissie Heath	Name of Father: Alfred Downs
SUPPORTING RECORD 2	Type of Document: Marriage License	By whom issued and signed: State of Utah Lawrence M. Mulan	Date Issued: -------	Date Orig. Entry: 8-23-39
	Date of Birth: Age 33	Birth Place: -------	Full Name of Mother: -----	Name of Father: -------
SUPPORTING RECORD 3	Type of Document: Own childs birth cert.	By whom issued and signed: City of Ogden, Utah	Date Issued: 6-3-34	Date Orig. Entry: May 31, 1934
	Date of Birth: Age 22	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ------	Name of Father: ------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this legal and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	November 3, 1961

249-214-016-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1002

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Teresa Bunn Smith		2. Date Of Birth (month) (day) (year): Nov 14 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oakley Cassia; b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: Joseph Smith		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Sarah Elizabeth Bunn		9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Teresa Carson	11. Present Address of Registrant: Route 2 Burley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 27 1961	12. Signature of Notary: Geo Smith Jr	13. Notary Commission expires: Jan 22 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #256999	Date Issued: -----	Date Orig. Entry: child born June 17,1937
	Date of Birth: age 30	Birth Place: Oakley, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Oakley 2nd Ward, R. H. Hunter, Bishop	Date Issued: -----	Date Orig. Entry: blessed Feb.17,1907
	Date of Birth: Nov.14,1906	Birth Place: Cassia County Oakley, Idaho	Full Name of Mother: Sarah Elizabeth Bunn	Name of Father: Joseph Smith
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Oakley Second Wd. W. C. Whittle, Clerk	Date Issued: Dec. 7,1914	Date Orig. Entry: baptized Nov.14,1914
	Date of Birth: Nov.14,1906	Birth Place: Cassia Oakley, Idaho	Full Name of Mother: Elizabeth Bunn	Name of Father: Joseph Smith
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: PW Penny L. Wing	Date Filed: Nov. 28, 1961

FORM BH 56067

NOV 29 1961

DECEASED

131-202-004-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1044

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pearl Josephine Aland			2. Date Of Birth (month) October (day) 2 (year) 1906	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Bloomington	
FATHER	6. Full Name of Father: James Francis Aland Bear Lake			7. State or Country of Father's Birth: Bloomington Ida	
MOTHER	8. Full Maiden Name of Mother: Rachel May Nelson Bear Lake			9. State or Country of Mother's Birth: Bloomington Ida	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl Aland Lowman		11. Present Address of Registrant: 941 Bannock	
NOTARY (Seal)	Subscribed and sworn to before me on: December 7th 1961	12. Signature of Notary: Anna M. Lake		13. Notary Commission expires: 6-1 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Driggs Ward, George W. Horne, clerk		Date Issued: ----	Date Orig. Entry: baptized July 3,1915
	Date of Birth: Oct.2,1906	Birth Place: Bear Lake County Bloomington,Idaho	Full Name of Mother: Rachel May Nelson		Name of Father: James Francis Aland
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #419997		Date Issued: -----	Date Orig. Entry: child born May 4,1946
	Date of Birth: age 39	Birth Place: Bloomington, Idaho	Full Name of Mother: -----		Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: marriage license	By whom issued and signed: #5171 Beaverhead Co. Montana		Date Issued: -----	Date Orig. Entry: Sept.5,1945
	Date of Birth: age 39	Birth Place: Bloomington,Idaho	Full Name of Mother: Mae Nelson		Name of Father: Frank Aland
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: pw Penny L. Wing	Date Filed: Dec. 11, 1961

FORM BH 56067

DEC 12 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF TEXAS

386-123-035-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1080

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cecil Gordon Choate			2. Date Of Birth (month) July (day) 23 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Teakean, Idaho.
FATHER	6. Full Name of Father: Fred Choate			7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Mamie Freytag			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cecil Gordon Choate		11. Present Address of Registrant: Southwick, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: November 28th, 1961	12. Signature of Notary: A.C. Kanikkeberg		13. Notary Commission expires: January 11th, 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #236254	Date Issued: Sep 27,1961	Date Orig. Entry: child born Sept. 29,1935
	Date of Birth: age 29	Birth Place: Teakean, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Insurance policy	By whom issued and signed: Great Northwest Life Insurance	Date Issued: Apr. 8, 1940	Date Orig. Entry: Apr. 8, 1940
	Date of Birth: July 23, 1906	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: A.C.Kanikkeberg,Notary Public	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: July 23, 1906	Birth Place: -----	Full Name of Mother: Mamie Freytag choate	Name of Father: Fred Choate
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: pw Penny L. Wing	Date Filed: Dec. 27, 1961

FORM BH 56067(c) 9-22-61 AM

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 27 1966

791-229-007-264

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-011

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nettie Louise Graham.			2. Date Of Birth (month) Dec (day) 29 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Hailey Idaho.	b. City or Town of Birth: Hailey
FATHER	6. Full Name of Father: Freeman Graham.			7. State or Country of Father's Birth: Missouri (Oceola)
MOTHER	8. Full Maiden Name of Mother: Ida Mary Bourgeois.			9. State or Country of Mother's Birth: Oregan. (Portland)
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louise Nettie Allen		11. Present Address of Registrant: 274 Boston Ave Medford Mass.
NOTARY (Seal)	Subscribed and sworn to before me on: December 4 1961	12. Signature of Notary: Donald M Keefer		13. Notary Commission expires: My commission expires Feb. 7, 1964 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: insurance policy application	By whom issued and signed: Savings Bank Life Insurance	Date Issued: -----	Date Orig. Entry: July 29, 1953
	Date of Birth: Dec.29,1906	Birth Place: Hailey, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Declaration of Widows Pension	By whom issued and signed: Bureau of Pensions	Date Issued: -----	Date Orig. Entry: May 5,1909
	Date of Birth: Dec.29,1906	Birth Place: Hailey, Idaho	Full Name of Mother: Ida May Graham	Name of Father: Freeman Graham
SUPPORTING RECORD 3.	Type of Document: Exact copy of U.S. Census record	By whom issued and signed: Bureau of the Census Washington, D.C.	Date Issued: Dec. 5, 1961	Date Orig. Entry: Census of Jan. 1, 1920
	Date of Birth: Age: 13	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller pw	Jan. 5, 1961

FORM BH 56067

10-3-61

JAN 8 1962

95224-029-681

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-28
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ethel Elizabeth Randall
2. Date of Birth (month) (day) (year): Dec. 24 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Troy Idaho. Latah
b. City or Town of Birth: Troy Idaho

FATHER

6. Full Name of Father: Elbra Edwin Randall
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Laura Olive O'Hara
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Ethel Howell
11. Present Address of Registrant: Box 200 medical Lake Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: January 5, 1962
12. Signature of Notary: R J Keen
13. Notary Commission expires: 5/18 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Photo copy of own child's birth certificate No. 4217
By whom issued and signed: Washington State Board of Health, Seattle, Washington
Date Issued: -----
Date Orig. Entry: Born Nov. 6, 1935
Date of Birth: Age: 28
Birth Place: Idaho
Full Name of Mother: ----
Name of Father: ------
Class*

SUPPORTING RECORD 2.

Type of Document: Census Record
By whom issued and signed: Bureau of the Census, Washington, D.C.
Date Issued: Feb. 5, 1958
Date Orig. Entry: Jan. 1, 1920
Date of Birth: Age: 13
Birth Place: Idaho
Full Name of Mother: Laura O. Randall
Name of Father: Elbra E. Randall
Class

SUPPORTING RECORD 3.

Type of Document: Copy of Life Insurance Policy No. 902534
By whom issued and signed: Reserve Life Insurance Co. Dallas, Texas
Date Issued: [illegible]
Date Orig. Entry: Feb. 9, 1956
Date of Birth: Dec. 24, 1906
Birth Place: Troy, Idaho
Full Name of Mother: ----
Name of Father: ---
Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Jan. 11, 1962

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 12 1962

751-125 1036-342

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-063

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Joseph Steven Peabody
2. Date Of Birth: (month) April (day) 25 (year) 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Malad, Oneida Idaho; b. City or Town of Birth: Malad

FATHER

6. Full Name of Father: Jacob Peabody
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Martha Lusk Jones
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Joseph Steven Peabody
11. Present Address of Registrant: Box 142 Ashton Idaho

NOTARY (Seal)

Subscribed and sworn to before me on January 19 1962
12. Signature of Notary: James Harrell
13. Notary Commission expires: July 31 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	File No. 165853, Idaho	----	born Oct. 21, 1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 22	Malad, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Notarized copy of life ins.	Western Life Insuance Co. Helena Montana	---	Aug. 25, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 25, 1906	Malad, Idaho	----	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by neighbor, age 75	Henry Osmond Kent	Jan. 16, 1962	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 25, 1906	Malad, Idaho	Martha Lusk Jones Peabody	Jacob Peabody

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Jan. 23, 1962

FORM BH 56067 (P) 6-28-61 1 Copy Paid Rec. #17943

JAN 24 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

39428-028-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-064

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ~~CARL F. TRAEGER JR~~ CARL FREDERICK TRAEGER JR			2. Date Of Birth (month) (day) (year): November 28, 1906
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Coeur D'Alene, Kootenai County, State of Idaho	b. City or Town of Birth
FATHER	6. Full Name of Father: ~~CARL F. TRAEGER, SR.~~ CARL FREDERICK TRAEGER SR			7. State or Country of Father's Birth: New Jersey
MOTHER	8. Full Maiden Name of Mother: EDNA CONSTANCE LANDQUIST			9. State or Country of Mother's Birth: North Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carl F. Traeger		11. Present Address of Registrant: 4620 - 45th St., N.W. Washington 16, D.C.
NOTARY (Seal)	Subscribed and sworn to before me on: January 15 1962	12. Signature of Notary: Holly J. Waterman		13. Notary Commission expires: May 6 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: transcript of Junior College record	By whom issued and signed: Contra Costa Junior College		Date Issued: May 25, 1954	Date Orig. Entry: Feb. 9, 1953
	Date of Birth: Nov. 28, 1906	Birth Place: Coeur d'Alene	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Prudential Insuance Co. of America		Date Issued: ---	Date Orig. Entry: Sept. 2, 1940
	Date of Birth: Nov. 28, 1906	Birth Place: Coeur d'Alene	Full Name of Mother: Edna Landquist	Name of Father: Carl F. Traeger, Sr.	
SUPPORTING RECORD 3.	Type of Document: Report of Transfer or Discharge.	By whom issued and signed: Robert T. Foster, 1st Lt. USAF		Date Issued: ---	Date Orig. Entry: Entered Aug. 14, 1942
	Date of Birth: Nov. 28, 1906	Birth Place: Coeur d'Alene	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Jan. 23, 1962

FORM BH 56067 4-13-61

JAN 24 1962

FEB 9 1962

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391-219-016-755

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE62-107

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Harriet Amanda Craner,
2. Date Of Birth: July 19 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Oakley Idaho Cassia
b. City or Town of Birth: Oakley Idaho

FATHER

6. Full Name of Father: Charles F Craner.
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Ardella Gee
9. State or Country of Mother's Birth: Utah.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harriet A Smith
11. Present Address of Registrant: 131 Veniceave Nampa Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: February 6 1962
12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept. 28, 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Idaho Mutual Benefit Assn. #1-3-7-16049	---	December 1, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 19, 1906	Oakley, Idaho	----	—

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by father	C. F. Craner	-----	January 29, 1962

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 19, 1906	Oakley	Ardella Gee	Charles F. Craner

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	The Capitol Life Ins. Co. #118962	February 28, 1940	February 28, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
January 19, 1906	Idaho	----------	--------

QUALIFYING INFORMATION

Marriage license gives name as Harriet Craner and William Wood Dated July 5, 1924. Gives parents names as Charles F. Craner and Ardella A. Craner.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ec Elaine Coy	FEBRUARY 6, 1962

FORM BH 56067

FEB 7 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

State File No. DE62-107

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)	
	3. Color or Race	4. Sex	5. Place of Birth (County)
			6. City or Town of Birth
FATHER	7. Full Name of Father	8. State or Country of Father's Birth	
MOTHER	9. Full Maiden Name of Mother	10. State or Country of Mother's Birth	
AFFIDAVIT	I hereby certify upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant
NOTARY	Subscribed and sworn to before me on 19	13. Signature of Notary	14. Notary Commission expires 19

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assn. #1-3-7-16049	Date Issued: --- Date Orig. Entry: December 1, 1962
	Date of Birth: July 19, 1906 Birth Place: Oakley, Idaho	Full Name of Mother: ----	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Affidavit by Father	By whom issued and signed: C. S. Graner	Date Issued: --- Date Orig. Entry: January 29, 1962
	Date of Birth: July 19, 1906 Birth Place: Oakley	Full Name of Mother: Ardella Sea	Name of Father: Charles A. Graner
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: The Capitol Life Ins. Co. #118863	Date Issued: February 28, 1940 Date Orig. Entry: February 2, 1941
	Date of Birth: January 19, 1906 Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----

QUALIFYING INFORMATION

Marriage license gives name as Harriet Graner and William Wood Dated July 5, 1924. Gives parents names as Charles F. Graner and Ardella A. Graner.

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Fenson	ec Elaine Coy	FEBRUARY 5, 1962

FORM NO. 3[illegible]

296208-019-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-108

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Agnes Brown			2. Date of Birth (month) October (day) 8 (year) 1906
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Custer	b. City or Town of Birth: Challis
FATHER	6. Full Name of Father: Milton Adams Brown			7. State or Country of Father's Birth: New York
MOTHER	8. Full Maiden Name of Mother: Daisy Gertrude Hallaran			9. State or Country of Mother's Birth: Louisiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen A. Blume		11. Present Address of Registrant: 304 E. 4th. St. Emmett, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 5 February 1962	12. Signature of Notary: Sonie Gorono		13. Notary Commission expires: 20 July 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by sister, age:67	By whom issued and signed: Hazel G. Kosterman	Date Issued: Jan. 29, 1962	Date Orig. Entry: ---	
	Date of Birth: Oct. 8, 1906	Birth Place: Challis, Idaho	Full Name of Mother: Daisy Gertrude Hallaran	Name of Father: Milton Adams Brown	
SUPPORTING RECORD 2.	Type of Document: statement regarding church record	By whom issued and signed: Norman L. Foote, Bishop of Idaho	Date Issued: Jan. 12, 1962	Date Orig. Entry: baptized July 6, 1908	
	Date of Birth: Age: 1 yr. 6 mo.	Birth Place: ---	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: File No. 156983, Idaho	Date Issued: Oct. 20, 1949	Date Orig. Entry: born Oc. 28, 1927	
	Date of Birth: Age: 21	Birth Place: Challis, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Feb. 6, 1962

FORM BH 56067

1-8-62

FEB 9 1962

Helen Blum

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

REGISTRANT — 1. Registration of Full Name of Birth — 2. Date of Birth (Month) (Day) (Year)

Given Name, Birth is being registered — 3. Color or Race — 4. Sex — 5. Place of Birth — 6. County — 7. City or Town of Birth

FATHER — 8. Full Name of Father — 9. State or Country of Father's Birth

MOTHER — 10. Full Maiden Name of Mother — 11. State or Country of Mother's Birth

AFFIDAVIT — Personally appeared upon oath that the above statements are true to the Registrant's Knowledge and belief. — 12. Signature of Registrant — 14. Present Address of Registrant

NOTARY (Seal) — Subscribed and sworn to before me on — 13. Signature of Notary — 15. Notary Commission Expires

APPLICANT TO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. — Type of Document — By whom issued and signed — Date Issued — Date Orig. Entry

Date of Birth — Birth Place — Full Name of Mother — Name of Father

SUPPORTING RECORD 2. — Type of Document — By whom issued and signed — Date Issued — Date Orig. Entry

Date of Birth — Birth Place — Full Name of Mother — Name of Father

SUPPORTING RECORD 3. — Type of Document — By whom issued and signed — Date Issued — Date Orig. Entry

Date of Birth — Birth Place — Full Name of Mother — Name of Father

ADDITIONAL INFORMATION

REGISTRAR'S CERTIFICATION (Seal) — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar — Evidence reviewed by — Date Filed

794-226-030-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-127

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Laura Frances Grubb
2. Date Of Birth (month) (day) (year): Feb. 26 1906
3. Color or Race: White
4. Sex: Fem.
5. Place of Birth a. County: May, Idaho, Lemhi
b. City or Town of Birth: May

FATHER

6. Full Name of Father: Orlando Jackson Grubb
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Frances Katherine Miller
9. State or Country of Mother's Birth: Kansas, Marshall Co.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Laura F Hood
11. Present Address of Registrant: 110 E. Calif. Ave. Columbus 2, Ohio

NOTARY (Seal)

Subscribed and sworn to before me on: February 9 1962
12. Signature of Notary: E. J. Arnold
13. Notary Commission expires: Dec. 9, 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Life Insurance Policy
By whom issued and signed: New York Life Insurance Co., New York
Date Issued: --
Date Orig. Entry: Feb. 18, 1926
Date of Birth: Feb. 26, 1906
Birth Place: May, Idaho
Full Name of Mother: --
Name of Father: --

SUPPORTING RECORD 2.

Type of Document: photo copy of child's hospital birth certificate
By whom issued and signed: Sister Mary Cassilda, R.N. Mercy Hospital, Mt. Vernon, O.
Date Issued: --
Date Orig. Entry: born July 20, 1939
Date of Birth: Feb. 26, 1906
Birth Place: May, Idaho
Full Name of Mother: --
Name of Father: --

SUPPORTING RECORD 3.

Type of Document: affidavit by mother
By whom issued and signed: Mrs. Frances K. Grubb
Date Issued: Sept. 20, 1961
Date Orig. Entry: --
Date of Birth: Feb. 26, 1906
Birth Place: May, Idaho
Full Name of Mother: Frances Katherine Miller
Name of Father: Orlando Jackson Grubb

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Shirley Miller
Date Filed: Feb. 12, 1962

FORM BH 56067

1 copy paid 2-21-61

FEB 13 1969

DELAYED CERTIFICATE OF BIRTH

TO OF ITAMO

REGISTRANT	1. Registrant's Full Name of Birth	2. Date	
(Person whose birth is being registered)	3. Sex	4. Place of Birth	5. Date of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission Expires

SUPPORTING RECORD	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
W. [illegible]	Shirley Miller	Feb. 12, 1969

FORM NO. [illegible] 1 copy paid 2-21-61

595129.001-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 62-129

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Delbert Vincen		2. Date Of Birth (month) 5 (day) 29 (year) 06
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Meridian, Idaho ada; b. City or Town of Birth: Meridian, Idaho
FATHER	6. Full Name of Father: Charles Henry Vincen		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Sadie Richardson		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Delbert Vincen	11. Present Address of Registrant: 3128 [illegible] St Boise
NOTARY (Seal)	Subscribed and sworn to before me on June 26 19 61	12. Signature of Notary	13. Notary Commission expires _____ 19 ____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Age 81 Affidavit by Aunt	By whom issued and signed: Retta V. Clemmens	Date issued: ----	Date Orig. Entry: June 26, 1961
	Date of Birth: May 29, 1906 / Birth Place: Meridian, Idaho	Full Name of Mother: Sadie Richardson	Name of Father: Charles Henry Vincen	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: File # ~~XXXXXX~~ 274419	Date issued: -----	Date Orig. Entry: ~~XXXXXXXXXX~~ 31 Oct. 28, 1938
	Date of Birth: Age 32 / Birth Place: Meridian, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: #518-07-3743	Date issued: ------	Date Orig. Entry: 12-2-36
	Date of Birth: May 29, 1906 / Birth Place: Meridian, Idaho	Full Name of Mother: Sarah Richardson	Name of Father: Charles Henery Vincent	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Banson	Elaine Coy	February 12, 1962

K FORM BH 56067

FEB 13 1962

MAY 15 2001

DECEASED

285-112-044-462

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-344

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Loren Walter Sherman		2. Date Of Birth (month) (day) (year): March 12 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington; b. City or Town of Birth: ~~Prairie Creek~~ Brannen
FATHER	6. Full Name of Father: Edward B. Sherman		7. State or Country of Father's Birth: Pottawatomie Co. Kansas
MOTHER	8. Full Maiden Name of Mother: Edith May Mosier		9. State or Country of Mother's Birth: Pottawatomie Co. Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Loren Walter Sherman	11. Present Address of Registrant: 2709 Calif - Seattle 16, Wh.
NOTARY (Seal)	Subscribed and sworn to before me on: September 15, 1961	12. Signature of Notary: Don Minor	13. Notary Commission expires: Nov. 1, 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by sister	By whom issued and signed: Lettie Sherman Combs born 1889	Date issued: Oct.2,1961	Date Orig. Entry: -----
	Date of Birth: Mar.12,1906 / Birth Place: Brannen, Idaho	Full Name of Mother: Edith May Mosier	Name of Father: Edward Benjamin Sherman	
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: U. S, Department of the Census Washington, D.C.	Date issued: Jan. 8, 1962	Date Orig. Entry: April 15, 1910
	Date of Birth: Age: 4 / Birth Place: Idaho	Full Name of Mother: Edith M. Sherman	Name of Father: Edward B. Sherman	
SUPPORTING RECORD 3.	Type of Document: statement regarding voting record	By whom issued and signed: Elmer J. Lewis, City Clerk Everett, Washington	Date issued: Feb. 7, 1962	Date Orig. Entry: July 31, 1952
	Date of Birth: March 12, 1906 / Birth Place: Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw sm Shirley Miller	Feb. 16, 1962

FORM BH 56067 1 copy paid 9-7-61 1-25-62

FEB 19 1962

113-212-022-639

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-151

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Luetta Nelle Jackson		2. Date Of Birth (month) May (day) 12 (year) 1906
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth a. County: Parker, Fremont; b. City or Town of Birth: Parker
FATHER	6. Full Name of Father: Henry Somes Jackson		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Jane Flint		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nelle Jackson Schade	11. Present Address of Registrant: 446 No. Citrus Ave., Los Angeles 36, Calif
NOTARY (Seal)	Subscribed and sworn to before me on: February 14, 1962	12. Signature of Notary: E J Treu	13. Notary Commission expires: E. J. TREU My Commission Expires Nov. 22, 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by parents		By whom issued and signed: Mary Jane Jackson and Henry Somes Jackson	Date Issued: Jan. 15, 1957	Date Orig. Entry: --
	Date of Birth: May 12, 1906	Birth Place: Parker, Idaho	Full Name of Mother: Mary Jane Jackson	Name of Father: Henry Somes Jackson	
SUPPORTING RECORD 2.	Type of Document: statement regarding school census		By whom issued and signed: LaMonte Bauer, Clerk of District Court	Date Issued: Feb. 1, 1962	Date Orig. Entry: 1917--1918
	Date of Birth: Age: 11	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: File No. 9645, California	Date Issued: Sept. 6, 1945	Date Orig. Entry: born July 20, 1929
	Date of Birth: Age: 23	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Feb. 20, 1962

FORM BH 56067

2-8-62

FEB 20 1992

28162-022133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-178

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Glan Roland Sharp
2. Date Of Birth (month) (day) (year): October 21, 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Ashton Fremont County

FATHER

6. Full Name of Father: William Lavton Sharp
7. State or Country of Father's Birth: - - -

MOTHER

8. Full Maiden Name of Mother: Jolia Alice Allen
9. State or Country of Mother's Birth: - - -

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Glan Roland Sharp
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: March 11 1957
12. Signature of Notary: J.H. Van Deusen
13. Notary Commission expires: August 1 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: affidavit by mother
By whom issued and signed: Jolia A. Sharp
Date Issued: Feb. 7, 1962
Date Orig. Entry: --
Date of Birth: Oct. 21, 1906
Birth Place: Fremont County, Idaho
Full Name of Mother: Jolia Allen Sharp
Name of Father: William LaVater Sharp

SUPPORTING RECORD 2.

Type of Document: certified copy of marriage license record
By whom issued and signed: LaMonte Bauer, Clerk of Dist. court
Date Issued: Feb. 7, 1962
Date Orig. Entry: Nov. 13, 1934
Date of Birth: Age: 28
Birth Place: --
Full Name of Mother: --
Name of Father: --

SUPPORTING RECORD 3.

Type of Document: Life Insurance Policy
By whom issued and signed: The Ohio National Life Insurance Co., Cincinnati,
Date Issued: ---
Date Orig. Entry: Feb. 12, 1934
Date of Birth: Oct. 21, 1906
Birth Place: Ashton, Idaho
Full Name of Mother: -----
Name of Father: ----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: sm Shirley Miller
Date Filed: Feb. 28, 1962

FORM BH 56067 1 copy filed

2-12-62

MAR 1 1962

851-202-016-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-182

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wandamea (Wanda) Yearsley.
2. Date Of Birth: (month) Aug. (day) 2 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Cassia; b. City or Town of Birth: Albion, Cassia Co. Idaho

FATHER

6. Full Name of Father: John Henry Yearsley
7. State or Country of Father's Birth: Harrisville Weber Co. Utah

MOTHER

8. Full Maiden Name of Mother: Eva M. Lounsbury
9. State or Country of Mother's Birth: Point Lookout Tooele co. Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wanda Morgart
11. Present Address of Registrant: 81 Colonial ave. Layton Ut.

NOTARY (Seal)

Subscribed and sworn to before me on: February 24 1962
12. Signature of Notary: Edwin M Cole
13. Notary Commission expires: May 23 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Idaho State Normal Training School, Albion, Idaho	-----	1920-1921

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 14	----	----	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of own child's birth certificate	File, No. 281641, Idaho	June 11, 1942	born April 30, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 32	Albion, Idaho	------	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	L.D.S. Church, Salt Lake City, Utah, Ella D. Jack, Custodian	Feb. 20, 1962	blessed Sept. 6, 1908

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 2, 1906	Cassia, County Albion, Idaho	Eva M. Lounsburn	John Henry Yearsley

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Mar. 1, 1962

FORM PH. 56067 — 1 copy paid — 2-1-62

MAR 1 1962

764-106-032-764

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-196

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Edward Gomes			2. Date Of Birth (month) (day) (year): July 6, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Shoshone
FATHER	6. Full Name of Father: Anthony M. Gomes			7. State or Country of Father's Birth: Santa Maria, Azores Islands
MOTHER	8. Full Maiden Name of Mother: Mary Silva Gomes			9. State or Country of Mother's Birth: Peco, Azores, Islands
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edward Gomes		11. Present Address of Registrant: 1303 Kiely Blvd. Santa Clara
NOTARY (Seal)	Subscribed and sworn to before me on: March 2 19 62	12. Signature of Notary: R. E. LIN		13. Notary Commission expires: Oct 3 19 64 Cal.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Mary S. Gomes		Date Issued: Oct. 10, 1960	Date Orig. Entry: ---
	Date of Birth: July 6, 1906	Birth Place: Lincoln County Shoshone, Idaho	Full Name of Mother: Mary Silva Gomes	Name of Father: Anthony M. Gomes	
SUPPORTING RECORD 2.	Type of Document: Hospital birth certificate of own child	By whom issued and signed: Sequoia Hospital, Redwood City, California		Date Issued: ---	Date Orig. Entry: Dec. 27, 1952
	Date of Birth: July 6, 1906	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Life Insurance Policy	By whom issued and signed: Pacific Mutual Life Insurance		Date Issued: ---	Date Orig. Entry: Oct. 4, 1943
	Date of Birth: July 6, 1906	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	Mar. 6, 1962

FORM BH 56067

2-28-62

MAR 6 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File Number

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]		2. Date of Birth (month) (day) (year): [illegible], 1900
	3. Color or Race 4. Sex: [illegible]	5. Place of Birth County: Lincoln	Locality or Town of Birth: Kosbund
FATHER	6. Full Name of Father: [illegible]		7. State or Country of Father's Birth: Santa Maria, Azores Islands
MOTHER	8. Full Maiden Name of Mother: [illegible]		9. State or Country of Mother's Birth: Pico, Azores, Islands
AFFIDAVIT	Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible], 10, [illegible]	Date Orig. Entry: ---
	Date of Birth: [illegible]	Birth Place: [illegible]	Name of Mother: [illegible]	Name of Father: Anthony M. [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ---	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ---	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: ---	Name of Father: ---
OBJECTIVE INFORMATION				

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date	Registrar	Evidence reviewed by	Index Filed
	W. V. [illegible]	[illegible]	[illegible]

FORM NO. [illegible]

719-105-025-614

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-227

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alfred Waugh Parsons			2. Date Of Birth (month) Sept. (day) 5 (year) 1906	
	3. Color or Race: White	4. Sex: M.	5. Place of Birth a. County: Idaho County, Idaho	b. City or Town of Birth: Grangeville	
FATHER	6. Full Name of Father: Charles Alfred Parsons			7. State or Country of Father's Birth: Ohio	
MOTHER	8. Full Maiden Name of Mother: Henrietta Waugh			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Alfred W Parsons	11. Present Address of Registrant: Rt. 7 Box 695 Olympia, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 7, 1961		12. Signature of Notary: A E Guarnieri	13. Notary Commission expires: 11-30-1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Report of Field personnel act	By whom issued and signed: War Department, Frank L. Cole		Date Issued: -----	Date Orig. Entry: Oct. 27, 1942
	Date of Birth: Sept. 5, 1906	Birth Place: -----	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Temporary appointment, transfer reinstatement or promotion	By whom issued and signed: U S. Civil Service Comm. Washington, D.C.		Date Issued: --	Date Orig. Entry: March 1, 1938
	Date of Birth: Sept. 5, 1906	Birth Place: Grangeville, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U.S. Bureau of the Census Washington, D.C.		Date Issued: Mar. 7, 1962	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 13	Birth Place: Idaho	Full Name of Mother: Henrietta Parsons	Name of Father: Charles A. Parsons	

QUALIFYING INFORMATION

Designation of Beneficiary to the United States Civil Service Commission issued on October. 26, 1944. gives date of birth as Sept. 5, 1906.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw sm Shirley Miller	Mar. 19, 1962

FORM BH 56067 (10-61) 10M

8-23-61

2-13-62 9-11-61

MAR 20 1962

125419.018-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-251

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Francis Burr Abner			2. Date of Birth (month) Oct. (day) 19 (year) 1906
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Clearwater	b. City or Town of Birth: Cavendish
FATHER	6. Full Name of Father: Warren Leroy Abner			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Sylvia Elsa Bowler			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Francis Burr Abner		11. Present Address of Registrant: 3471 Linda Vista Rd. Glendale, Calif
NOTARY (Seal)	Subscribed and sworn to before me on STATE OF CALIFORNIA COUNTY OF LOS ANGELES 22nd March 1962 19___	12. Signature of Notary: Timothy O. Harrison Timothy O. Harrison		13. Notary Commission expires: My Commission Expires Aug. 6, 1963 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by uncle, birth date: Dec. 7, 1898	By whom issued and signed: Albert Bowler	Date Issued: Mar. 21, 1962	Date Orig. Entry: ----
	Date of Birth: Oct. 19, 1906 / Birth Place: Cavendish, Idaho	Full Name of Mother: Sylvia E. Bowler	Name of Father: Warren Leroy Abner	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge from the U.S. ARMY	By whom issued and signed: United States Army, Nelson H. Fox, Major Air Corps	Date Issued: Oct. 11, 1945	Date Orig. Entry: inducted Dec. 29, 1942
	Date of Birth: Oct. 19, 1906 / Birth Place: Cavendish, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Southland Paper Converting Co.	Date Issued: ---	Date Orig. Entry: Nov. 13, 1945
	Date of Birth: Oct. 19, 1906 / Birth Place: Cavendish, Idaho Clearwater County	Full Name of Mother: Sylvia E. Bowler	Name of Father: Warren L. Abner	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: Mar. 27, 1962

FORM BH 56067 / 3-6-62

MAR 28 1962

619-203-038-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-264

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clyde (Clydie) Iriece Ward Ker			2. Date Of Birth (month) Sept. (day) 3 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette, Idaho
FATHER	6. Full Name of Father: Thomas Warren Ward			7. State or Country of Father's Birth: Sioux Rapids, Iowa
MOTHER	8. Full Maiden Name of Mother: Estella Mae Sutton			9. State or Country of Mother's Birth: Beloit, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clyde Kroeker		11. Present Address of Registrant: 4412 Plum St. Boise, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: March 29 1962	12. Signature of Notary: Margaret Laurence		13. Notary Commission expires: April 4 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: on file Idaho #176724	Date Issued: ---	Date Orig. Entry: child born Nov 25, 1929
	Date of Birth: Age 23	Birth Place: Payette, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Photocopy of application for Insurance		By whom issued and signed: Idaho Mutual Benefit Association, Boise, Idaho	Date Issued: ---	Date Orig. Entry: April 15, 1948
	Date of Birth: Sept 3, 1906	Birth Place: Payette, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement by Attending Physician at Birth		By whom issued and signed: Dr. I. R. Woodward, Payette, Idaho	Date Issued: Dec 19, 1941	Date Orig. Entry: Dec 19, 1941
	Date of Birth: Sept 3, 1906	Birth Place: Payette, Idaho	Full Name of Mother: Estella May Sutton	Name of Father: Thos. Warren Ward	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: March 29, 1962

FORM BH 56067

MAR 29 1982

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File 66-[illegible]

Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year) [illegible]
	3. Color or Race: [illegible]	4. Sex: [illegible]
	5. Place of Birth: [illegible] County	6. City or Town of Birth: [illegible]
FATHER	7. Full Name of Father: [illegible]	8. State or Country of Father's Birth: [illegible]
MOTHER	9. Full Maiden Name of Mother: [illegible]	10. State or Country of Mother's Birth: [illegible]
APPLICANT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant: [illegible]
		12. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	13. Signature of Notary: [illegible]
		14. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE SHOW OUTSIDE LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate on file Idaho [illegible]	1. When Issued and Signed: [illegible]	Date Issued: ---	Date Orig. Entry: [illegible] Nov 25, 1920
	Date of Birth: Age 23	Birth Place: Lafayette, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Petitioner of [illegible] Insurance	2. When Issued and Signed: Idaho Mutual Benefit Association, Idaho	Date Issued: ---	Date Orig. Entry: April 15, 1928
	Date of Birth: Sept 3, 1926	Birth Place: Fayette, Idaho	Full Name of Father: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Statement by Attending Physician at Birth	3. When Issued and Signed: Dr. [illegible] Woodward, Fayette, Idaho	Date Issued: Dec 15, 1941	Date Orig. Entry: Dec 19, 1941
	Date of Birth: Sept 3, 1926	Birth Place: Fayette, Idaho	Full Name of Mother: Rosella May [illegible]	Name of Father: Thos. [illegible]
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
W. [illegible] Benson	[illegible]	March 29, 1982

FORM [illegible]

494-230-003-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-266

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Georgia Rose Dimick		2. Date Of Birth (month) Jan (day) 30 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock Idaho; b. City or Town of Birth: Downey
FATHER	6. Full Name of Father: Ephriam John Dimick		7. State or Country of Father's Birth: Dingle, Bear Lake Co., Idaho
MOTHER	8. Full Maiden Name of Mother: Elizabeth Anne Lau		9. State or Country of Mother's Birth: Soda Springs, Caribou Co, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Georgia Rose Dimick	11. Present Address of Registrant: 910 Carl Rd La Fayette
NOTARY (Seal)	Subscribed and sworn to before me on: February 2 1961	12. Signature of Notary: Julian L. Ramelli JULIAN L. RAMELLI	13. Notary Commission expires: My Commission Expires February 4, 1961 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: District No. 101, Registrar NNo. 12130, California	Date issued: ---	Date Orig. Entry: Oct. 14, 1947
	Date of Birth: Age: 41 / Birth Place: Idaho	Full Name of Mother: --	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: affidavit by father	By whom issued and signed: Ephraim John Dimick	Date issued: Mar. 5, 1962	Date Orig. Entry: ----
	Date of Birth: Jan. 30, 1906 / Birth Place: Downey, Idaho	Full Name of Mother: Anna Lau	Name of Father: Ephraim John Dimick	
SUPPORTING RECORD 3.	Type of Document: statement regarding school record	By whom issued and signed: Lucile Spencer, Record Officer. BYU, Provo, Utah	Date issued: Mar. 21 1962	Date Orig. Entry: Sept. 1926
	Date of Birth: Jan. 30, 1906 / Birth Place: -------	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm sm Shirley Miller	Mar. 29, 1962

FORM BH 56067 [illegible] 1-18-62 3-13-62 8-21-62

MAR 29 1962

Busch

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Georgia Rose Hinick	2. Date of Birth: Jan 30 1902	
	3. Color or Type: White	4. Sex: Female	5. Place of Birth: Bancock
	6. Full Name of Father: [illegible] John Hinick	7. Date of Birth: Bonney	
FATHER	8. Full Name of Mother: [illegible]	9. Date of Birth: [illegible]	
MOTHER	9. Full Name of Mother: [illegible]	10. Date of Birth: [illegible]	
APPLICATION	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]	
	12. Signature of Notary: [illegible]	13. Notary Commission Expires: [illegible]	

SUPPORTING DOCUMENT	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: —
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]
	Name of Father: [illegible]		
SUPPORTING DOCUMENT	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]
	Name of Father: [illegible]		
SUPPORTING DOCUMENT	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Birth Place: —	Full Name of Mother: —
	Name of Father: —		

STATISTICAL CERTIFICATION	I, Mary [illegible], that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which supplemented the facts as set forth in the foregoing abstract.		
	State Registrar: [illegible]	Evidence reviewed by: [illegible]	Date Filed: [illegible]

395-220-038-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De62-290

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Rose Creswell			2. Date of Birth (month) January (day) 20 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Payette Idaho Payette	b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: Joseph Alexander Creswell			7. State or Country of Father's Birth: Blackhawk Co. Iowa
MOTHER	8. Full Maiden Name of Mother: Daisy A. Strohbehn			9. State or Country of Mother's Birth: Grundy Co. Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Rose Creswell		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: May 2nd 19 60	12. Signature of Notary: Joyce B. Foltz		13. Notary Commission expires: May 27th 19 62

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Daisy Strohbehn Creswell	Date Issued: 10-20-59	Date Orig. Entry: ----
	Date of Birth: January 20, 1906 / Birth Place: Payette, Idaho	Full Name of Mother: Daisy Strohbehn Creswell	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: Idaho File #276553	Date Issued: 12-14-38	Date Orig. Entry: 12-14-38
	Date of Birth: Age 32 / Birth Place: Payette, Idaho	Full Name of Mother: -----	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Statement regarding Hospital Records-St1Lukes Hosp.,Boise,	By whom issued and signed: Minnie Nelson, Medical Records Librarian Idaho	Date Issued: April 4 1962	Date Orig. Entry: July 12, 1951
	Date of Birth: n Jan. 20, 1906 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz ec	April 4, 1962

FORM BH 56067

APR 5 1962

FEB 17 1971

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's Full Name of Birth		2. Date of Birth (Month) (Day) (Year)	
3. Sex	4. Place of Birth	5. County	6. Town of Birth
7. Full Name of Father		8. State or Country of Father's Birth	
9. Maiden Name of Mother		10. State or Country of Mother's Birth	
11. Person Declare upon date that the above statements are true to the best of my knowledge and belief.		12. Signature of Registrant	13. Personal Address of Registrant
14. Sworn and Sworn to before me on May 2nd 1962		15. Signature of Notary	16. Notary Commission Expires May 27th 1962

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by mother	By whom Issued and Signed: Daisy Strohbehn Creswell	Date Issued: 10-20-59	Date Orig. Entry: -
	Date of Birth: Bird Place: Lowery 20, Payette, Idaho 1906	Full Name of Mother: Daisy Strohbehn Creswell	Name of Father: ----	
SUPPORTING RECORD 2	Type of Document: One church birth certificate	By whom Issued and Signed: Idaho Title PB-5533	Date Issued: 12-1[illegible]	Date Orig. Entry: 12-1[illegible]
	Date of Birth: Age 32 Payette, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3	Type of Document: Statement regarding Hospital Records-St. Luke's Hosp., Boise, Idaho	By whom Issued and Signed: Minnie Nelson, Medical Records Librarian	Date Issued: April 4 1962	Date Orig. Entry: July 12, 1951
	Date of Birth: Bird Place: Lowery 20, Idaho	Full Name of Mother: ----	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature of Registrar: W. W. Benson	Evidence Reviewed by: Joyce B. Foltz	Date Filed: April 4, 1962

764-102 .003-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-301

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alden Poulsen		2. Date Of Birth (month) Dec (day) 2 (year) 1906
	3. Color or Race	4. Sex	5. Place of Birth a. County: Grace, Idaho Bannock; b. City or Town of Birth: Grace
FATHER	6. Full Name of Father: Denzil L. Poulsen		7. State or Country of Father's Birth: Idaho Oneida Co
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Allsop		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alden Poulsen	11. Present Address of Registrant: Rte 2 Box 12 A Rigby Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 23 1962	12. Signature of Notary: [signature]	13. Notary Commission expires: 8-31 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father		By whom issued and signed: Denzil Poulsen	Date issued: April 6, 1962	Date Orig. Entry: ------
	Date of Birth: Dec. 2, 1906	Birth Place: Grace, Idaho	Full Name of Mother: Mary Elizabeth Allsop	Name of Father: Dnezil Poulsen	
SUPPORTING RECORD 2.	Type of Document: Life Insurance Policy		By whom issued and signed: Beneficial Life Insurance Company	Date issued: ----	Date Orig. Entry: Aug. 31, 1928
	Date of Birth: Dec. 2, 1906	Birth Place: Grace, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: File No. 284990, Idaho	Date issued: ----	Date Orig. Entry: child born Sept. 25, 1939
	Date of Birth: Age: 32	Birth Place: Grace, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	April 11, 1962

FORM BH 56067

3-20-62

APR 12 1962

3-20-62

693-220-022-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-324

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maud Pauline Wilson			2. Date Of Birth: (month) April (day) 20 (year) 1906	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: a. County: Fremont	b. City or Town of Birth: Grant	
FATHER	6. Full Name of Father: John L. Wilson			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Mary Jane Leek			9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pauline Hehn		11. Present Address of Registrant: Route 1 Roberts, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 12 1962	12. Signature of Notary: Ray F Bates		13. Notary Commission expires: July 6 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by sister, 13 years older	By whom issued and signed: Louise Hicks		Date Issued: April 12, 1962	Date Orig. Entry: -----
	Date of Birth: April 20, 1906	Birth Place: Grant, Idaho Fremont County	Full Name of Mother: Mary Jane Leek	Name of Father: John L. Wilson	
SUPPORTING RECORD 2.	Type of Document: certificate of Baptism and Confirmation	By whom issued and signed: John Lee, Bishop		Date Issued: Aug. 1, 1920	Date Orig. Entry: baptized Aug. 1, 1920
	Date of Birth: April 20, 1906	Birth Place: Grant, Fremont County, Idaho	Full Name of Mother: Mary Jane Leek	Name of Father: John Lot Wilson	
SUPPORTING RECORD 3.	Type of Document: photo copy of application for Social Security Account No.	By whom issued and signed: U. S. Treasury Department		Date Issued: ----	Date Orig. Entry: Sept. 12, 1955
	Date of Birth: April 20, 1906	Birth Place: Grant, Idaho Jefferson County	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

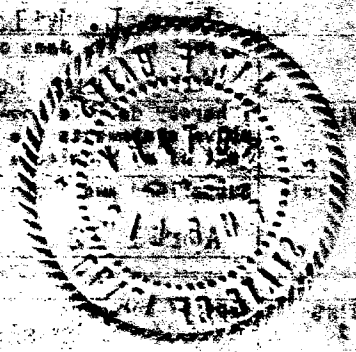
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	April 16, 1962

FORM BH 56067 2-28-61 1 copy paid

APR 17 1962



689-105-036-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-332

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GEORGE ROBINSON WHITEHEAD			2. Date of Birth (month) August (day) 5th (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: FRANKLIN, Oneida	b. City or Town of Birth: FRANKLIN
FATHER	6. Full Name of Father: WILLIAM James WHITEHEAD			7. State or Country of Father's Birth: IDAHO, U.S.A.
MOTHER	8. Full Maiden Name of Mother: ESTER ANN ROBINSON			9. State or Country of Mother's Birth: UTAH, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Geo R Whitehead		11. Present Address of Registrant: CLARESHOLM, ALBERTA
NOTARY (Seal)	Subscribed and sworn to before me on: April 12th 1962	12. Signature of Notary: H R Dawson		13. Notary Commission expires: at will of Lieut Governor of Alberta.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by sister, born July 2, 1892		By whom issued and signed: Martha Chatterton	Date Issued: April 12, 1962	Date Orig. Entry: -----
	Date of Birth: Aug. 5, 1906	Birth Place: Franklin, Idaho Oneida County	Full Name of Mother: Ester Ann Robinson Whitehead	Name of Father: William James Whitehead	
SUPPORTING RECORD 2.	Type of Document: Certificate of Naturalization No. 12318		By whom issued and signed: Dominion of Canada	Date Issued: Oct. 25, 1925	Date Orig. Entry: Oct. 2, 1925
	Date of Birth: Aug. 5, 1906	Birth Place: Franklin, Idaho	Full Name of Mother: Ester N. Whitehead	Name of Father: William James Whitehead	
SUPPORTING RECORD 3.	Type of Document: Church Certificate of Birth		By whom issued and signed: L.D.S. Church, Salt Lake City, Utah	Date Issued: Oct. 2, 1952	Date Orig. Entry: Sept. 9, 1906
	Date of Birth: Aug. 5, 1906	Birth Place: Franklin, Idaho Oneida County	Full Name of Mother: Ester Robinson	Name of Father: William Whitehead	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: April 17, 1962

FORM BH 56067

3-27-62

APR 18 1962

366-223-003-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-345

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fauntella Coffin		2. Date Of Birth (month) Jan. (day) 23 (year) 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County: Pocatello Bannock; b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Henry Clay Coffin		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Phebe Richardson		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fauntella C. Johnson	11. Present Address of Registrant: Rigby, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 14 1962	12. Signature of Notary: Lou C. Archibald	13. Notary Commission expires: November 1 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Samuel Newbold, Clerk L.D.S. Church	Date issued: -------	Date Orig. Entry: blessed May 6, 1906
	Date of Birth: Jan. 23, 1906 / Birth Place: Pocatello, Idaho Bannock County	Full Name of Mother: Phebe Richardson	Name of Father: Henry C. Coffin	
SUPPORTING RECORD 2.	Type of Document: Patriarchal Blessing Book 3 #385	By whom issued and signed: Patriarch John W. Telford	Date issued: -----	Date Orig. Entry: Mar. 6, 1945
	Date of Birth: Jan. 23, 1906 / Birth Place: Pocatello, Idaho	Full Name of Mother: Phebe Richardson	Name of Father: Henry C. Coffin	
SUPPORTING RECORD 3.	Type of Document: application for life insurance	By whom issued and signed: Metropolitan Life Insurance Company	Date issued: ----	Date Orig. Entry: Jan. 24, 1928
	Date of Birth: Age: 22 / Birth Place: --------	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	April 20, 1962

FORM BH 56067 (J) 4-9-62 1 Copy [illegible] 9286

4-20-62 ~~4-17-62~~

APR 23 1962

DELAYED CERTIFICATE OF BIRTH

437-105-007-944

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-354

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LaVerne Orville Edward McPheters
2. Date Of Birth: March 5th 1906
3. Color or Race: White
4. Sex: male
5. Place of Birth: a. County: Blaine; b. City or Town of Birth: Hetchum

FATHER

6. Full Name of Father: LaVerne Powers McPheters
7. State or Country of Father's Birth: Richfield Minnesota

MOTHER

8. Full Maiden Name of Mother: Bessie Eugenie Rumel
9. State or Country of Mother's Birth: Salt Lake city Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Orville E McPheters
11. Present Address of Registrant: 1171 Westminster Ave Salt Lake city Utah

NOTARY (Seal)

Subscribed and sworn to before me on: 4-21 1962

12. Signature of Notary: R P Logue

13. Notary Commission expires: _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	affidavit by sister, ten years older	Roxie Rumel Hanson	April 18, 1962	------
	Date of Birth: Mar. 5, 1906 / Birth Place: Ketchum, Idaho	Full Name of Mother: Bessie Rumel McPheters	Name of Father: LaVerne Powers McPheters	
SUPPORTING RECORD 2.	Certificate of Baptism and Confirmation	Thomas M. Wheeler, Bishop	Aug. 5, 1948	baptized July 28, 1948
	Mar. 5, 1906 / Ketchum, Idaho	Bessie Rumel	LaVerne Powers McPheters	
SUPPORTING RECORD 3.	Certificate of Death & Disability Benefits	Occidental Life Insurance Company of America	-----	Jan. 1, 1954
	Mar. 5, 1906 / ------	----------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	April 26, 1962

FORM BH 56067

APR 26 1962

McPheters

DELAYED CERTIFICATE OF BIRTH

STATE OF TOWN

REGISTRANT (person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth
	3. Color or Race (A, B, C)	4. Place of Birth (a. County) (b. City or Town of Birth)
FATHER	5. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true in the best of my knowledge and belief.	10. Signature of Registrant / 11. Present Address of Registrant
NOTARY (seal)	Subscribed and sworn to before me	12. Signature of Notary / 13. Notary Commission expires

DO NOT WRITE BELOW THIS LINE

SECOND CERTIFICATE	Name of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Birth Place	Full Name of Mother	Name of Father
	Birth Place	By whom issued and signed	Date Issued / Date Orig. Entry
	Birth Place	Full Name of Mother	Name of Father
	Date of Birth / Birth Place	By whom issued and signed	Date Issued / Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father

CERTIFICATE OF BIRTH

REGISTRAR CERTIFICATE (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that forwarded evidence has been reviewed. [illegible] as set forth in the [illegible] of contract.

State Registrar / Evidence reviewed by / Date Filed

845-120-022-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No De-62-357

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Glenn Huntsman			2. Date of Birth (month) November (day) 20 (year) 1906
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Marysville
FATHER	6. Full Name of Father: John Huntsman			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lucy E. Hardy			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Glenn W. Huntsman		11. Present Address of Registrant: 317 J. St, Rupert, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 25, 19 62	12. Signature of Notary: Lillian T. Gordon		13. Notary Commission expires: December 1, 19 62

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified photo copy of church record of membership	By whom issued and signed: Clark Cameron, Bishop, LDS Church, Rupert 3rd Ward, Ida.	Date Issued: April 22, 1962	Date Orig. Entry: baptized July 4, 1914	
	Date of Birth: Nov. 20, 1906	Birth Place: Marysville, Idaho	Full Name of Mother: Lucy E. Hardy	Name of Father: John Huntsman	
SUPPORTING RECORD 2.	Type of Document: affidavit by neighbor at time of birth, age: 86	By whom issued and signed: Hattie Loosli	Date Issued: April 24, 1962	Date Orig. Entry: ----	
	Date of Birth: Nov. 20, 1906	Birth Place: Marysville, Idaho	Full Name of Mother: Lucy E. Huntsman	Name of Father: John Huntsman	
SUPPORTING RECORD 3.	Type of Document: statement pertaining to lodge record	By whom issued and signed: Nicholas Ney, Sec. Caldwell B.P.O.E. Lodge No. 1148	Date Issued: April 24, 1962	Date Orig. Entry: Jan. 24, 1957	
	Date of Birth: Nov. 20, 1906	Birth Place: Marysville, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: April 27, 1962

FORM BH 56067

1 copy paid 4-19-62

APR 27 1982

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

331-124-016-395

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-367
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lynn Osborn Clark	2. Date Of Birth (month) (day) (year): May 24 1906
	3. Color or Race: white; 4. Sex: Male; 5. Place of Birth a. County: ~~Marion~~ Cassia	b. City or Town of Birth: Marion
FATHER	6. Full Name of Father: Peter Osborn Clark	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Julia Hortense Lind	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lynn O. Clark; 11. Present Address of Registrant: R#2 Box 82 Tremonton, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: april 30 19 62	12. Signature of Notary: Don Williams; 13. Notary Commission expires: 10-5 19 64

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church record		By whom issued and signed: Morris A. Smith, Bishop	Date issued: Sept. 19, 1940	Date Orig. Entry: baptized Aug. 1, 1914
Class*	Date of Birth: May 24, 1906	Birth Place: Marion, Idaho Cassia County	Full Name of Mother: Julia H. Lind	Name of Father: Peter O. Clark	
SUPPORTING RECORD 2.	Type of Document: Census record		By whom issued and signed: U.S. Bureau of the Census Washington, D.C.	Date issued: Mar. 14, 1962	Date Orig. Entry: Jan. 1, 1920
Class	Date of Birth: Age: 13	Birth Place: Idaho	Full Name of Mother: Julia Clark	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: statement concerning application for employment		By whom issued and signed: Walter D. Talbot, Superintendent Box Elder Co. School Dist.	Date issued: June 22 1961	Date Orig. Entry: Sept. 15, 1938
Class	Date of Birth: May 24, 1906	Birth Place: Marion, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	May 2, 1926

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 9 1962

STATE OF IDAHO

319-22-011-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-397

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RACHEL ANN CARRATT			2. Date Of Birth (month) (day) (year): May 12, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonners Ferry (Boundary County)	b. City or Town of Birth: Bonners Ferry
FATHER	6. Full Name of Father: Henry Burgess Carratt			7. State or Country of Father's Birth: Sabula, Jackson Co., Iowa
MOTHER	8. Full Maiden Name of Mother: Lauvina Hooker			9. State or Country of Mother's Birth: Bateman County, Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rachel Ann Carratt		11. Present Address of Registrant: Goldendale, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: May 14 19 62	12. Signature of Notary: Iris C. Layman		13. Notary Commission expires: July 4 19 65

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage certificate		By whom issued and signed: Vesta Tebbs, Auditor	Date Issued: Feb. 15, 1962	Date Orig. Entry: Dec. 12, 1927
	Date of Birth: Age: 21	Birth Place: Idaho	Full Name of Mother: Lauvina Hooker	Name of Father: Henry V. Carratt	
SUPPORTING RECORD 2.	Type of Document: affidavit by aunt, age: 80		By whom issued and signed: Nellie Carratt Tallman	Date Issued: Feb. 15, 1962	Date Orig. Entry: ———
	Date of Birth: May 12, 1906	Birth Place: Bonners Ferry, Ida.	Full Name of Mother: Louvina Hooker Carratt	Name of Father: Henry Burgess Carratt	
SUPPORTING RECORD 3.	Type of Document: statement regarding insurance information		By whom issued and signed: Old Republic Credit Life Insurache	Date Issued: ———	Date Orig. Entry: Oct. 1, 1955
	Date of Birth: Age: 49	Birth Place: ———	Full Name of Mother: ———	Name of Father: ———	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	May 16, 1962

FORM BH 56067

1 copy paid 5-3-62

MAY 17 1962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Accession No. De-62-397

REGISTRANT	Registrant's Full Name of Birth: BARBARA ANN CARRATT	2. Date of Birth (month) (day) (year): May 12 1906
Person whose birth is being registered	3. Sex: Fe	4. Sex: Female
	5. Place of Birth: Bonners Ferry (Boundary County)	6. City or Town of Birth: Bonners Ferry
FATHER	8. Full Name of Father: Henry Burgess Carratt	7. Place or Country of Father's Birth: Sabula Jackson Co. Iowa
MOTHER	9. Full Maiden Name of Mother: Sauvina Hooker	8. Place or Country of Mother's Birth: Freeman County Virginia
APPLICANT	1. Person declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant:
		11. Present Address of Registrant: Goldendale, Washington
	Subscribed and sworn to before me on: May 14 1962	12. Signature of Notary:
		13. Notary Commission expires: July 1 1965

APPLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Name of Document: Certified copy of marriage certificate	By whom issued and signed: Vesta Tabor, Auditor	Date Issued: Feb. 15, 1962	Date Orig. Entry: Dec. 12, 1962
	Date of Birth: Dec. 21 1906	Full Name of Mother: Sauvina Hooker	Name of Father: Henry Burgess Carratt	
SUPPORTING RECORD 2	Type of Document: Affidavit by Mrs. Age: 80	By whom issued and signed: Nellie Carratt Tallman	Date Issued: Feb. 15, 1962	Date Orig. Entry: ----
	Date of Birth: Dec. 12, 1906	Full Name of Mother: Sauvina Hooker Carratt	Name of Father: Henry Burgess Carratt	
SUPPORTING RECORD 3	Type of Document: Statement Regarding Insurance Information	By whom issued and signed: Old Republic Credit Life Insurance	Date Issued: ----	Date Orig. Entry: Oct. 1, 1962
	Date of Birth: Dec. 12 1906	Full Name of Mother: ----	Name of Father: ----	
CERTIFICATION INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which accentuates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Shirley Miller	May 16, 1962

1 copy paid 5-3-62

FORM BH 26987

763-225-035-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-401

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Goldsmith			2. Date Of Birth: (month) June (day) 25 (year) 1906	
	3. Color or Race: W	4. Sex: F	5. Place of Birth: a. County: Lewiston, NezPerce	b. City or Town of Birth: Lewiston	
FATHER	6. Full Name of Father: Fred Goldsmith			7. State or Country of Father's Birth: Switzerland	
MOTHER	8. Full Maiden Name of Mother: Rosa Kuenzli			9. State or Country of Mother's Birth: Switzerland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertha Bailey		11. Present Address of Registrant: 1611 Cowlitz Way, Kelso, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 11, 1961	12. Signature of Notary: Alice Gleason		13. Notary commission expires: June 9, 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Rosa Goldsmith		Date Issued: May 10, 1962	Date Orig. Entry: ------
	Date of Birth: June 25, 1906 / Birth Place: Lewiston, Idaho	Full Name of Mother: Rosa Goldsmith		Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: statement pertaining to voting register	By whom issued and signed: Lora Blackstone, City Clerk		Date Issued: Sept. 7, 1961	Date Orig. Entry: Oct, 4, 1950
	Date of Birth: June 25, 1906 / Birth Place: Idaho	Full Name of Mother: ½----------		Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: application for membership	By whom issued and signed: Woman's Benefit Association, Port Huron, Michigan		Date Issued: Oct, 19, 1961	Date Orig. Entry: July 25, 1947
	Date of Birth: June 25, 1906 / Birth Place: Lewiston, Idaho	Full Name of Mother: Rose Kenzle		Name of Father: Fred Goldsmith	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller		Date Filed: May 17, 1962	

FORM BH 56067

MAY 17 1962

(FACT) CERTIFICATE OF BIRTH

(Type or Print)

1. Name of child		2. Sex	3. Date of birth
4. Place of birth (County)		5. City or town of birth	
6. Name of father		7. Name of mother before first marriage	
8. Father's usual residence		9. Mother's usual residence	
10. Color or race of father	11. Age of father at last birthday	12. Color or race of mother	13. Age of mother at last birthday
14. Number of previous children of this mother		15. Number of previous children of this mother now living	
16. Number of previous children of this mother now dead		17. Number of other children born dead	
18. Name and address of person reporting birth		19. Date received by local registrar	
20. Signature of local registrar		21. Date registered by local registrar	

I hereby certify that I attended the birth of the child above named, who was born alive at the time stated above.

22. Signature	23. Address
24. Date signed	

25. Was child born dead? (Yes or no)

26. If child was born dead, was there a report of death?

27. If child was born dead, was there a certificate of death?

28. If child was born dead, was there a report of fetal death?

29. If child was born dead, was there a permit for disposal?

30. If child was born dead, was there a certificate of birth?

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964-108-010-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 62-407

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Jesse Rounds			2. Date Of Birth (month) March (day) 8 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Bonneville	b. City or Town of Birth: Iona
FATHER	6. Full Name of Father: William H. Rounds			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Emma L. Beach			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Chas. Rounds		11. Present Address of Registrant: 1825 Royal Oaks Dr. Duarte Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: April 17 1962	12. Signature of Notary: Jay R Waite		13. Notary Commission expires: My Commission Expires Apr. 8, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photo copy of church record		By whom issued and signed: Claude J. Adams, Monrovia Ward Bishopric	Date issued: ---	Date Orig. Entry: baptized May 31, 1921
	Date of Birth: Mar. 8, 1906	Birth Place: Iona, Idaho Bonneville, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: State Dept. of Calif. Public Health	Date issued: May 2, 1962	Date Orig. Entry: December 6, 1928
	Date of Birth: Age 22	Birth Place: Idaho	Full Name of Mother: ---------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by relative age 66		By whom issued and signed: L. G. Peterson	Date issued: -------	Date Orig. Entry: May 21, 1962
	Date of Birth: March 8, 1906	Birth Place: Iona, Idaho	Full Name of Mother: Emma Louise Beach	Name of Father: William Henry Rounds	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: sm Elaine Coy	Date Filed: May 21, 1962

FORM BH 56067 Copy Pd. # 9821 2-15-62

MAY 21 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De 52-407

REGISTRATION	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): Mayor 8 1906	
	3. Color or Race: [illegible]	4. Place of Birth: [illegible]	5. Place of Birth: Ionaville
	6. Full Name of Father: William H. [illegible]	7. State or Country of Father's Birth: Utah	
	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: Utah	
APPLICANT	1. Hereby declare that the statements [illegible]	2. Signature of Registrant: [illegible]	3. Present Address of Registrant: 1925 Royal Cana Dr. Fresno
NOTARY (Seal)	Sworn to and sworn to before me	2. Signature of Notary: [illegible]	3. Notary Commission expires: [illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: —	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2	Type of Document: Own childs birth certificate	By whom issued and signed: State Dept. of Calif. Public Health	Date Issued: May 2, 1962	Date Orig. Entry: December 6, 1923
	Date of Birth: Age 22	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: -------
SUPPORTING RECORD 3	Type of Document: Affidavit by relative age 66	By whom issued and signed: L. G. Peterson	Date Issued: -------	Date Orig. Entry: May 21, 1962
	Date of Birth: March 8, 1905	Birth Place: Inna, Idaho	Full Name of Mother: Emma Louise Beach	Name of Father: William Henry Rounds

QUALIFIED INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
W. W. Benson	Elaine Coy	May 21, 1962

2-15-62

154-210-033-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 62-444

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Ione Anderson			2. Date of Birth (month) (day) (year): August 10, 1906
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Madison	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Olaf Shenstrum Anderson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Marion Bell			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ione Swendsen		11. Present Address of Registrant: Rt. #5, Box 356 Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: June 1 1962	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: File #299272	Date Issued: -----	Date Orig. Entry: August 11, 1940
	Date of Birth: Age 34 / Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Baptism Certificate	By whom issued and signed: Harry Hill, Clerk L.D.S. Church, Rexburg 2nd Ward	Date Issued: -----	Date Orig. Entry: January 2, 1915
	Date of Birth: August 10, 1906 / Birth Place: Rexburg, Madison County, Idaho	Full Name of Mother: Marion Bell	Name of Father: Olaf Anderson	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: The Mutual Life Ins. Co. of New York #4434809	Date Issued: ----	Date Orig. Entry: January 9, 1931
	Date of Birth: August 10, 1906 / Birth Place: Rexburg, Idaho	Full Name of Mother: Marian B. Anderson	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	June 1, 1962

FORM BH 56067

5-16-62

JUN 4 1982

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De 62-444

REGISTERED	1. Registrant's Full Name at Birth: Myrtle Lone Anderson	2. Date of Birth (month) (day) (year): August 10, 1906	
Person whose Birth is being Registered	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Madison, Idaho
	6. City or Town of Birth: Rexburg		
FATHER	7. Full Name of Father: Olaf Shenstrum Anderson	8. State or Country of Father's Birth: Utah	
MOTHER	9. Full Maiden Name of Mother: Marion Bell	10. State or Country of Mother's Birth: Utah	
AFFIDAVIT	11. Affidavit of Person upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [illegible]	13. Present Address of Registrant: [illegible]
NOTARY (Seal)	14. Subscribed and sworn to before me on: [illegible]	15. Signature of Notary: [illegible]	16. Notary Commission expires: [illegible]

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD	Type of Document: Unofficial birth certificate	By whom issued and signed: File #299272	Date Issued: -----	Date Orig. Entry: August 11, 1906
	Date of Birth: Age 34	Birth Place: Rexburg, Idaho	Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD	Type of Document: Baptism Certificate	By whom issued and signed: Harry Hill, Clerk L.D.S. Church, Rexburg 2nd Ward	Date Issued: -----	Date Orig. Entry: January 2, 1915
	Date of Birth: August 10, 1906	Birth Place: Rexburg, Madison County, Idaho	Name of Mother: Marion Bell	Name of Father: Olaf Anderson
SUPPORTING RECORD	Type of Document: Insurance Policy	By whom issued and signed: The Mut. Life Ins. Co. of New York #4424609	Date Issued: -----	Date Orig. Entry: January 3, 1931
	Date of Birth: August 10, 1906	Birth Place: Rexburg, Idaho	Name of Mother: Marian B. Anderson	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name of Registrar	Evidence reviewed by	Date Filed
W. Benson	Elaine Coy	June 1, 1982

5-6-62

636-230-001-699

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-469
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Margaret Floed		2. Date Of Birth (month) April (day) 30 (year) 1906
	3. Color or Race: white	4. Sex: F	5. Place of Birth: Idaho a. County: Ada b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Fred Floed		7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Meta Gertrude Wright		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances Floed John	11. Present Address of Registrant: 10241 Chrysanthemum Lane Los Angeles 24, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: May 16 1962	12. Signature of Notary: Alice E. Mayer	13. Notary Commission expires: ALICE E. MAYER, Notary Public in and for the County of Los Angeles, State of California. My Commission Expires Feb. 24, 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by uncle, born 1881		By whom issued and signed: R. H. Wright, M.D.	Date issued: May 11, 1962	Date Orig. Entry: ------
Class*	Date of Birth: April 30, 1906	Birth Place: Boise, Idaho Ada County	Full Name of Mother: Meta Wright Floed	Name of Father: Fred Floed	
SUPPORTING RECORD 2.	Type of Document: statement regarding school record		By whom issued and signed: T.C. Bird, Superintendent Boise Public Schools	Date issued: April 16, 1962	Date Orig. Entry: graduated 1923
Class	Date of Birth: April 30, 1906	Birth Place: -------	Full Name of Mother: ----------	Name of Father: Fred Floed	
SUPPORTING RECORD 3.	Type of Document: Census Record		By whom issued and signed: U. S. Bureau of the Census Washington, D.C.	Date issued: June 1, 1962	Date Orig. Entry: Jan. 1, 1920
Class	Date of Birth: Age: 13	Birth Place: Idaho	Full Name of Mother: Metta Wright Floed	Name of Father: Fred Floed	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	sm Shirley Miller	June 7, 1962

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

JUN 8 1962

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name of Birth: Frances Margaret Flood
2. Date of Birth (month) April 30 (day) 1905
3. Color of Race: White
4. Sex: F
5. Place of Birth: Idaho
6. County: Ada
7. Birth or Town of Birth: Boise

FATHER

8. Full Name of Father: Fred Flood
9. State or Country of Father's Birth: Oregon

MOTHER

10. Full Name of Mother: Meta Barbara Wright
11. State or Country of Mother's Birth: Missouri

AFFIDAVIT

12. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief
13. Signature of Registrant: [illegible]
14. Present Address of Registrant: 10[illegible] Chrysanthemum Lane, Los Angeles 24, Calif.

NOTARY (Seal)

15. Subscribed and sworn to before me on
16. Signature of Notary
17. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document: affidavit by uncle, born 1882
By whom issued and signed: R. H. Wright, M.D.
Date Issued: May 11, 1962
Date Orig. Entry: ——

Date of Birth: April 30, 1905
Birth Place: Boise, Idaho, Ada County
Full Name of Mother: Meta Wright Flood
Name of Father: Fred Flood

SUPPORTING RECORD 2

Type of Document: Statement regarding school record
By whom issued and signed: [illegible] Superintendent, Boise Public Schools
Date Issued: April 30, 1962
Date Orig. Entry: Graduated 1923

Date of Birth: April 30, 1905
Birth Place: ——
Full Name of Mother: ——
Name of Father: Fred Flood

SUPPORTING RECORD 3

Type of Document: Census Record
By whom issued and signed: [illegible]
Date Issued: June 1, 1962
Date Orig. Entry: Jan. 1, 1920

Date of Birth: [illegible]
Birth Place: [illegible]
Full Name of Mother: Meta Wright Flood
Name of Father: Fred Flood

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [signature]
Evidence reviewed by: [illegible]
Date Filed: June 7, 1962

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class 1 Records are those made after the fourth birthday but are all dated yearly [illegible]

633-21-7028 - 666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-520

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Gertrude Offer			2. Date of Birth (month) (day) (year): December 17 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Coeur d'Alene Kootenai Idaho	b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: Louis Henry Offer			7. State or Country of Father's Birth: Missouri - U.S.A.
MOTHER	8. Full Maiden Name of Mother: Mary Offer			9. State or Country of Mother's Birth: Missouri - U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred G. Mumford		11. Present Address of Registrant: 414 "I" S.W. Quincy, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: 10th FEBRUARY 1962	12. Signature of Notary: Shirley Miller		13. Notary Commission expires: March 9 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by brother, born Feb. 9, 1891	By whom issued and signed: Irving D. Offer	Date Issued: Jan. 31, 1962	Date Orig. Entry: --
	Date of Birth: Dec. 17, 1906 / Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Mary Offer	Name of Father: Louis Offer	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage affidavit	By whom issued and signed: E. W. Larson, County Recorder Kootenai County, Idaho	Date Issued: Jan. 30, 1962	Date Orig. Entry: Sept. 14, 1937
	Date of Birth: Age: 30 / Birth Place: --	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U.S. Bureau of the Census Washington, D.C.	Date Issued: June 4, 1962	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 13 / Birth Place: Idaho	Full Name of Mother: Mary Offer	Name of Father: Louis H. Offer	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm Shirley Miller	July 2, 1962

FORM BH 56067 1-2-62

JUL 3 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

252-217-032-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-574

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ina Best		2. Date of Birth (month) April (day) 17 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone, Idaho Lincoln	b. City or Town of Birth: Shoshone
FATHER	6. Full Name of Father: Charles Thomas Best		7. State or Country of Father's Birth: Omphgent Township, Illinois	
MOTHER	8. Full Maiden Name of Mother: Dorothy Kathryn LaSarde		9. State or Country of Mother's Birth: Decatur, Georgia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ina Clements	11. Present Address of Registrant: 4109 Melrose, Granite City Ill.	
NOTARY (Seal)	Subscribed and sworn to before me on: July 19 1962	12. Signature of Notary: Helen Mueller	13. Notary Commission expires: August 8 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding school record	By whom issued and signed: H. G. Brockmeier, Sec. of Board of Education	Date Issued: July 19, 1962	Date Orig. Entry: March 1919
	Date of Birth: April 17, 1906	Birth Place: --------	Full Name of Mother: ----------	Name of Father: Thomas Best
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Dorothy Kathryn Best	Date Issued: July 19, 1962	Date Orig. Entry: --------
	Date of Birth: April 17, 1906	Birth Place: Shoshone, Idaho Lincoln County	Full Name of Mother: Dorothy Kathryn Best	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: File No. 34631, Illinois	Date Issued: July 19, 1962	Date Orig. Entry: child born Nov. 12, 1929
	Date of Birth: Age: 23	Birth Place: Shoshone, Idaho	Full Name of Mother: ----------	Name of Father: ----------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Miller	July 24, 1962

FORM BH 56067

6-13-62

JUL 24 1992

499-120-029-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-607

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Dean Driskill			2. Date Of Birth (month) 6 (day) 20 (year) 1906
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: John Sidney Driskill			7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Ethel Moore			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles D Driskill		11. Present Address of Registrant: Rt. 2 Box 391 Walla Walla, Wn.
NOTARY (Seal)	Subscribed and sworn to before me on: July 13 1962	12. Signature of Notary: Edith Ellan		13. Notary Commission expires: March 17 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photo copy of application for social security account No.	By whom issued and signed: U. S. Treasury Department	Date Issued: ----	Date Orig. Entry: Sept. 6, 1938
	Date of Birth: June 20, 1906 / Birth Place: Moscowk Idaho	Full Name of Mother: Ethel Moore	Name of Father: John Sidney Driskill	
SUPPORTING RECORD 2.	Type of Document: affidavit by aunt, age: 89	By whom issued and signed: Ella Bravers	Date Issued: July 13, 1962	Date Orig. Entry: ----
	Date of Birth: June 20, 1906 / Birth Place: Moscow, Idaho	Full Name of Mother: Ethel Moore Driskill	Name of Father: John Sidney Driskill	
SUPPORTING RECORD 3.	Type of Document: applicatinn for Medical-Surgical Expense Policy	By whom issued and signed: Reserve Life Insurance Co.	Date Issued: ---	Date Orig. Entry: Oct. 14, 1955
	Date of Birth: June 20, 1906 / Birth Place: ----------	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Shirley Miller	Date Filed: August 9, 1962

FORM BH 56067

3-23-61

AUG 14 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (Month) [illegible] (Day) [illegible] (Year) [illegible]	
	3. Color or Race: [illegible]	4. Sex: M	5. Place of Birth: [illegible] Country: [illegible]
			Mobility or Loan of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]		7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]		9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	10. Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ---- Date Orig. Entry: [illegible]
	Date of Birth: [illegible] Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible] Date Orig. Entry: [illegible]
	Date of Birth: [illegible] Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ---- Date Orig. Entry: [illegible]
	Date of Birth: [illegible] Birth Place: [illegible]	Full Name of Mother: ----	Name of Father: ----
SUPPORTING CORRELATION			

CERTIFICATION	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.	
	State Registrar: [illegible]	Evidence reviewed by: [illegible] Date Filed: August 9, 1962

386-214-003-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-633

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BERTHA AVILDA THOMAS			2. Date of Birth (month) MAY (day) 14 (year) 1906
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: BANNOCK	b. City or Town of Birth: DOWNEY, GRANT WARD
FATHER	6. Full Name of Father: NATHANIEL E. THOMAS			7. State or Country of Father's Birth: RICHMOND, CACHE COUNTY, UTAH
MOTHER	8. Full Maiden Name of Mother: SUSAN ELIZABETH WHITT			9. State or Country of Mother's Birth: OGDEN, WEBER COUNTY UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertha Avilda Thomas Merrill		11. Present Address of Registrant: Preston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 9th 1962	12. Signature of Notary: Kaye Bright		13. Notary Commission expires: Dec 17th 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: J. D. Stoddard, Clerk, LDS Church	Date Issued: Dec. 7, 1913	Date Orig. Entry: blessed July 1, 1906	
	Date of Birth: May 14, 1906	Birth Place: Grant Ward, Bannock Co, Idaho	Full Name of Mother: Susan Whitt	Name of Father: N. E. Thomas	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: John P. Bright, Bishop	Date Issued: June 7, 1914	Date Orig. Entry: baptized June 6, 1914	
	Date of Birth: May 14, 1906	Birth Place: Grant Ward, Bannock Co., Idaho	Full Name of Mother: Susie Whitt	Name of Father: Nathaniel E. Thomas	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: File No. 216196, Idaho	Date Issued: -----	Date Orig. Entry: child born Oct. 20, 1933	
	Date of Birth: Age: 27	Birth Place: Downey, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm Shirley Miller	August 20, 1962

FORM BH 56067

7-12-62

AUG 20 1962

763-210-007-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-679

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Potter			2. Date Of Birth (month) May (day) 10 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Carey, Blaine Co.	b. City or Town of Birth: Carey
FATHER	6. Full Name of Father: Adelbert Leroy Potter			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Margaret Ann Price			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elizabeth Hazel		11. Present Address of Registrant: 2805 Bristol Ave. Stockton 4, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: August 14, 1962 19	12. Signature of Notary: [signature]		13. Notary Commission expires: August 21 19 62

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Margaret Potter	Date Issued: Jan. 12, 1932	Date Orig. Entry: ----
	Date of Birth: May 10, 1906	Birth Place: Carey, Idaho Blaine County	Full Name of Mother: Margaret Potter	Name of Father: Delbert L. Potter	
SUPPORTING RECORD 2.	Type of Document: Census Record		By whom issued and signed: U.S. Bureau of the Census Washington, D.C.	Date Issued: April 13, 1962	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 13	Birth Place: Idaho	Full Name of Mother: Margaret A. Potter	Name of Father: Adelbert L. Potter	
SUPPORTING RECORD 3.	Type of Document: statement regarding school record		By whom issued and signed: Carl Huntington, Principal Minidoka County High School	Date Issued: April 5, 1957	Date Orig. Entry: entered Jan. 17, 1921
	Date of Birth: May 10, 1906	Birth Place: Carey, Idaho	Full Name of Mother: --	Name of Father: D. L. Potter	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: September 6, 1962

FORM BH 56067

SEP 6 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name of Birth: Elizabeth Potter	2. Date of Birth (month) (day) (year): May 10 1904
	3. Color or Race: White	4. Sex: Female
	5. Place of Birth (Ward, Country): Carey, Blaine Co.	6. Place of Birth (Town): Carey
FATHER	6. Full Name of Father: Adelbert Leroy Potter	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Margaret Ann Price	9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	10. Affidavit Declaration: I hereby declare upon oath that the statements are true to the best of my knowledge and belief.	11. Present Address of Registrant: 2905 Bristol Ave. Stockton 4, Calif.
	12. Signature of Registrant: [illegible]	13. Notary Commission Expires: August 21 1962
	14. Signature of Notary: [illegible]	

APPLICANT - DO NOT WRITE BELOW THIS LINE

EXPIRATION RECORD	Type of Document: Minister Mother	By whom issued and signed: Margaret Potter	Date Issued: Jan. 12, 1932	Date Orig. Entry: —
		Full Name of Mother: Margaret Potter	Name of Father: Adelbert L. Potter	
	Place of Birth: Blaine County			
SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: Margaret A. Potter	Name of Father: Adelbert L. Potter	
	Place of Birth: Ward, Idaho			
SUPPORTING RECORD 2	Type of Document: Statement regarding school	By whom issued and signed: Carl Pettington, Principal, Meadow Corners High School	Date Issued: April 5, 1931	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: —	Name of Father: S. L. Potter	
	Place of Birth: Carey, Idaho			
CONCLUSIVE INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible] Evidence reviewed by: [illegible] Date Filed: September 6, 1962

FORM NH 50057

312-223-001-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-711

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LETHA SADIE CASEBEER			2. Date Of Birth (month) June (day) 23 (year) 1906	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise	
FATHER	6. Full Name of Father: Wallace Henry Casebeer			7. State or Country of Father's Birth: Oregon	
MOTHER	8. Full Maiden Name of Mother: Elsie ~~Casebeer~~ Butler			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Letha Sadie Ross		11. Present Address of Registrant: P.O. Box 772, Medford, Ore	
NOTARY (Seal)	Subscribed and sworn to before me on: June 28, 1962	12. Signature of Notary: M. E. Diverell		13. Notary Commission expires: February 7, 1966	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Mrs. Elsie Casebeer		Date Issued: June 29, 1961	Date Orig. Entry: -----
	Date of Birth: June 23, 1906	Birth Place: Ada County Boise, Idaho	Full Name of Mother: Elsie Casebeer	Name of Father: Wallace H. Casebeer	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage return	By whom issued and signed: Patricia Watson, Deputy Clerk		Date Issued: June 20, 1962	Date Orig. Entry: Dec. 22, 1925
	Date of Birth: Age: 19	Birth Place: Boise, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U.S. Bureau of the Census Washington, D. C.		Date Issued: Sept. 6, 1962	Date Orig. Entry: April 1, 1930
	Date of Birth: Age: 23	Birth Place: Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Brown	sm pw Shirley Miller	September 20, 1962

FORM BH 56067

SEP 20 1962

559-110-006-914

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-720

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roy John Neider		2. Date Of Birth (month) May (day) 10 (year) 1906
	3. Color or Race: White-American	4. Sex: Male	5. Place of Birth a. County: Blackfoot, Bingham, Idaho; b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: John Neider		7. State or Country of Father's Birth: Bloomington, Illinois
MOTHER	8. Full Maiden Name of Mother: Lillian Mae Ramey		9. State or Country of Mother's Birth: Gate City, Scott Cty, Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roy John Neider	11. Present Address of Registrant: 4909 HawthorneRd. Pocatello,I
NOTARY (Seal)	Subscribed and sworn to before me on: August 6, 1962	12. Signature of Notary: H William Fenchner	13. Notary Commission expires: January 31, 1966.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school census record		By whom issued and signed: Elna Marlow, Deputy Clerk Bingham County, Idaho	Date Issued: Aug. 27, 1962	Date Orig. Entry: 1913
	Date of Birth: Age: 7	Birth Place: --	Full Name of Mother: ---	Name of Father: John Neider	
SUPPORTING RECORD 2.	Type of Document: Statement regarding insurance application		By whom issued and signed: Bankers Life Company	Date Issued: Aug. 8, 1962	Date Orig. Entry: Oct. 14, 1925
	Date of Birth: May 10, 1906	Birth Place: Blackfoot, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: affidavit by close friend of family at time of birth Age: 84		By whom issued and signed: Ursula Patrie	Date Issued: Sept. 21, 1962	Date Orig. Entry: --
	Date of Birth: May 10, 1906	Birth Place: Bingham County Blackfoot, Idaho	Full Name of Mother: Lillian Mae Ramey Neider	Name of Father: John Neider	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	sm Shirley Miller	September 25, 1962

FORM BH 56067

7-12-62

SEP 26 1962

OCT 29 1976

595-218-014-681

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-728

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edna Ernst
2. Date Of Birth (month) (day) (year): Sept. 18 1906
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Canyon
b. City or Town of Birth: Caldwell, Idaho

FATHER

6. Full Name of Father: George M. Ernst
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Marie Frahm
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edna Ernst Johnson
11. Present Address of Registrant: Portland, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 25 1962
12. Signature of Notary: Mildred A Coe
13. Notary Commission expires: April 6 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Confirmation	H. A. Kahle, Pastor	½----	June 22, 1924
	Date of Birth / **Birth Place**	**Full Name of Mother**		**Name of Father**
	Sept. 18, 1906 / Caldwell, Idaho	--		--
SUPPORTING RECORD 2.	own child's birth certificate	File # 24363, Idaho	--	child born July 6, 1934
	Date of Birth / **Birth Place**	**Full Name of Mother**		**Name of Father**
	Age: 27 / Idaho	--		--
SUPPORTING RECORD 3.	Certificate of Baptism	H.H. Koppelmaun, Pastor	---	baptized Dec. 27, 1906
	Date of Birth / **Birth Place**	**Full Name of Mother**		**Name of Father**
	Sept. 18, 1906 / Caldwell, Idaho	Marie Frahm		George Martin Ernst

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	October 1, 1962

FORM BH 56067

8-15-62 1 copy paid

OCT 1 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registration Full Name of Birth		2. Date of Birth (month) (day) (year)
3. Sex	4. Place of Birth	5. City or Town of Birth
6. Full Name of Father		7. State or Country of Father's Birth
8. Maiden Name of Mother		9. State or Country of Mother's Birth
10. Signature of Registrant		11. Present Address of Registrant
12. Signature of Mother		13. Notary Commission Expires

SEAL OF CERTIFICATE

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Name of Father
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed

FORM 60 Sheet

-15-62 1 copy rec'd

U83-129025-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-740

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lawrence Frank Uhlenkott			2. Date Of Birth (month) (day) (year): May 29, 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Keuterville	
FATHER	6. Full Name of Father: Herman W. Uhlenkott			7. State or Country of Father's Birth: Minnesota	
MOTHER	8. Full Maiden Name of Mother: Anna Regina Bieker			9. State or Country of Mother's Birth: Indiana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lawrence Frank Uhlenkott	11. Present Address of Registrant: 337 Silett - Lewiston, Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: October 1 1962		12. Signature of Notary: Arleen Bagstad	13. Notary Commission expires: 12-11 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: The Assumption of Ferdinand, Idaho	Date Issued: July 12, 1957	Date Orig. Entry: July 1, 1906
	Date of Birth: May 29, 1906	Birth Place: Keuterville, Idaho	Full Name of Mother: Anna Bieker	Name of Father: Herman W. Uhlenkott	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: H. W. Uhlenkott	Date Issued: --------	Date Orig. Entry: February 15 1941
	Date of Birth: May 29, 1906	Birth Place: Keuterville, Idaho	Full Name of Mother: Anna Regina Bieker	Name of Father: Herman W. Uhlenkott	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certif.		By whom issued and signed: File # 312537	Date Issued: -------	Date Orig. Entry: April 6, 1941
	Date of Birth: AGe 34	Birth Place: Keuterville, Idaho	Full Name of Mother: --------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: ec Shirley Miller	Date Filed: October 3, 1962

FORM BH 56067

OCT 23 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of Birth	Lorenzo Frank Uhlenkott	2. Date of Birth	May 20, 1906
3. Place of Birth	Idaho	4. Town of Birth	Kootenai
5. Name of Father	Herman W. Uhlenkott	6. Place of Country of Father's Birth	Idaho
7. Name of Mother	Irma Regina Bleker	8. Place of Country of Mother's Birth	Idaho
9. Signature of Registrar		10. Present Address of Registrar	
11. Signature of Registrar		12. Signature of Registrar	
13. Signature of Notary		14. Notary Commission expires	

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: [illegible]	Date Issued: July 12, 1906	Date Orig. Entry: July 1, 1906
	Date of Birth: [illegible]	Birth Place: Kootenai, Idaho	Name of Father: Herman W. Uhlenkott	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: [illegible] Uhlenkott	Date Issued:	Date Orig. Entry: February 1, 1907
	Date of Birth: May 20, 1906	Birth Place: Kootenai, Idaho	Name of Father: Herman W. Uhlenkott	
SUPPORTING RECORD 3.	Type of Document: Non-child birth certif.	By whom issued and signed: File # [illegible]	Date Issued:	Date Orig. Entry: April 6, 1941
	Date of Birth: Age 34	Birth Place: Kootenai, Idaho	Name of Father:	
CERTIFICATION				

Laboratory certifies that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that corroborative evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registered	Evidence Reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

363-108-016-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De62-768

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cyrus Henry Tolman			2. Date Of Birth (month) (day) (year): Feb 8 1906	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Marion Cassia	b. City or Town of Birth: Marion, Idaho	
FATHER	6. Full Name of Father: Aaron Alexander Tolman			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Martha Barrett			9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cyrus Henry Tolman		11. Present Address of Registrant: Rt 1 So Box 268 B Pocatello, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 17 1962	12. Signature of Notary: B Black Frost		13. Notary Commission expires: Sept 14 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record L.D.S. Church	By whom issued and signed: Ella D. Jack, Custodian of Church Membership Records		Date Issued: Sept. 28, 1962	Date Orig. Entry: baptized Sept. 5, 1914
	Date of Birth: Feb.8,1906	Birth Place: Marion, Idaho	Full Name of Mother: Martha Barrett		Name of Father: Alexander Aaron Tolman
SUPPORTING RECORD 2.	Type of Document: affidavit by neighbor at time of birth Age: 82	By whom issued and signed: James D. Jones		Date Issued: Oct.12,1962	Date Orig. Entry: --
	Date of Birth: Feb.8,1906	Birth Place: Cassia County Marion, Idaho	Full Name of Mother: Martha Barrett		Name of Father: Aaron Alexander Tolman
SUPPORTING RECORD 3.	Type of Document: Certified copy of application for employment U.P.R.R.	By whom issued and signed: C.B. Lisher, Superintended Transportation Division		Date Issued: Oct.4,1962	Date Orig. Entry: Nov.3,1948
	Date of Birth: Feb.8,1906	Birth Place: Marion, Idaho	Full Name of Mother: --		Name of Father: --
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Bean	Evidence reviewed by: Shirley Miller	Date Filed: October 18, 1962

FORM BH 56067

1 copy paid 13597 7-13-62

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 19 1962

266-209-014-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-796

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARY Helen BOWMAN
2. Date of Birth (month) (day) (year): 2 — 9 — 1906
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: CANYON
b. City or Town of Birth: NAMPA Idaho

FATHER

6. Full Name of Father: Robert Edward Lee BOWMAN
7. State or Country of Father's Birth: Notus Idaho

MOTHER

8. Full Maiden Name of Mother: Lydia JANE BOWMAN
9. State or Country of Mother's Birth: MO - (Missouri)

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Helen Bundy
11. Present Address of Registrant: 694 NW 4th Ave ONTARIO Ore

NOTARY (Seal)

Subscribed and sworn to before me on: August 3- 1962
12. Signature of Notary: [signature]
13. Notary Commission expires: My Commission Expires Dec. 9, 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Census Record	U.S. Bureau of the Census Washington, D.C.	June 19, 1962	April 15, 1910
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Age: 4 / Idaho	Lydia Bowman	Robert E. Bowman	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: File #46, Oregon	Date Issued: Sept. 20, 1962	Date Orig. Entry: child born Sept. 6, 1927
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Age: 21 / Nampa, Idaho	--	--	
SUPPORTING RECORD 3.	Type of Document: affidavit by cousin, Age: 75	By whom issued and signed: Mrs. Grace Troman Adams	Date Issued: Oct. 15, 1962	Date Orig. Entry: --
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Feb. 9, 1906 / Nampa, Idaho	Lydia Jane Bowman	Robert E. Lee Bowman	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	sm Shirley Miller	October 31, 1962

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

NOV 1 1962

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863-223-01 X-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-800

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Estella Gertrude Holmes
2. Date of Birth (month) (day) (year): October 23, 1906
3. Color or Race: white
4. Sex: Female
5. Place of Birth a. County: Canyon
b. City or Town of Birth: Payette, Idaho

FATHER

6. Full Name of Father: George Oliver Holmes
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Mary Estella Beath
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Estella Gertrude Holmes Huggett
11. Present Address of Registrant: 1312 V ave La Grande Oreg.

NOTARY (Seal)

Subscribed and sworn to before me on: October 30 1962
12. Signature of Notary: [signature]
13. Notary Commission expires: Sept 15, 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	statement regarding school records	S.S. Foote, Canyon County Auditor	Oct.10,1962	Sept. 13,1913
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 7 / - -	--	G. O. Holmes	
SUPPORTING RECORD 2.	Affidavit by sister, Age:69	Bessie Jean Holmes Miller	Oct.9,1962	--
	Oct.23,1906 / Payette, Idaho	Estella Beath Holmes	G. O. Holmes	
SUPPORTING RECORD 3.	notarized photo copy of family record	Betty Pagel, Notary Public	Oct.9,1962	obviously old
	Oct.23,1906 / Payette, Idaho	--	--	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Benson
Evidence reviewed by: Shirley Miller
Date Filed: November 2,1962

FORM BH 56067

1 copy paid 9-28-62

NOV 5 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person who is Birth or Being Registered)	1. Registrant's Full Name at Birth: Stella Gertrude Holmes	2. Date of Birth (month) (day) (year): October 23, 1905
	3. Color or Race: White	4. Sex: Female; 5. Place of Birth: Canyon; 6. County: Payette, Idaho
FATHER	7. Full Name of Father: George Oliver Holmes	8. State or Country of Father's Birth: Illinois
MOTHER	9. Full Maiden Name of Mother: Mary Estella Neate	10. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true of the best of my knowledge and belief.	11. Signature of Registrant: [illegible]
		12. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on: [illegible]	13. Signature of Notary: [illegible]
		14. Notary Commission expires: [illegible]

IMPLICATE - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: [illegible] Foote, [illegible] County [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom issued and signed: [illegible] Holmes [illegible]	Date Issued: [illegible]	Date Orig. Entry: —
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: —	Name of Father: —
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documents [illegible] has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	November 2, 1962

I copy paid [illegible]

755-109-020-442

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-807

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harvey Joseph Gendron		2. Date of Birth (month) February (day) 9 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Mountain Home, Idaho; b. City or Town of Birth: Mountain Home, Idaho
FATHER	6. Full Name of Father: Alphonse Gendron		7. State or Country of Father's Birth: Quabec, Canada
MOTHER	8. Full Maiden Name of Mother: Anastasie DuBois		9. State or Country of Mother's Birth: Ontario, Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harvey J Gendron	11. Present Address of Registrant: 544 Michigan Ave No. Fond du Lac, Wis.
NOTARY (Seal)	Subscribed and sworn to before me on: August 29, 1962	12. Signature of Notary: Wm R. Slate	13. Notary Commission expires: State of Wish Permenant 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Anastasie Gendron	Date Issued: Aug. 30, 1962	Date Orig. Entry: ---
	Date of Birth: Feb. 9, 1906; Birth Place: Mountain Home, Idaho	Full Name of Mother: Anastasie DuBois	Name of Father: Apphonse Gendron	
SUPPORTING RECORD 2.	Type of Document: photo copy of application for employment	By whom issued and signed: Escanaba, Dept. Store	Date Issued: ---	Date Orig. Entry: Mar. 16, 1934
	Date of Birth: Feb. 9, 1906; Birth Place: --	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: photo copy of social security record U.S.A. R. R. Retirement Board;	By whom issued and signed: Joseph V. Martin, Director Bureau of Wage & Service	Date Issued: Oct. 29, 1962	Date Orig. Entry: Jan. 6, 1937
	Date of Birth: Feb. 9, 1906; Birth Place: Idaho	Full Name of Mother: Anna Dubois	Name of Father: Alphonse Gendron	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: November 5, 1962

FORM BH 56067 7-25-62

NOV 6 - 1962

OCT 5 1962

766-217-016255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-810

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Maud Powers			2. Date of Birth (month) (day) (year): Nov. 17, 1906	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Sublette, Ida. Cassia	b. City or Town of Birth: Sublette, Idaho	
FATHER	6. Full Name of Father: Charles Henry Powers			7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Anna Bensen			9. State or Country of Mother's Birth: Utah.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Edith M. Rossman	11. Present Address of Registrant: 1543 Oakley Ave. Burley, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: June 5, 19 58		12. Signature of Notary: Drew H. Thompson	13. Notary Commission expires: Feb. 1, 19 62	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #202153	Date Issued:	Date Orig. Entry: child born May 15, 1932
	Date of Birth: age 25	Birth Place: Sublett, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt Age: 79		By whom issued and signed: Margaret C. Roberts	Date Issued: Oct. 30, 1962	Date Orig. Entry: --
	Date of Birth: Nov. 17, 1906	Birth Place: Sublette, Idaho	Full Name of Mother: Anna Bensen Powers	Name of Father: Charles Henry Powers	
SUPPORTING RECORD 3.	Type of Document: Census Record		By whom issued and signed: U.S. Bureau of the Census Washington, D.C.	Date Issued: Feb. 28, 1961	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 13	Birth Place: Idaho	Full Name of Mother: Anna Powers	Name of Father: Charles H. Powers	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Benson	Evidence reviewed by: Shirley Miller nr	Date Filed: November 6, 1962

FORM BH 56067

NOV 8 1962

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413-229-014-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De62-811

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Lorella Maloney
2. Date of Birth (month) Sept (day) 29 (year) 1906
3. Color or Race: white
4. Sex: Female
5. Place of Birth a. County: Canyon
b. City or Town of Birth: Nampa

FATHER

6. Full Name of Father: Lawrence Maloney
7. State or Country of Father's Birth: Ireland

MOTHER

8. Full Maiden Name of Mother: Mary Rose Hanagan
9. State or Country of Mother's Birth: New York

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret Lorella McEntee
11. Present Address of Registrant: 340 Panorama Place

NOTARY (Seal)

Subscribed and sworn to before me on November 6 1962

12. Signature of Notary: Hazel L. Burkert
13. Notary Commission expires: Sept 28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Copy of Baptismal Record	St. Pauls Church, Nampa, Ida H. Herzbach, Pastor	Oct 19, 1961	baptized Oct 17, 1906
	Date of Birth Sept. 29, 1906	**Birth Place** Nampa, Idaho	**Full Name of Mother** Maria Rosa Hannegan	**Name of Father** Lawrence Maloney
SUPPORTING RECORD 2.	Own child's birth certificate	Idaho Vital Statistics #142734	---	child born April 12, 1926
	Date of Birth Age 19	**Birth Place** Nampa, Idaho	**Full Name of Mother** ----	**Name of Father** -----
SUPPORTING RECORD 3.	Life Insurance Policy	Metropolitan Life Ins. Co. New York	Aug 11, 1924	Aug 11, 1924
	Date of Birth Age Next Birthday 18	**Birth Place** ----	**Full Name of Mother** ----	**Name of Father** ----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	Nov. 6, 1962

FORM BH 56067

NOV 6 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics

State File No. 62-811

REGISTRANT

1. Name of person whose birth is being registered (first, middle, last)

2. Date of birth (month) (day) (year)

3. Sex

4. Place of birth

5. Color or Race

6. City or Town of birth

FATHER

7. Full Name of Father

8. State or Country of Father's Birth

MOTHER

9. Full Maiden Name of Mother

10. State or Country of Mother's Birth

AFFIDAVIT

11. Before me, the undersigned authority, personally appeared the above named person who is to me known to be the person whose name is subscribed to the foregoing affidavit, and who, being by me first duly sworn, deposes and says that the statements made in the foregoing affidavit are true to the best of my knowledge and belief.

12. Signature of Registrant

13. Present Address of Registrant

NOTARY

14. Subscribed and sworn to before me this ____ day of _____, 19__

15. Signature of Notary

16. Notary Commission Expires

19__

SUPPORTING RECORDS

17. Type of Documentary Evidence Submitted

Copy of Baptismal Record

18. Name and Address of Custodian of Record

St. Paula Church, Nampa, Idaho
H. Mersbach, Pastor

19. Date Issued

Sept. 29, 1962

20. Date Filed

Oct 10, 1962

21. Signature of Registrar

Maria Rosa Kenagean

22. Name of Registrar (type or print)

Lawrence Mulvey

23. Date Received by State Registrar

Oct 17, 1962

24. Remarks

CERTIFICATION

25. Type of Birth

Born in Hospital

26. Certified Copy Issued

Yes

27. Date Issued

April 16, 1926

28. Signature of Custodian

---

29. Name of Attending Physician or Midwife (type or print)

Dr. J. S. Hamilton

30. Full Name of Informant

Vital Statistics 4192:34

31. Date Issued and Signed

Idaho

32. Name of Informant

---

33. Type of Document

Life Insurance Policy

34. Name and Address of Custodian of Record

Metropolitan Life Insurance Co.
New York

35. Date Issued

Aug 11, 1924

36. Date Filed

Aug 11, 1924

37. Name of Father

---

38. Name of Mother

---

39. Age at Birth of Child

18 ----

40. Age Next Birthday

---

41. Remarks

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been issued by the Division of Vital Statistics for this registrant, and that documentary evidence, where required, satisfactorily identifies the facts as set forth in the foregoing affidavit.

Date Registered

Nov. 6, 1962

Registrar (signature)

W. L. Duncan

Residence (signature)

Joyce B. Foltz

Date Filed

Nov. 6, 1962

FORM AS 3001

881402 1034-416

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-828

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Nathaniel Secor Hyatt
2. Date Of Birth (month) Nov (day) 2 (year) 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Minidoka; b. City or Town of Birth: Heyburn

FATHER

6. Full Name of Father: John Secor Hyatt
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Xanthia Clara Dawson
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nat S. Hyatt
11. Present Address of Registrant: 153-96 St Ozone Park NY

NOTARY (Seal)

Subscribed and sworn to before me on Nov. 07, 1962

12. Signature of Notary: Jack Palmentera
JACK PALMENTERA
Notary Public, State of New York
Qualified in Queens County
No. 41-8261600
Term Expires March 30, 1964

13. Notary Commission expires 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by parents	Mr. & Mrs. John Hyatt	Oct.22, 1962	--

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.2,1906	Minidoka County Heyburn, Idaho	Mrs. John Hyatt	John Hyatt

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible Record-notarized copy	Alta Mae Boozel, Notary Public	Oct.25,1962	old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.2,1906	0---	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Record	Family Record	Obviously	old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.2,1906	Heyburn, Idaho	Xanthia Dawson	John Secor Hyatt

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Miller	November 16,1962

FORM BH 56067

10-10-62

NOV 16 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No.

APPLICANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race: 4. Sex: 5. Place of Birth: 6. City or Town of Birth: Heyburn	
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Name of Mother	9. State or Country of Mother's Birth: Heyburn
AFFIDAVIT	I hereby certify under oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: 11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on 19	12. Signature of Notary: 13. Notary Commission Expires

APPLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Mrs. Mrs. John Hyatt	Date Issued: Oct. 2, 1962	Date Orig. Entry: --
	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Title Record-Notarized copy	By whom issued and signed: Blaine Hoover, Notary Public	Date Issued: Oct. 2, 1962	Date Orig. Entry: old
	Date of Birth: Nov. 2, 1962 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: Sally Hoover	Date Issued: Oct. 2, 1962	Date Orig. Entry: old
	Date of Birth: Nov. 2, 1962 / Birth Place: Heyburn, Idaho	Full Name of Mother: Lorraine Hoover	Name of Father: John Hoover Hyatt	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date filed
[signature]	[signature]	October 16, 1962

10-10-62

796-206-004-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-835

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Martha Helen Groo
2. Date Of Birth (month) (day) (year): November sixth 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bear Lake
b. City or Town of Birth: St. Charles

FATHER

6. Full Name of Father: Howard Hunter Groo
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Martha Priscilla Clark
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Martha Helen Groo
11. Present Address of Registrant: 2320 Harrison Ogden, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: November 13 1962
12. Signature of Notary: Bryant J. Furness
13. Notary Commission expires: Feb. 22 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Statement regarding church record	Arvis S. Paschal, Ward Clerk	May 11, 1962	baptized July 17, 1915
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov.6,1906 / Bear Lake County St. Charles, Idaho	Martha Priscilla Clark	Howard Hunter Groo	
SUPPORTING RECORD 2.	certified copy of application for marriage license	Alvin Keddington, Clerk	May 22, 1962	Feb. 28, 1928
	Nov.6,1906 / St. Charles, Idaho	M. P. Clark	H. H. Groo	
SUPPORTING RECORD 3.	own child's birth certificate	File #196055, Idaho	--	child born Nov. 7, 1931
	Age: 25 / St. Charles, Idaho	--	--	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: Shirley Miller
Date Filed: November 19, 1962

FORM BH 56067 5-10-62

NOV 19 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

851-205-020-749

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De62-846

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Madge Vesta Yearian		2. Date Of Birth (month) (day) (year): Aug. 6 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonner; b. City or Town of Birth: Leadore, Rural
FATHER	6. Full Name of Father: George Wells Yearian		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Annie Mary Purcell		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Madge Yearian Jaffe	11. Present Address of Registrant: Box 17479 C.S., Lafayette La.
NOTARY (Seal)	Subscribed and sworn to before me on: 11/14 1962	12. Signature of Notary: Emery P. Gaudry	13. Notary Commission expires: Life 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affadavit by Mother	By whom issued and signed: Annie Mary Yearian	Date Issued: Nov. 19, 1962	Date Orig. Entry:
	Date of Birth: Aug. 6, 1906 / Birth Place: Leadore, Idaho Rural	Full Name of Mother: Annie Mary Purcell	Name of Father: George Wells Yearian	
SUPPORTING RECORD 2.	Type of Document: Certified copy of Marriage Register No. 3 #2963	By whom issued and signed: County Recorder, Canyon Cou nty, Caldwell, Idaho	Date Issued: Nov. 19 1962	Date Orig. Entry: Sept 15, 1928
	Date of Birth: Age 22 / Birth Place: Leadore, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: Norman Winters, Principal Link's School of Business	Date Issued: Nov 20, 1962	Date Orig. Entry: enrolled March 11, 1927
	Date of Birth: Age 20 / Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	hh Joyce B. Foltz	Nov 20, 1962

FORM BH 56067

NOV 20 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-865

7 off

REGISTRANT — 1. Registrant's Full Name at Birth — 2. Date of Birth (month) (day) (year)

(Person whose birth is being registered) — 3. Color or Kind — 4. Sex — 5. Place of Birth (a. County) — 6. Duty of Town or Birth

PARENT — 7. Full Name of Father — 8. State or Country of Father's Birth

9. Full Maiden Name of Mother — 9. State or Country of Mother's Birth

10. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief. — 10. Signature of Registrant — 11. Present Address of Registrant

Subscribed and sworn to before me on — 12. Signature of Notary — 13. Notary Commission expires

19 — 19

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Annie Mary Yearian	Date Issued: Nov. 19, 1962	Date Orig. Entry
	Date of Birth: Aug. 6, 1962 — Place of Birth: Leadore, Idaho Rural	Full Name of Mother: Annie Mary Purcell	Name of Father: George Wells Yearian	
SUPPORTING RECORD 2.	Type of Document: Certified copy of Marriage Register No. 3 #2963	By whom issued and signed: County Recorder, Canyon County, Caldwell, Idaho	Date Issued: Nov. 19, 1962	Date Orig. Entry: Sept 15, 1926
	Date of Birth: Age 22 — Birth Place: Leadore, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: Norman Winters, Principal Link's School of Business	Date Issued: Nov 20, 1962	Date Orig. Entry: enrolled March 11, 1947
	Date of Birth: Age 20 — Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal) — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts at set forth in the foregoing abstract.

State Registrar	Evidence Certified by	Date Filed
W. W. Benson	Joyce B. Foltz	Nov 20, 1962

FORM 201 REC

036-230-025-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-855

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Zella Scott
2. Date Of Birth (month) Sept. (day) 30th (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Melrose Idaho
b. City or Town of Birth: Melrose Ida.

FATHER

6. Full Name of Father: James Raymond Scott
7. State or Country of Father's Birth: Near Little Cupp Called Newcomer Ohio

MOTHER

8. Full Maiden Name of Mother: Millie Elizabeth Cattebery
9. State or Country of Mother's Birth: Frontier County Nebr.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Zella Saunsered
11. Present Address of Registrant: 269 Newport Apt. #3 Lewiston Oreg.

NOTARY (Seal)

Subscribed and sworn to before me on: October 1 1962
12. Signature of Notary: J. R. Buchanan
13. Notary Commission expires: July 11 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	affidavit by father	James R. Scott	Nov.1,1962	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept. 30, 1906 / Melrose, Idaho	Millie E. Scott	James R. Scott	
SUPPORTING RECORD 2.	statement regarding lodge membership	Ladies Auxiliary, Fraternal Order of Eagle #2909	Sept. 24, 1962	May 15, 1950
	Sept. 30, 1906 / ---	---	---	
SUPPORTING RECORD 3.	photo copy of application for insurance	Royal Neighbors of America	---	Dec.19, 1927
	Sept. 30, 1906 / Melrose, Idaho	--	--	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Benson
Evidence reviewed by: sm Shirley Miller
Date Filed: November 23,1962

FORM BH 56067 7-20-62

NOV 23 1962

866-22-026-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-879

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leatha Luella Howard
2. Date of Birth (month) (day) (year): February 26 1906
3. Color or Race: ~~White~~
4. Sex: female
5. Place of Birth a. County: Menan Jefferson
   b. City or Town of Birth: Menan

FATHER

6. Full Name of Father: Joseph Samuel Howard
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Susie Jacaway
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leatha Luella Howard Clark
11. Present Address of Registrant: Ririe Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: November 14 1962
12. Signature of Notary: [signature]
13. Notary Commission expires: March 26 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own child's birth certificate	File #157809, Idaho	---	child born Nov. 16, 1927
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 21 / Menan, Idaho	--	--	
SUPPORTING RECORD 2.	Certificate of Blessing	Earl Hunter, Bishop	Nov.26,1962	blessed Mar. 12, 1906
	Feb.26,1906 / Fremont County ~~Menan,~~ Idaho	Susie Jacaway	Jospeh Samuel Howard	
SUPPORTING RECORD 3.	affidavit by neighbor at time of birth Age: 90	Hannah Dudley Poole	Nov. 14, 1962	--
	Feb.25,1906 / Jefferson County Menan, Idaho	Susie Jacaway Howard	Joseph Samuel Howard	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Shirley Miller	November 30,1962

FORM BH 56067

DEC 4 1962

815-108-003-437

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-884

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Don- Carlos Hansen 712-03-4779
2. Date of Birth (month) (day) (year): 2- 8- 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: McCammon- Bannock
b. City or Town of Birth: McCammon.

FATHER

6. Full Name of Father: John- Edmond Hansen
7. State or Country of Father's Birth: Utah-

MOTHER

8. Full Maiden Name of Mother: Mary- Elizabeth. McCrary
9. State or Country of Mother's Birth: Utah. (Box Elder.Co)

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Don Carlos Hansen
11. Present Address of Registrant: 353 Washington Ave Pocatello Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 20 day of Nov 1962
12. Signature of Notary: Cyrus H. Wheelock
13. Notary Commission expires: May 1 1963

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Ordination to the Holy Priesthood	Royal Hale, High Priest; LDS church	0--	ordained Jan. 26, 1920
	Date of Birth Feb.8,1906	**Birth Place** Bannock County McCammon, Idaho	**Full Name of Mother** Mary E. McCrary	**Name of Father** John E. Hansen
SUPPORTING RECORD 2.	Certificate of Baptism and Confirmation	Peter Hansen, Ward Clerk	---	baptized Aug. 1, 1914
	Date of Birth Feb.8, 1906	**Birth Place** McCammon, Idaho	**Full Name of Mother** Mary E. McCrary	**Name of Father** John Hansen
SUPPORTING RECORD 3.	Designation or Change of Beneficiary	Railroad Retirement Board	---	May 6, 1940
	Date of Birth Feb.8,1906	**Birth Place** ---	**Full Name of Mother** ---	**Name of Father** - ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm Shirley Miller	December 5, 1962

FORM BH 56067

DEC 6 1962

Hansen

653-113-018-29

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-910
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lester J. Wells		2. Date of Birth (month) Sept. (day) 13 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County Idaho Clearwater; b. City or Town of Birth Weippe
FATHER	6. Full Name of Father: Joseph R. Wells		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Lucy Ethel Simmons		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lester J. Wells	11. Present Address of Registrant: 713-2nd St. Lewiston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 7th 1962	12. Signature of Notary: J. W. Storm	13. Notary Commission expires: 3-12 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding school census record	By whom issued and signed: Gayle Hayden, Clerk of District Court	Date Issued: April 6, 1956	Date Orig. Entry: Sept. 7, 1915
Class*	Date of Birth: Age: 8	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: affidavit by aunt; age: 78	By whom issued and signed: Viola Simmons	Date Issued: April 6, 1956	Date Orig. Entry: --
Class	Date of Birth: Sept. 13, 1906	Birth Place: Clearwater County Weippe, Idaho	Full Name of Mother: Lucy Ethel Simmons	Name of Father: Joseph R. Wells
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U.S. Bureau of the Census Washington, D.C.	Date Issued: Nov. 30, 1962	Date Orig. Entry: Jan. 1, 1920
Class	Date of Birth: Age: 13	Birth Place: Idaho	Full Name of Mother: Lucy E. Wells	Name of Father: Joseph R. Wells
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: December 12, 1962

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 18 1962

343-217-006-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-918

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alta Estella Cutler			2. Date Of Birth (month) (day) (year): August 17, 1906
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Lincoln, Idaho
FATHER	6. Full Name of Father: Joseph Albert Cutler			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Estella Maria Woodhouse			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alta C. Kuest		11. Present Address of Registrant: Vernal, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 31 1962	12. Signature of Notary: Morris R. Cook		13. Notary Commission expires: County Clerk 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of application for license to marry	By whom issued and signed: Alvin Kedding, Clerk	Date Issued: Nov.4,1962	Date Orig. Entry: April 29, 1935
	Date of Birth: Aug.17,1906 / Birth Place: Lincoln, Idaho	Full Name of Mother: Estella M. Woodhouse	Name of Father: Joseph A. Cutler	
SUPPORTING RECORD 2.	Type of Document: affidavit by father	By whom issued and signed: Joseph A. Cutler	Date Issued: Nov.13,1962	Date Orig. Entry: ---
	Date of Birth: Aug.17,1906 / Birth Place: Lincoln, Idaho	Full Name of Mother: Stella Cutler	Name of Father: Joseph A. Cutler	
SUPPORTING RECORD 3.	Type of Document: photo copy of application for social security account no.	By whom issued and signed: U.S. Treasury Department	Date Issued: ---	Date Orig. Entry: June 14, 1952
	Date of Birth: Aug.17, 1906 / Birth Place: Lincoln, Idaho	Full Name of Mother: Estella Maria Woodhouse	Name of Father: Joseph Albert Cutler	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Miller	December 17, 1962

FORM BH 56067 1-26-61

DEC 24 1962
JUL 7 1971

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Registrar's Full Name at Birth: Alma Estella Cutler

Date of Birth: August 17, 1962

Sex: Female

Place of Birth: Lincoln, Idaho

Father: Joseph Albert Cutler

Mother: Estella Maria Woodhouse

Affidavit: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Signature of Registrar: [signature]

Present Address of Registrant: Vernal, Utah

Notary: Subscribed and sworn to before me on

Signature of Notary

Notary Commission expires

SUPPORTING RECORD 1

Type of Document: [illegible]

By whom issued and signed: [illegible]

Date Issued: [illegible]

Date Orig. Entry: [illegible]

Date of Birth: [illegible]

Birth Place: [illegible]

Full Name of Mother: Estella Cutler

Name of Father: [illegible]

SUPPORTING RECORD 2

Type of Document: [illegible]

By whom issued and signed: [illegible]

Date Issued: [illegible]

Date Orig. Entry: [illegible]

Date of Birth: [illegible]

Birth Place: [illegible]

Full Name of Mother: Estella Maria Woodhouse

Name of Father: [illegible]

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing contract.

State Registrar: [signature]

Evidence reviewed by: [illegible]

Date Filed: December 13, 1962

FORM NO. [illegible]

133-20-1040 -849

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-926

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: IRMA CLARA ATCHISON		2. Date Of Birth (month) May (day) 4th (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Wallace
FATHER	6. Full Name of Father: WILLIAM ATCHISON		7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Grace Quinby		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Irma Clara Atchison (Barcel)	11. Present Address of Registrant: 1628 S. E. Ladd Avenue, Portland Ore	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 29th 1962	12. Signature of Notary: L M. Kasper	13. Notary Commission expires: May 4th 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photo copy of application for insurance	By whom issued and signed: The Prudential Insurance Co. of America	Date Issued: ---	Date Orig. Entry: May 7, 1950	
	Date of Birth: May 4,1906	Birth Place: ----------	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Grace M. Bohn	Date Issued: Nov.28, 1962	Date Orig. Entry: ---	
	Date of Birth: May 4,1906	Birth Place: Wallace, Idaho	Full Name of Mother: Grace Atchison	Name of Father: William Atchison	
SUPPORTING RECORD 3.	Type of Document: statement regarding employment application; B & C Dept. Store- Portland, Oregon	By whom issued and signed: M. Bloomenthol,	Date Issued: Dec.14,1962	Date Orig. Entry: Aug. 14, 1950	
	Date of Birth: May 4,1906	Birth Place: Wallace, Idaho	Full Name of Mother: ---	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Rayson	Evidence reviewed by: sm Shirley Miller	Date Filed: December 19, 1962

FORM BH 56067

12-18-62

DEC 19 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IOWA

Division of Vital Statistics
Polsa, Iowa

State File No. [illegible]

REGISTRAR: Registrar's Full Name as Birth
Registrar's Birth Name: IZMA CLARA ATCHISON

2. Date of Birth: Mar 4th 1906

3. Color or Race: White
4. Sex: Female
5. Place of Birth: Shoshone
6. City or Town of Birth: Wallace
7. State or Country of Father's Birth: Iowa
8. State or Country of Mother's Birth: Iowa

FATHER: [illegible] ATCHISON

MOTHER: [illegible]

AFFIDAVIT: I hereby certify that the [illegible] is true to the [illegible] and belief.

10. Signature of Registrant
11. Present Address of Registrant: 1023 S. S. Ladd Avenue Port Lane Ore
12. Signature of Notary
13. Notary Commission expires: May 4th 1964

NOTARY: [illegible] and sworn to before me on [illegible]

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	---	May 7, 1964
	Date of Birth	Full Name of Mother		
	---	---		

SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]		---
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	[illegible]	[illegible]		

SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]		[illegible]
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	[illegible]	---	---	

QUALIFYING INFORMATION

DELAYED CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which subsists that the facts as set forth in the foregoing appeal.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	December 19, 1962

914-127-009-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-943

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth. James Warren Ramsay / James Warren Ramsay			2. Date Of Birth (month) July (day) 27, (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonner (was Kootenai)	b. City or Town of Birth: Wrencoe	
FATHER	6. Full Name of Father: Robert James Ramsay			7. State or Country of Father's Birth: Ontario, Canada	
MOTHER	8. Full Maiden Name of Mother: Sadie Jane Anderson			9. State or Country of Mother's Birth: Minnesota, (Tracy)	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Warren Ramsay		11. Present Address of Registrant: Lacleda, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: October ~~16~~ 20, 1962	12. Signature of Notary: Harvey M. Bishop		13. Notary Commission expires: Jan. ~~20~~ 15, ~~64~~ 66	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: File # 115, Washington		Date Issued: June 22, 1959	Date Orig. Entry: child born Oct. 16, 1940
	Date of Birth: Age: 34	Birth Place: Wrencoe, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photo copy of application for employment	By whom issued and signed: Great Northern Railway Co.		Date Issued: ---	Date Orig. Entry: Sept. 16, 1953
	Date of Birth: July 27, 1906	Birth Place: Wrencoe, Idaho	Full Name of Mother: Sadie Ramsay	Name of Father: R. J. Ramsay	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage record	By whom issued and signed: Marian Mesenbrink, Co. Recorder		Date Issued: Nov. 2, 1962	Date Orig. Entry: Nov. 13, 1939
	Date of Birth: Age: 33	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barron	Shirley Miller	December 27, 1962

FORM BH 56067

1 copy paid 10-2-62

DEC 27 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

Certificate No. 24-62-213

REGISTRANT (Person whose Birth is to be registered)	1. Registrant's Full Name at Birth: James Warren Ramsay	2. Date of Birth (Month) (Day) (Year): July 27, 1962
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth (County): Bonner (was Kootenai)	Verify as Town of Birth: Wrencoe
FATHER	6. Full Name of Father: Robert James Ramsay	7. State or Country of Father's Birth: Ontario, Canada
MOTHER	8. Maiden Name of Mother: Julie Jane Anderson	9. State or Country of Mother's Birth: Minnesota (Tracy)
CERTIFICATE	I hereby declare upon oath that the above Certificate are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]
		11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on October 6 1962	12. Signature of Notary: [signature]
		13. Notary Commission Expires: Jan. 20 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Wrencoe, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: Great Northern Railway Co.	Date Issued: ---	Date Orig. Entry: Feb. 16, 1963
	Date of Birth: [illegible]	Birth Place: Wrencoe, Idaho	Full Name of Mother: Julie Ramsay	Name of Father: R. J. Ramsay
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: Nov. 1962	Date Orig. Entry: Nov. [illegible], 1962
	Date of Birth: [illegible]	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---

CERTIFICATE INSPECTION

REGISTRAR'S CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
[signature]	[illegible]	Dec. 27, 1962

FORM NO. 30-62

294-21-1037-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-019

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marguerite Gladys Brunzell
2. Date of Birth (month) (day) (year): Nov. 17 1906
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Ada County
   b. City or Town of Birth: Silver City

FATHER

6. Full Name of Father: Oscar F. Brunzell
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Laura E. Winchester
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marguerite G. Peterson
11. Present Address of Registrant: Baker, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: Nov 28th 1962

12. Signature of Notary: Catharine J. Ott
13. Notary Commission expires: March 3, 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Census Record	U.S. Bureau of the Census Washington, D.C.	Dec.19,1962	Jan. 1, 1920
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 13 / Idaho	Laura E. Brunzell	Oscar F. Brunzell	
SUPPORTING RECORD 2.	affidavit by brother, age:66	Bryan W.Brunzell	Nov.13, 1962	---
	Nov.17,1906 / Silver City, Idaho	Laura E. Winchester Brunzell	Oscar F. Brunzell	
SUPPORTING RECORD 3.	statement regarding hospital record, Mercy Hospital, Nampa, Idaho	Bernice Blakeslee, Medical Secretary	Nov.12,1962	April 18, 1938
	Age: 31 / Idaho	---	---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	January 9, 1963

FORM BH 56067

JAN 10 1968

DELAYED CERTIFICATE OF BIRTH

371-225-001-633

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-023

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Goldie Pearl Sparks
2. Date of Birth: (month) June (day) 25 (year) 1906
3. Color or Race: white
4. Sex: Female
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Charles Floyd Sparks
7. State or Country of Father's Birth: Sheridan Ore.

MOTHER

8. Full Maiden Name of Mother: Bertha Pearl Ocletree
9. State or Country of Mother's Birth: Des Moines Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Goldie P. Provancha
11. Present Address of Registrant: 2619 Field St Longview Wash

NOTARY (Seal)

Subscribed and sworn to before me on: Dec 27 1962
12. Signature of Notary: [signature]
13. Notary Commission expires: 6/22 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Date Orig. Entry	Name of Father
SUPPORTING RECORD 1.	affidavit by aunt who attended at the birth	June 25, 1906	Boise, Idaho	Elva W. Smith	Bertha Pearl Ocletree	Jan. 2, 1963	----	Charles Floyd Sparks
SUPPORTING RECORD 2.	statement regarding hospital record; St. John's Hospital	June 25, 1906	Idaho	Rose D. Eldred, Medical Record Librarian	----	Dec. 26, 1962	Sept. 25, 1956	----
SUPPORTING RECORD 3.	statement regarding school record; The Dalles Public Schools	June 25, 1906	---	David E. Bates, Superintendent, The Dalles, Oregon	----	Dec. 18, 1962	1923-1924	C. F. Sparks

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	January 11, 1963

FORM BH 56067

JAN 11 1963

331-218-029-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-030

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hazel Ardell Clark
2. Date of Birth (month) 12 (day) 18 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Latah
b. City or Town of Birth: Ahsahka

FATHER

6. Full Name of Father: Goldie Conoway Clark
7. State or Country of Father's Birth: Iowa, U.S.A.

MOTHER

8. Full Maiden Name of Mother: Ethel Ardell Thompson
9. State or Country of Mother's Birth: Kanaas, U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hazel Ardell Clark Kapp
11. Present Address of Registrant: 3426 Harvey St., Milwaukie, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: September 1, 1962
12. Signature of Notary: [signature]
13. Notary Commission expires: April 21, 1964

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Father	Goldie Conoway Clark	Sept. 1, 1962	--
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec. 18, 1906 / Latah County Ahsahka, Idaho	Ethel Ardell Thompson	Goldie Conoway Clark	
SUPPORTING RECORD 2.	certified copy of own child's birth certificate	File #1079, Oregon	Sept. 6, 1962	child born Mar. 20, 1928
	Age: 21 / Ahsahka, Idaho	--	- -	
SUPPORTING RECORD 3.	certified copy of marriage record	Geraldine Fredrickson, Deputy	Aug. 23, 1962	July 3, 1926
	Age: 19 / Idaho	Ethel Thompson	Goldie Clark	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	sm Shirley Miller	Janaury 11, 1963

FORM BH 56067

1 copy paid 8-13-62

JAN 11 1963

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State Board of Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Hazel Ardell Clark
2. Date of Birth (month) 12 (day) 18 (year) 1906
3. Color or Race: White A/S Female
4. Place of Birth (County): Latah
5. City or Town of Birth: Ahsanka
6. Full Name of Father: Goldie Conway Clark
7. State or Country of Father's Birth: Iowa, U.S.A.
8. Full Maiden Name of Mother: Ethel Ardell Thompson
9. State or Country of Mother's Birth: Kansas, U.S.A.

PAIRED

Sworn Statement

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on September 1, 1962

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: 3420 Harvey St., Milwaukie, Oregon
12. Signature of Notary: [illegible]
13. Notary Commission expires: April 21, 1964

SUPPORTING RECORD 1

Type of Document	Date Issued	Date Orig. Entry
[illegible]	[illegible]	--

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	[illegible]

SUPPORTING RECORD 2

Type of Document	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	--	--

SUPPORTING RECORD 3

Type of Document	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	[illegible]

QUALIFYING INFORMATION

CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	January 21, 1963

I copy paid 8-13-62

168-226-034-912

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-049

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ida Elizabeth Johnson
2. Date Of Birth (month) (day) (year): Sept. 26- 1906
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Rupert minidoka
b. City or Town of Birth: Rupert, Idaho

FATHER

6. Full Name of Father: Carl Victor Johnson
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Karen Marie Rasmussen
9. State or Country of Mother's Birth: Utah - Sanpete County

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ida E. Johnson Reisinger
11. Present Address of Registrant: 860 No-8-E- Malta Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 18 1962
12. Signature of Notary: [signature]
13. Notary Commission expires: 11-14- 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	on file Idaho #175724	---	child born Oct 6, 1929
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 23 / Rupert, Idaho	----	----	
SUPPORTING RECORD 2.	Affidavit by Neighbor at time of this birth-a	Pansy Speer Mayes born April 1, 1896	Sept 18, 1962	----
	Sept 26, 1906 / Rupert, Idaho	Karen Marie Rasmussen	Carl Victor Johnson	
SUPPORTING RECORD 3.	Census Record	U.S.Dept. of Commerse Washington 25, D.C.	Feb 8, 1962	Jan 1, 1920
	Age 13 / Idaho	Mary K. Johnson	Carl V. Johnson	

QUALIFYING INFORMATION

Family Record Book, obviously old gives name as Ida E.Johnson born Sept 26, 1906.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	Jan 18, 1963

FORM BH 56067

1-9-62

JAN 18 1963

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race / 4. Sex / 5. Place of Birth / 6. County	7. Date of Town of Birth
FATHER	8. Full Name of Father	9. State or Country of Father's Birth
MOTHER	10. Full Maiden Name of Mother	11. State or Country of Mother's Birth
APPLICANT	1. Certify Declare upon each that the above statements are true to the best of my knowledge and belief.	14. Signature of Registrant / 15. Present Address of Registrant
Notary (Seal)	Subscribed and sworn to before me on	16. Signature of Notary / 17. Notary Commission Expires

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: on file Idaho #175724	Date Issued: ---	Date Orig. Entry: child born Oct 6, 1925
	Name of Birth / Birth Place: Age 25 Rupert, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Neighbor at time of this birth	By whom issued and signed: Fanny Sheen Mayes born April 1, 1896	Date Issued: Sept 18, 1962	Date Orig. Entry: ----
	Date of Birth / Birth Place: Sept 26, 1906 Rupert, Idaho	Full Name of Mother: Karen Marie Rasmussen	Name of Father: Carl Victor Johnson	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U.S. Dept. of Commerce Washington 25, D.C.	Date Issued: Feb 8, 1962	Date Orig. Entry: Jan 1, 1920
	Date of Birth / Birth Place: Age 13 Idaho	Full Name of Mother: Mary K. Johnson	Name of Father: Carl V. Johnson	

SUPPORTING INFORMATION: Family Record Book, obviously old gives name as Ida E. Johnson born Sept 26, 1906.

CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
W. W. Benson	Joyce B. Folts	Jan 18, 1963

FORM DH 4967

1-3-62

619-228-002-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-062

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jessie Marie Farlien		2. Date Of Birth (month) (day) (year): November 28 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fruitvale Idaho Adams; b. City or Town of Birth: Fruitvale
FATHER	6. Full Name of Father: Daniel Jefferson Farlien		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Cordelia Morgan		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jessie Marie Olen	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: November 27 1961	12. Signature of Notary: E. Letka Tans	13. Notary Commission expires: January 24 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by uncle	By whom issued and signed: J. A. Farlien age 78	Date Issued: May 24,1961	Date Orig. Entry: -----
	Date of Birth: Nov.28,1906	Birth Place: ~~Fruit~~vale,Idaho	Full Name of Mother: Delia Farlien	Name of Father: Daniel Farlien
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital record Josephine General Hosp.	By whom issued and signed: Ruth Griffin, Record clerk Grants Pass, Oregon	Date Issued: Dec. 29, 1961	Date Orig. Entry: Admitted Aug. 25, 1952
	Date of Birth: Age: 45	Birth Place:	Full Name of Mother: -----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: photo copy of application for social secuirty account no.	By whom issued and signed: J. L. Fay, Assistant Director US. Treasury Department	Date Issued: Jan.11,1963	Date Orig. Entry: Nov. 7, 1957
	Date of Birth: Nov.28,1906	Birth Place: Fruitvale, Idaho	Full Name of Mother: Cordelia Morgan	Name of Father: Daniel Jefferson Farlien
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Benson	Evidence reviewed by: pw sm Shirley Miller	Date Filed: January 23, 1963

FORM BH 56067

11-22-61

JAN 24 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

893-121-020-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-063

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HAROLD RALPH HICE			2. Date Of Birth (month) (day) (year): August 21, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Elmore	b. City or Town of Birth: Rural Mountain Home
FATHER	6. Full Name of Father: John W Hice			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Cora Edith Walker			9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harold Ralph Hice		11. Present Address of Registrant: Mountain Home, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 1, 1962	12. Signature of Notary: Lucame McNeely		13. Notary Commission expires: 12-4, 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: U.S. Bureau of the Census Washington, D.C.	Date Issued: Oct. 15, 1962	Date Orig. Entry: April 1, 1950
	Date of Birth: Age: 43 / Birth Place: Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Cora Edith Hice	Date Issued: ---Sept. 5, 1962	Date Orig. Entry:
	Date of Birth: Aug. 21, 1906 / Birth Place: Elmore County, Rural, Idaho	Full Name of Mother: Cora Edith Walker	Name of Father: John W. Hice	
SUPPORTING RECORD 3.	Type of Document: photo copy of application for social security account no.	By whom issued and signed: J. L. Fay, Assistant Director U.S. Treasury Department	Date Issued: ----	Date Orig. Entry: Jan. 23, 1956
	Date of Birth: Aug. 21, 1906 / Birth Place: Elmore County Mtn. Home, Idaho	Full Name of Mother: Cora E. Walker	Name of Father: John W. Hice	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Barson	Evidence reviewed by: sm Shirley Miller		Date Filed: January 23, 1963

FORM BH 56067

1 copy paid 8-30-62

JAN 24 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

Hice

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: FARRED RALPH HICE	2. Date of Birth (month) (day) (year): August 21, 1906
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth (County): Elmore	6. City or Town of Birth: Rural Mountain Home
FATHER	6. Full Name of Father: John W. Hice	7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Cora Edith Walker	9. State or Country of Mother's Birth: Pennsylvania
APPLICANT	10. Signature of Registrant	11. Present Address of Registrant: Mountain Home, Idaho
NOTARY (Seal)	12. Signature of Notary	13. Notary Commission expires

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: S. Bureau of the Census, Washington, D.C.	Date Issued: Oct. 17, 1962	Date Orig. Entry: April 1, 1960
	Date of Birth: [illegible]	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom issued and signed: Cora Edith Hice	Date Issued: Sept. 1, 1962	Date Orig. Entry:
	Date of Birth: [illegible]	Birth Place: Elmore County, Rural, Idaho	Full Name of Mother: Cora Edith Walker	Name of Father: John W. Hice
SUPPORTING RECORD 3.	Type of Document: photo copy of application for social security account no.	By whom issued and signed: J. L. Fay, Assistant Director, U.S. Treasury Department	Date Issued:	Date Orig. Entry: Jan. 23, 1956
	Date of Birth: Aug. 21, 1906	Birth Place: Elmore County, Mtn. Home, Idaho	Full Name of Mother: Cora E. Walker	Name of Father: John W. Hice

ADDITIONAL INFORMATION

I, [illegible], Registrar, hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature of Registrar: [illegible]	Evidence reviewed by: Shirley Miller	Date Filed: January 23, 1963

FORM NO. [illegible]

1 copy paid 8-30-62

165-112 103C-387

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-072

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Franklin Jones			2. Date of Birth (month) October (day) 12, (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Minidoka	b. City or Town of Birth: Heyburn, Idaho
FATHER	6. Full Name of Father: Charles Albert Jones			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Peninnah May Chadwick			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Franklin Jones		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 30 1963	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Peninnah May Jones	Date Issued: February 3, 1942	Date Orig. Entry: -----
	Date of Birth: October 12, 1906 / Birth Place: Minidoka County Heyburn, Idaho	Full Name of Mother: Peninnah May Chadwick	Name of Father: Charles Albert Jones	
SUPPORTING RECORD 2.	Type of Document: Confirmation and Certificate of Baptism	By whom issued and signed: Clerk: L.D.S. Chruch, A. J. Swenson	Date Issued: ----	Date Orig. Entry: Baptized Dec. 5, 1914
	Date of Birth: October 12, 1906 / Birth Place: Heyburn, Idaho	Full Name of Mother: May Chadwick	Name of Father: Chas. A. Jones	
SUPPORTING RECORD 3.	Type of Document: Insuranee Policy	By whom issued and signed: The Mutual Life Ins. of N.Y.	Date Issued: ----	Date Orig. Entry: March 15, 1946
	Date of Birth: October 12, 1906 / Birth Place: Heyburn, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Betty Morris	Date Filed: January 30, 1963

FORM BH 56067

JAN 30 1963

AUG 23 1971

Jones

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De03-072

REGISTRANT: Person whose Birth is being registered	1. Registrant's Full Name at Birth: Franklin Jones	2. Date of Birth (month) (day) (year): October 12, 1906
	3. Color of Race (a) Sex: White (b) Male	4. Place of Birth (a) County: Minidoka; b. City or Town of Birth: Heyburn, Idaho
FATHER	6. Full Name of Father: Charles Albert Jones	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Reninnah May Chadwick	9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant; 11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me at	12. Signature of Notary; 13. Notary Commission expires

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by Mother	By whom issued and signed: Reninnah May Jones	Date Issued: February 3, 1942	Date Orig. Entry: -----
	Date of Birth: October 12, 1906	Birth Place: Minidoka County, Heyburn, Idaho	Full Name of Mother: Reninnah May Chadwick	Name of Father: Charles Albert Jones
SUPPORTING RECORD 2	Type of Document: Confirmation and Certificate of Baptism	By whom issued and signed: Clerk, L.L.S. Church, Dr. J. Swenson	Date Issued: ----	Date Orig. Entry: Baptized Dec. 5, 1914
	Date of Birth: October 12, 1906	Birth Place: Heyburn, Idaho	Full Name of Mother: May Chadwick	Name of Father: Chas. A. Jones
SUPPORTING RECORD 3	Type of Document: Insurance Policy	By whom issued and signed: The Mutual Life Ins. of N.Y.	Date Issued: ----	Date Orig. Entry: March 15, 1926
	Date of Birth: October 12, 1906	Birth Place: Heyburn, Idaho	Full Name of Mother: -----	Name of Father: -----

QUALIFYING INFORMATION

CERTIFICATION (Seal): I hereby certify that no prior Birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible] W. Benson	Betty Morris	January 30, 1963

FORM DH 5-042

745-219-040-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-085

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ellen Gladys Gunderson			2. Date of Birth (month) (day) (year): February 19, 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Shoshone County	b. City or Town of Birth: Burke, Idaho
FATHER	6. Full Name of Father: Ollie C. Gunderson			7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Martha Belle Lay			9. State or Country of Mother's Birth: Oklahoma Territory
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ellen G. Arnold		11. Present Address of Registrant: 1555 Calaveras Ave., San Jose California
NOTARY (Seal)	Subscribed and sworn to before me on: January 22 1963	12. Signature of Notary: Jean M. Kusmierz		13. Notary Commission expires: August 17 1966

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: R. A. Beurou, Pastor		Date Issued: -----	Date Orig. Entry: baptized Aug. 18, 1910
	Date of Birth: Feb.19,1906	Birth Place: Burke, Idaho	Full Name of Mother: Martha Gunderson	Name of Father: Ole C.Gunderson	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: California State Board of Health; Vital Statistics		Date Issued: Jan.28,1963	Date Orig. Entry: child born May 2, 1927
	Date of Birth: Age: 21	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: statement regarding lodge membership record; Ada Rebekah Lodge, No. 223, I.O.O.F.	By whom issued and signed: Lillian Ohlen, R. Secy,		Date Issued: Jan.25,1962	Date Orig. Entry: Nov.15,1938
	Date of Birth: Age: 32	Birth Place: ------	Full Name of Mother: -------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	February 4, 1963

FORM BH 56067

FEB 5 1963

AMENDED CERTIFICATE OF BIRTH
STATE OF IDAHO

635-228-020-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-104

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Irene Fletcher
2. Date Of Birth: (month) Feb (day) 28 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Elmore
   b. City or Town of Birth: Glenns Ferry

FATHER

6. Full Name of Father: John Fletcher
7. State or Country of Father's Birth: Comanchy Co. Texas

MOTHER

8. Full Maiden Name of Mother: Nellie Koontz
9. State or Country of Mother's Birth: Jac. Co. Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Irene Humphreys
11. Present Address of Registrant: Jerome Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: December 14 1962
12. Signature of Notary: Estella H. Pierce
13. Notary Commission expires: 4-22 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: File #137415, Idaho	Date Issued: Dec.18,1962	Date Orig. Entry: child born Aug. 1, 1925
	Date of Birth: Age: 19	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: statement regarding school records; dent of Schools, Glenns Ferry, Idaho	By whom issued and signed: Devoe C. Rickert, Superinten-	Date Issued: Dec.5,1962	Date Orig. Entry: Sept. 13, 1920
	Date of Birth: Feb.28,1906	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: notarized photo copy of page from family Bible	By whom issued and signed: Estella H. Pierce, Notary	Date Issued: Feb.4,1963	Date Orig. Entry: obviously old
	Date of Birth: Feb.28,1906	Birth Place: Elmore County Glenns Ferry, Idaho	Full Name of Mother: Nellie Koontz	Name of Father: J. F. Fletcher

QUALIFYING INFORMATION

statement by doctor regarding medical record; Paul J. Del Giudice, M.D. Information entered on record on Sept. 12, 1951; statement issued on Oct. 16, 1962. Her age given at that time was 45.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm X Shirley Miller	February 11, 1963

FORM BH 56067

9-19-62

FEB 11 1963

794-119-082-415

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-169
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Donald Ray Siddoway
2. Date of Birth (month) (day) (year): July 19 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Teton City, Fremont
b. City or Town of Birth: Teton City

FATHER

6. Full Name of Father: Amos Siddoway
7. State or Country of Father's Birth: ~~Idaho~~ Utah

MOTHER

8. Full Maiden Name of Mother: Agnes Davidson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Donald Ray Siddoway
11. Present Address of Registrant: Star Route, Teton, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: October 19th 1954
12. Signature of Notary: Roe Ph. Porter
13. Notary Commission expires: August 6th 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class*	certified copy of own child's birth certificate	File No. 235507, Idaho	May 27, 1954	child born Aug. 7, 1935
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Age--29 / Teton, Idaho	---	---	
SUPPORTING RECORD 2. Class	photo copy of application for insurance	Mutual Life Insurance Company of New York	----	July 28, 1926
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	July 19, 1906 / Teton, Idaho	Agnes Siddoway	------	
SUPPORTING RECORD 3. Class	affidavit by cousin; age-73	J. C. Siddoway	March 1, 1963	
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	July 19, 1906 / Teton, Idaho	Agnes Davidson Siddoway	Amos Siddoway	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	March 5, 1963

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

816-110-003-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-179

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ezra Morgan Hawkes			2. Date of Birth (month) May (day) 10 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: Joseph Charles Hawkes			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Mary Morgan			9. State or Country of Mother's Birth: Logan, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ezra M. Hawkes		11. Present Address of Registrant: 209 N. Johnson Pocatello, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: March 11 1963	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho file #222470	Date Issued: -----	Date Orig. Entry: Child born May 28, 1934	
	Date of Birth: Age 28	Birth Place: Pocatello, Idaho	Full Name of Mother: -------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Rec. #21055 Church Cert. of Birth	By whom issued and signed: L. D. S. Church, Salt Lake City Utah.	Date Issued: 3-6-1963	Date Orig. Entry: Entered July 1, 1916	
	Date of Birth: May 10, 1906	Birth Place: Pocatello, Idaho Bannock Co.	Full Name of Mother: Mary Morgan	Name of Father: Joseph C. Hawkes	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Mutual Life Ins. Company of New York.	Date Issued:	Date Orig. Entry: April 20, 1925	
	Date of Birth: May 10 1906	Birth Place: Pocatello, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bm Joyce B. Foltz	March 11, 1963

FORM BH 56067

MAR 11 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. Des3-179

REGISTRAR	1. Registrant's Full Name at Birth: Mary Morgan Hawkes	2. Date of Birth: May 10 1906	
	3. Color of Race: White	4. Sex: Male	5. Place of Birth: Hannock
			6. City or Town of Birth: Pocatello, Idaho
FATHER	8. Full Name of Father: Joseph Charles Hawkes		7. State or Country of Father's Birth: England
MOTHER	9. Full Maiden Name of Mother: Mary Morgan		9. State or Country of Mother's Birth: Logan, Utah
AFFIDAVIT	10. Person delivered upon oath that the above statements are true to the best of his knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission Expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Child's birth certificate	By whom issued and signed: On file Idaho file #22247C	Date Issued: -----	Date Orig. Entry: Child born May 25, 1906
	Date of Birth: Age 26	Birth Place: Pocatello, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2	Type of Document: Church Cert. of Birth	Rec. #21085	By whom issued and signed: L. D. S. Church, 15 Lake City Utah	Date Issued: 3-8-1963
	Date of Birth: May 10, 1906	Birth Place: Pocatello, Idaho Pannock Co.	Full Name of Mother: Mary Morgan	Name of Father: Joseph C. Hawkes
SUPPORTING RECORD 3	Type of Document: Insurance Policy		By whom issued and signed: Mutual Life Ins. Company of New York	Date Issued:
	Date of Birth: May 10 1906	Birth Place: Pocatello, Idaho	Full Name of Mother: -----	Name of Father: -----

Date Orig. Entry: April 20, 1926

AFFIDAVIT: I hereby certify that no order (or certificate) of the Bureau of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce R. Volts	March 11, 1963

791-109-022-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-209

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harvey William Graham			2. Date of Birth (month) (day) (year): February 9th, 1906
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Rigby,
FATHER	6. Full Name of Father: Silas William Graham			7. State or Country of Father's Birth: Utah.
MOTHER	8. Full Maiden Name of Mother: Nettie Ann Severson			9. State or Country of Mother's Birth: Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harvey William Graham		11. Present Address of Registrant: Rt #1, Lorenzo, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: 1st day of March 1963	12. Signature of Notary: Probate Judge Leonard E. Graham		13. Notary Commission expires: _____ 19____

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Nettie A. Graham	Date Issued: March 1, 1963	Date Orig. Entry
	Date of Birth: Feb.9,1906	Birth Place: Fremont County Rigby, Idaho	Full Name of Mother: Nettie A. Graham	Name of Father: Silas William Graham
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination to the Holy Priesthood	By whom issued and signed: A.W. Dabell, Ward Clerk	Date Issued: Feb.14,1922	Date Orig. Entry: ordained Feb. 13, 1922
	Date of Birth: Feb.9,1906	Birth Place: Fremont County Rigby, Idaho	Full Name of Mother: Nettie A. Severson	Name of Father: Silas Graham
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho State File #268554	Date Issued: -----	Date Orig. Entry: child born April 29, 1938
	Date of Birth: Age: 32	Birth Place: Rigby, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Shirley Miller	Date Filed: March 14, 1963

FORM BH 56067

MAR 15 1969

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Graham

972-129-036-697

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-221

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: THADDEUS LESTER IPSEN		2. Date Of Birth (month) (day) (year): MAY 29 1906
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: ONEIDA; b. City or Town of Birth: MALAD CITY IDAHO
FATHER	6. Full Name of Father: NEPHI PETER IPSEN		7. State or Country of Father's Birth: MANTUA, BOX ELDER, UTAH
MOTHER	8. Full Maiden Name of Mother: MARGARET MAY WIGHT		9. State or Country of Mother's Birth: BRIGHAM, BOX ELDER UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thaddeus Lester Ipsen	11. Present Address of Registrant: 5308 59th St. Sacramento California
NOTARY (Seal) STATE OF CALIF COUNTY OF SACRAMENTO	Subscribed and sworn to before me on: February 14 1963	12. Signature of Notary: E. Don Graves	13. Notary Commission expires: MY COMMISSION EXPIRES JUNE 15, 1966 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Patriarchal Blessing	By whom issued and signed: Charles H. Hyde, Patriarch	Date issued: ----	Date Orig. Entry: June 18, 1929
	Date of Birth: May 29,1906	Birth Place: Malad City, Idaho	Full Name of Mother: Margaret White Ipsen	Name of Father: Nephi Ipsen
SUPPORTING RECORD 2.	Type of Document: own child's hospital birth certificate	By whom issued and signed: Rex G. Layton, Attending Physician	Date issued: ----	Date Orig. Entry: child born July 9, 1944
	Date of Birth: May 29,1906	Birth Place: Malad, Idaho	Full Name of Mother: ---	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: affidavit by neighbor at time of birth; Age: 74	By whom issued and signed: Thomas Thorpe	Date issued: March 8,	Date Orig. Entry: 1963
	Date of Birth: May 29,1906	Birth Place: Malad City, Idaho	Full Name of Mother: Margaret May Wight	Name of Father: Nephi Peter Ipsen
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	March 19, 1963

FORM BH 56067 12-11-62. nm

MAR 20 1963

265204-003-265

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Do-63-229
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Lortte Swensen
2. Date of Birth (month) (day) (year): Dec. 4 1906
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Lago, Idaho.

FATHER

6. Full Name of Father: Hiram Swensen
7. State or Country of Father's Birth: Huntsville, Utah.

MOTHER

8. Full Maiden Name of Mother: Lutie M. Swensen
9. State or Country of Mother's Birth: Cedarfort, Utah.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Lorette Swensen
11. Present Address of Registrant: Grace, Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on: August 30 1955
12. Signature of Notary: [signature]
13. Notary Commission expires: January 28 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	certified copy of own child's birth certificate	Idaho State File #413627	July 19, 1955	child born Mar. 24, 1945
Class*	Date of Birth: Age: 38	Birth Place: Lago, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	statement regarding hospital records	Darhl Cheirrett, Business Administrator	Mar.13,1963	Jan. 10, 1957
Class	Date of Birth: Dec.4,1906	Birth Place: Lago, Idaho	Full Name of Mother: Lutie Bassett	Name of Father: Hiram Swensen
SUPPORTING RECORD 3.	Affidavit by mother	Lutie M. Swensen	August	30, 1955
Class	Date of Birth: Dec.4,1906	Birth Place: Lago, Idaho	Full Name of Mother: Lutie M. Swensen	Name of Father: Hiram Swensen

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Shirley Miller
Date Filed: March 22, 1963

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #9067

MAR 25 1963

745-124-003-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-257

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Raymond Baxter Gunnell		2. Date Of Birth (month) (day) (year): June 24th 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Central, Ramrock Ida. b. City or Town of Birth
FATHER	6. Full Name of Father: Robert Baxter Gunnell		7. State or Country of Father's Birth: Wellsville Utah
MOTHER	8. Full Maiden Name of Mother: Nancy Tolman		9. State or Country of Mother's Birth: Utah - Tooele Co
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond B Gunnell	11. Present Address of Registrant: Soda Springs Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 28th 1963	12. Signature of Notary: Lee M. Travers	13. Notary Commission expires: 8/5- 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: State File #187150, Idaho	Date Issued: ----	Date Orig. Entry: child born Dec. 28, 1930
	Date of Birth: Age: 24 / Birth Place: Central, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate Of Ordination to the Holy Priesthood	By whom issued and signed: Kenneth Balls, Ward Clerk	Date Issued: Feb.1,1920	Date Orig. Entry: ordained Feb. 1, 1920
	Date of Birth: June 24, 1906 / Birth Place: Central, Idaho	Full Name of Mother: Nancy Tolman	Name of Father: Raymond B. Gunnell	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: Darhl Cheirrett, Bus. Mgr. Caribou County Hospital	Date Issued: Mar.28,1963	Date Orig. Entry: Jan. 13, 1958
	Date of Birth: June 24, 1906 / Birth Place: Central, Idaho	Full Name of Mother: Nancy Tolman	Name of Father: Robert Baxter Gunnell	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: sm Shirley Miller	Date Filed: April 2, 1963

FORM BH 56067

1-24-62

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455/15/029-854

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-264

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Fredrick Dennler;			2. Date Of Birth (month) November (day) 15 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Juliaetta	
FATHER	6. Full Name of Father: David Dennler			7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Kunigunda Hedler			9. State or Country of Mother's Birth: Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Fredrick Dennler		11. Present Address of Registrant: Juliaetta Ida	
NOTARY (Seal)	Subscribed and sworn to before me on March 27th 1963	12. Signature of Notary		13. Notary Commission expires: Jan. 11th 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of Certificate of Confirmation	By whom issued and signed: Geo. Finke, Pastor		Date Issued: ----	Date Orig. Entry: confirmed May.13, 1923
	Date of Birth: Nov.15,1906	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt; born August 9, 1883	By whom issued and signed: Magdalena ZumHofe		Date Issued: March 22, 1963	Date Orig. Entry
	Date of Birth: Nov.15,1906	Birth Place: Juliaetta, Idaho	Full Name of Mother: Kunigunda Hedler	Name of Father: David Dennler	
SUPPORTING RECORD 3.	Type of Document: Notarized photo copy of page from Family Bible	By whom issued and signed: Public Lloyd G. Martinson, Notary		Date Issued: Mar.7,1963	Date Orig. Entry: obviously Old
	Date of Birth: Nov.15,1906	Birth Place: Juliaetta, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. M. Barron	Evidence reviewed by: Shirley Miller		Date Filed: April 3, 1963	

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

251-219-034533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-294

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lyla Merna Beard			2. Date Of Birth (month) October (day) 19, (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho — Minidoka	b. City or Town of Birth: Rupert
FATHER	6. Full Name of Father: William Adam Beard			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Emma Elizabeth Ellison			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lyla M. Brasmer		11. Present Address of Registrant: Vancouver, Wash. 7004 N.W. Fruit Valley Road
NOTARY (Seal)	Subscribed and sworn to before me on: March 9th, 1963	12. Signature of Notary: E. L. Jamison		13. Notary Commission expires: October 12, 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own Child's birth certificate	By whom issued and signed: State Registerdd #179, Oregon		Date Issued: June 19, 1962	Date Orig. Entry: child born Sept. 14, 1938
	Date of Birth: Age: 31	Birth Place: Rupert, Idaho	Full Name of Mother: ----		Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: photo copy of application for social security account no.	By whom issued and signed: U.S. Treasury Department		Date Issued: ----	Date Orig. Entry: June 1, 1951
	Date of Birth: Oct. 19, 1906	Birth Place: Rupert, Idaho	Full Name of Mother: Emma Elizabeth Ellison		Name of Father: William Adam Beard
SUPPORTING RECORD 3.	Type of Document: Certified copy of own marriage license	By whom issued and signed: Harriet Davidson, Deputy		Date Issued: April 2, 1963	Date Orig. Entry: Nov. 7, 1927
	Date of Birth: Age: 21	Birth Place: Rupert, Idaho	Full Name of Mother: ----		Name of Father: ----
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	sm Shirley Miller	April 18, 1963

FORM BH 56067

10-10-62 1 copy paid

APR 18 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

214-201-022-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-310

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Oles May Saunders			2. Date of Birth (month) May (day) 1 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: SQUIRREL FREMONT	b. City or Town of Birth: SOUTH OF ASHTON
FATHER	6. Full Name of Father: George Martin Saunders			7. State or Country of Father's Birth: Weber Co., Utah
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Willey			9. State or Country of Mother's Birth: Weber Co., Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Oles M. Bingham		11. Present Address of Registrant: 403 - 6th Ave. E. Twin Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 5 1960	12. Signature of Notary: Jay M. Merrill		13. Notary Commission expires: June 14 1963

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding L.D.S. Church Records	By whom issued and signed: L.D.S.Church Twin Falls, Idaho	Date Issued: Sept 14, 1959	Date Orig. Entry: baptized June 11, 1914
	Date of Birth: May 1, 1906 / Birth Place: Squirrel, Idaho Fremont Co.	Full Name of Mother: Mary Wiley	Name of Father: George M. Saunders	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother Age 80	By whom issued and signed: Mary Elizabeth Saunders	Date Issued: March 5, 1960	Date Orig. Entry: -----
	Date of Birth: May 1, 1906 / Birth Place: Squirrel, Idaho	Full Name of Mother: Mary Elizabeth Willey	Name of Father: George Martin Saunders	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Insurance Co., New York	Date Issued: Sept 27 1956	Date Orig. Entry: Sept 27, 1956
	Date of Birth: Age 50 / Birth Place: ------	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	mr Joyce B. Foltz	April 24, 1963

FORM BH 56067

1 copy paid

APR 24 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF UTAH

REGISTRAR'S NUMBER

1. Registered in full name at birth

2. Date of birth (month, day, year): May 7, 1909

3. Sex: Male

4. Place of birth (county): Salt Lake

5. Color or race: White

6. Age at last birthday: 53

7. Birthplace of father: Wales

8. Full maiden name of mother: Rosanna Hopkins Williams

9. Birthplace of mother: Wales

10. Birthplace of husband: Wales

11. Birthplace of wife: Wales

12. Occupation of husband: Salesman

13. Occupation of wife: Housewife

14. Number of children born to this wife: 2

15. Number of children now living: 2

16. Number of children living under 16 years of age: 2

17. Number of children living under 21 years of age: 2

18. Present address of husband: 1234 Main, Twin Falls, Idaho

19. Present address of wife: 1234 Main, Twin Falls, Idaho

20. Necessary Corroboration Obtained

21. Signature of Affiant: Mary Peters

22. Signature of Witness: Mary Elizabeth Saunders

23. Signature of Witness: Mary Elizabeth Saunders

24. Signature of Witness: Mary Elizabeth Saunders

25. Signature of Witness: Mary Elizabeth Saunders

26. Signature of Witness: Mary Elizabeth Saunders

674-216-029-691

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-325
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Delma Lucille Ogden		2. Date Of Birth (month) 12- (day) 16- (year) 1906.
	3. Color or Race: W.	4. Sex: F.	5. Place of Birth a. County: Idaho Latah; b. City or Town of Birth: Troy -
FATHER	6. Full Name of Father: John Fredrick Ogden.		7. State or Country of Father's Birth: Illinois -
MOTHER	8. Full Maiden Name of Mother: Luella Frazee		9. State or Country of Mother's Birth: Missouri.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Delma L. Baker	11. Present Address of Registrant: 1554 Spruce Ave.
NOTARY (Seal)	Subscribed and sworn to before me on: 4-22 19 63	12. Signature of Notary: R M MacDaniel	13. Notary Commission expires: 7-15 19 66.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy		By whom issued and signed: Metropolitan Life Insurance Company	Date Issued: ---	Date Orig. Entry: Aug. 8, 1938
Class*	Date of Birth: age next birthday 32	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Ella Ogden Baker	Date Issued: June 14,	Date Orig. Entry: 1956
Class	Date of Birth: Dec. 6, 1906	Birth Place: Troy, Idaho	Full Name of Mother: Luella Frazee Ogden	Name of Father: John Fredrick Ogden	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate		By whom issued and signed: Washington State File # 62	Date Issued: June 7, 1946	Date Orig. Entry: child born Feb. 16, 1930
Class	Date of Birth: Age: 23	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Shirley Miller	Date Filed: April 30, 1963

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 copy issued

APR 30 1963

JAN 23 1971

645-201-005-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-333

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alvina June Wunderlich		2. Date of Birth (month) (day) (year): June 1, 1906	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Benewah	b. City or Town of Birth: St. Maries
FATHER	6. Full Name of Father: Albert Conrad Wunderlich		7. State or Country of Father's Birth: Wisconsin, U. S. A.	
MOTHER	8. Full Maiden Name of Mother: Mildred Lavina Darknell		9. State or Country of Mother's Birth: Minnesota, U. S. A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: A. Lynn W. Priest	11. Present Address of Registrant: Route 1 Box 283 Burlington, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: June 19 1962	12. Signature of Notary: [signature]	13. Notary Commission expires: 10-12 1962	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: College Transcript	By whom issued and signed: University of Washington Ethelyn Tonner, Registrar	Date Issued: May 2, 1955	Date Orig. Entry: Sept. 14, 1954	
	Date of Birth: June 1, 1906	Birth Place: -----	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: affidavit by father	By whom issued and signed: A. C. Wunderlich	Date Issued: April 10, 1962	Date Orig. Entry: -----	
	Date of Birth: June 1, 1906	Birth Place: St. Maries, Idaho	Full Name of Mother: Mildred Lavina Darknell Wunderlich	Name of Father: Albert Conrad Wunderlich	
SUPPORTING RECORD 3.	Type of Document: Certified copy of employment record; Records Clerk--Washington State University	By whom issued and signed: Mrs. C.O. Meinhart, Personnel	Date Issued: April 23, 1963	Date Orig. Entry: 1930-1931	
	Date of Birth: June 1, 1906	Birth Place: St. Maries, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: May 2, 1963

FORM BH 56067

6-21-624

MAY 2 1963

Priest

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT (Person whose Birth is being Registered)	1. Registrant's Full Name of Birth: Alvina Jane Wunderlich	2. Date of Birth (month) June (day) 1 (year) 1908	
	3. Color or Race: White	4. Place of Birth: Benewah	5. Sex: Female
	6. Place of Birth: St. Maries	7. Date of Birth: Wisconsin, U. S. A.	
FATHER	8. Full Name of Father: Albert Conrad Wunderlich	9. State or Country of Father's Birth: Minnesota, U. S. A.	
MOTHER	10. Full Maiden Name of Mother: Mildred Lavina Darknell		
AFFIDAVIT	11. Kenney Declare upon oath that the above statements are true to the best of my knowledge and belief	12. Signature of Registrant	13. Present Address of Registrant: Route 1 Box 283 Burlington, Washington
NOTARY (Seal)	14. Sworn and Sworn to before me on	15. Signature of Notary	16. Notary Commission Expires: 10/2/63

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: College Transcript	By whom issued and signed: University of Washington, Ethelyn Norman, Graduate	Date Issued: May 2, 1963	Date Orig. Entry: Sept. 14, 1963
	Date of Birth: June 1, 1908	Place of Birth:		
SUPPORTING RECORD 2	Type of Document: Affidavit by Father	By whom issued and signed: A. C. Wunderlich	Date Issued: April 10, 1963	Date Orig. Entry:
	Date of Birth: June 1, 1908	Birth Place: St. Maries, Idaho	Full Name of Mother: Mildred Lavina Darknell Wunderlich	Name of Father: Albert Conrad Wunderlich
SUPPORTING RECORD 3	Type of Document: Certified copy of employment record; Records Clerk—Washington State University	By whom issued and signed: Mrs. [illegible], Personnel	Date Issued: April 23, 1963	Date Orig. Entry: 1930-1931
	Date of Birth: June 1, 1908	Birth Place: St. Maries, Idaho	Full Name of Mother:	Name of Father:

CERTIFICATE

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the following abstract.

Date Registrar	Evidence Reviewed by	Date Filed
[signature]	[signature]	May 2, 1963

913-212-036-264

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-336

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lois Leona Ralphs			2. Date of Birth (month) Oct. (day) 12 (year) 1906	
	3. Color or Race: white	4. Sex: F.	5. Place of Birth a. County: Rockland (U.S.A.) Oneida	b. City or Town of Birth: Rockland	
FATHER	6. Full Name of Father: Leonidus Ralphs			7. State or Country of Father's Birth: No. Idaho.	
MOTHER	8. Full Maiden Name of Mother: Rosa Southwell Ralphs			9. State or Country of Mother's Birth: Utah.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lois Leona Ralphs (Kelly)		11. Present Address of Registrant: Rockland, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 30, 1963.	12. Signature of Notary: [illegible]		13. Notary Commission expires: Oct. 22nd, 1963.	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File No. 174204		Date Issued: ---	Date Orig. Entry: child born Aug. 3, 1929
	Date of Birth: Age: 22	Birth Place: Idaho	Full Name of Mother: -----		Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt, age: 76	By whom issued and signed: Ida Hunter		Date Issued: April 29, 1963	Date Orig. Entry:
	Date of Birth: Oct. 12, 1906	Birth Place: Oneida County Rockland, Idaho	Full Name of Mother: Rosa Southwell		Name of Father: Leonidus Ralphs
SUPPORTING RECORD 3.	Type of Document: Notarized photo copy of page from Family Bible	By whom issued and signed: W.C. Loofbourrow, Notary Public		Date Issued: April 29, 1963	Date Orig. Entry: obviously old
	Date of Birth: Oct. 12, 1906	Birth Place: Rockland, Idaho	Full Name of Mother: -----		Name of Father: -----
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Beeson	Shirley Miller	May 2, 1963

FORM BH 56067

MAY 2 1963

Kelly

REGISTRAR	1. Registrar's Name of Birth	2. Date of Birth (month) (day) (year)
Person whose birth is being registered	[illegible]	Oct 12 1963
	3. Color or Race	4. Sex
	5. Place of Birth	6. Birth Place
		Rockland
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
		[illegible]
MOTHER	8. Maiden Name of Mother	9. State or Country of Mother's Birth
		Utah
AFFIDAVIT	10. Affidavit	11. Present Address of Registrant
	[illegible]	Rockland, Idaho
NOTARY	12. Subscribed and sworn to before me on	13. Notary Commission Expires
	[illegible]	[illegible]

APPLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	[illegible]
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Apr. [illegible] / Idaho	—	—	
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible] by [illegible], age [illegible]	[illegible]	April 29, 1963	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Oct. 12, 1906 / Rockland, Idaho	[illegible]	[illegible]	
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Notarized [illegible]	[illegible], Notary	[illegible]	[illegible]
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Oct. 12, 1906 / Rockland, Idaho	—	—	
QUALIFYING INFORMATION				

ADDITIONAL CERTIFICATION (Seal)

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which does entitle the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date filed
[illegible]	[illegible]	[illegible]

243-102-022-439

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-379

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lorin Franklin Butler			2. Date Of Birth (month) Oct. (day) 2 (year) 1906
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Fremont (now Madison)	b. City or Town of Birth: Lyman
FATHER	6. Full Name of Father: Samuel Richard Butler			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lydia Ann McIntier			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lorin Franklin Butler		11. Present Address of Registrant: Thornton, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 5-13 1963	12. Signature of Notary: Lyle Whiting		13. Notary Commission expires: 6-28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Passport		By whom issued and signed: United State of America Department of State	Date Issued: -----	Date Orig. Entry: Dece. 23, 1927
	Date of Birth: Oct.2,1906	Birth Place: Lyman, Idaho	Full Name of Mother: -------	Name of Father: Sam Butler	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation-notarized copy		By whom issued and signed: Lyle Whiting, Notary Public	Date Issued: -------	Date Orig. Entry: baptized June 5, 1915
	Date of Birth: Oct.2,1906	Birth Place: Madison County Lyman, Idaho	Full Name of Mother: Lydia McIntier	Name of Father: Samuel R. Butler	
SUPPORTING RECORD 3.	Type of Document: Ricks College, Rexburg, Idaho College Transcript		By whom issued and signed: Eldred C. Stephenson, Registrar	Date Issued: May 8, 1941	Date Orig. Entry: entered school Sept. 17, 1925
	Date of Birth: Oct.2,1906	Birth Place: ------	Full Name of Mother: ------	Name of Father: - ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: May 21, 1963

FORM BH 56067

MAY 21 1963

Butler

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRAR	1. Registrant's Full Name at Birth	2. Date of Birth (Month) (day) (year) Oct. 2 1906
(Person [illegible] Birth [illegible] registration)	3. Color or Race	4. Sex	5. Place of Birth (Present [illegible])	6. Place of Birth (City or Town of Birth)
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	10. Person declare upon oath that the [illegible] statement is [illegible] to the best of my knowledge and belief	11. Present Address of Registrant
Notary Public	12. Subscribed and sworn to before me on	13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	----	[illegible]
	Date of Birth	Birth Place		
	[illegible] 1906	[illegible]	----	[illegible]
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	----	[illegible]
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	[illegible]	[illegible]	[illegible]	[illegible]
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	[illegible]
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	[illegible]	----	----	----

QUALIFICATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that no secretary's evidence has been reviewed, which substantiates the facts as set forth in the [illegible] abstract.

Name of Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

FORM [illegible]

98-113-001-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-419

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: WILLIE - EIEAZAR. RYAIS
2. Date of Birth (month) (day) (year): Nov 13 1906
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: Bois IDAHO ADA
b. City or Town of Birth: BOISE

FATHER

6. Full Name of Father: WILLIAM - MILTON. RYAIS
7. State or Country of Father's Birth: SCHYLER.CO. MO.

MOTHER

8. Full Maiden Name of Mother: LULAH - EMMA. SHAUL
9. State or Country of Mother's Birth: POTTAWATTOMIE.CO. KAN.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Willie Elezar Ryals
11. Present Address of Registrant: 3817 Hoyt Ave Everett Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: May 13 1963
12. Signature of Notary: Eugene A Smith
13. Notary Commission expires: Feb. 22 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Mother	Lulah Emma Ryals	October 22, 1942	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov.13,1906 / Boise, Idaho	Lulah Emma Shaul	William Milton Ryals	
SUPPORTING RECORD 2.	Statement regarding lodge membership application--ernal	Mike Furiak, Secretary, Frat-Order of Eagles -Everett Aerie#13	Apr.1,1963	Nov. 10, 1953
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov.13,1906 / ----	-----	-----	
SUPPORTING RECORD 3.	notarized photo copy of page of Family Records	Eugene A. Smith, Notary Public	May 25, 1963	obviously old
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov.13,1906 / Boise City,----	Lulah Emma Shaul	William Milton Ryals	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	sm Shirley Miller	June 5, 1963

FORM BH 56067

1 copy paid 10-23-62

JUN 5 [illegible]

AUG 17 1971

DELAYED CERTIFICATE OF BIRTH
STATE OF ILLINOIS

State File No. [illegible]

1. Registrant's Full Name at Birth		2. Date of Birth (month) (day) (year)	
3. Color or Race (e.g. Sex)	4. Place of Birth	5. County	6. City or Town of Birth
7. Full Name of Father		8. State or Country of Father's Birth	
9. Maiden Name of Mother		10. State or Country of Mother's Birth	
11. Person Address of Registrant	12. Signature of Registrant	13. Present Address of Registrant	
14. Signature of Mother	15. Signature of Mother	16. Notary Commission Expires	

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry	
Affidavit by Mother	Lulah Same Shaul			
Date of Birth	Birth Place	Full Name of Mother	Name of Father	
[illegible]	[illegible]	[illegible]	William Milton Ayala	
Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry	
[illegible]	[illegible]	Nov. 10, 1963	Nov. 10, 1963	
Date of Birth	Birth Place	Full Name of Mother	Name of Father	
Nov. 22, 1963	----	----	----	
Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry	
[illegible]	[illegible]	[illegible]	[illegible]	
Date of Birth	Birth Place	Full Name of Mother	Name of Father	
Nov. 22, 1963	[illegible]	Lulah Same Shaul	William Milton Ayala	

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the accompanying abstract.

Date Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	June 5, 1963

714-209-010-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-490

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pearl Magdalena Paulus			2. Date of Birth (month) April (day) 9 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville (Now) Bingham (Then)	b. City or Town of Birth: Idaho Falls, Idaho	
FATHER	6. Full Name of Father: Joseph Paulus (No Middle Name)			7. State or Country of Father's Birth: France	
MOTHER	8. Full Maiden Name of Mother: Josephine Anna Maria Koch			9. State or Country of Mother's Birth: France	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Pearl Magdalena Paulus	11. Present Address of Registrant: 6221 Edgewater Dr. Boise, Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: July 1 1963		12. Signature of Notary: Robert H. Cushing	13. Notary Commission expires: May 21 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Neighbor, Age 67 Known her since birth		By whom issued and signed: Augusta M. Cenell	Date Issued: ----	Date Orig. Entry: January 21, 1963
	Date of Birth: April 9, 1906	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Josephine Paulus	Name of Father: Joesph Paulus	
SUPPORTING RECORD 2.	Type of Document: App. for Social Security Acc. No. 518-09-8850		By whom issued and signed: Treasury Dept., Internal Revenue U. S. Social Security Act	Date Issued: ----	Date Orig. Entry: December 19, 1936
	Date of Birth: April 9, 1906	Birth Place: Bonneville County Idaho Falls, Idaho	Full Name of Mother: Josephine Koch	Name of Father: Joseph Paulus	
SUPPORTING RECORD 3.	Type of Document: Certificate of Church Membership		By whom issued and signed: First Presbyterian Church	Date Issued: ---	Date Orig. Entry: April 27, 1930
	Date of Birth: April 9, 1906	Birth Place: Idaho Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Betty Morris	Date Filed: July 12, 1963

FORM BH 56067

JUL 12 1963

JAN 30 1975

183-123-009-955

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-502

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HAROLD AUGUST AHLSKOG
2. Date of Birth: (month) APRIL (day) 23 (year) 1906
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County IDAHO, BONNER; b. City or Town of Birth LA CLEDE

FATHER

6. Full Name of Father: JOHN AHLSKOG
7. State or Country of Father's Birth: FINLAND

MOTHER

8. Full Maiden Name of Mother: MARIA SOPHIA REWALL
9. State or Country of Mother's Birth: FINLAND

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harold A. Ahlskog
11. Present Address of Registrant: P.O. Box 86 SHELTON, WASH

NOTARY (Seal)

Subscribed and sworn to before me on: June 21 1963
12. Signature of Notary: Tony Ballard
13. Notary Commission expires: April 10 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Statement regarding application for driver's license	B. J. Zink, Supervisor, Driver's License Bureau	June 18, 1963	Aug. 10, 1940
	Date of Birth April 23, 1906	**Birth Place** -----	**Full Name of Mother** -----	**Name of Father** -----
SUPPORTING RECORD 2.	Affidavit by father	John Ahlskog	March	13, 1943
	Date of Birth April 23, 1906	**Birth Place** Bonner County LaClede, Idaho	**Full Name of Mother** Maria Sophia Rewall	**Name of Father** John Ahlskog
SUPPORTING RECORD 3.	Photo copy of application for life insurance	The Northwestern Mutual Life Insurance Company	-----	November 1, 1948
	Date of Birth April 23, 1906	**Birth Place** LeClede, Idaho	**Full Name of Mother** -----	**Name of Father** -----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	July 16, 1963

FORM BH 56067

3-21-62

JUL 16 1963

386-118-036-799

(Be sure the information is complete and accurate)

State File No. De63-512

Local Reg. No.

Reg. Dist. No.

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
JUL 16 1963
Bureau of Vital Statistics

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF BIRTH
a. COUNTY: ONEIDA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MALAD
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: ONEIDA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MALAD
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print): a. (First) Steven; b. (Middle) Griffiths; c. (Last) Thomas

4. SEX: M.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Oct. (Day) 18, (Year) 1906

FATHER OF CHILD

7. FULL NAME: a. (First) George; b. (Middle) Sperry; c. (Last) Thomas

8. COLOR OR RACE: White

9. AGE (At time of this birth): 48 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Wales

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Sarah; b. (Middle) Ann; c. (Last) Griffiths

13. COLOR OR RACE: White

14. AGE (At time of this birth): 31 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Malad

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 2
c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: A. C. Ray M. D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: 619 N. Arthur, Pocatello, Ida.

18d. DATE SIGNED: 7/7/63

19. DATE REC'D BY LOCAL REG.: July 16, 1963

20. REGISTRAR'S SIGNATURE: W. W. Benson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: WEEKS

22b. WEIGHT AT BIRTH: LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

Approximate date

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum

Form DPH-48001

JUL 18 1963

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

818-122-004-244

(Be sure the information is complete and accurate)

Delayed Certificate

State File No.

Local Reg. No. De63-513

Reg. Dist. No. 5 J 2

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED JUL 21 1963 Bureau of Vital Statistics

1. PLACE OF BIRTH
a. COUNTY: BEAR LAKE COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PARIS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): SOUTH MAIN STREET

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: BEAR LAKE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PARIS
d. STREET ADDRESS (If rural, give location): SOUTH MAIN STREET

3. CHILD'S NAME (Type or print): a. (First) WILLIAM; b. (Middle) BUDGE; c. (Last) HAYWARD

4. SEX: MALE

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☒ 2ND ☐ 3RD ☐

6. DATE OF BIRTH (Month) (Day) (Year): JULY 22, 1906

FATHER OF CHILD

7. FULL NAME: a. (First) JOSEPH; b. (Middle) WILLIAM; c. (Last) HAYWARD

8. COLOR OR RACE: WHITE

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): PARIS, IDAHO

11a. USUAL OCCUPATION: PHYSICIAN

11b. KIND OF BUSINESS OR INDUSTRY: GENERAL PRACTICE

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) LILLIAS; b. (Middle) ------; c. (Last) BUDGE

13. COLOR OR RACE: WHITE

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): PARIS, IDAHO

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? NONE
b. How many OTHER children were born alive but are now dead? NONE
c. How many children were stillborn (born dead after 20 weeks pregnancy)? NONE

17. INFORMANT'S SIGNATURE OR NAME (Relationship): Self

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. H. Hayward M.D.

18b. ATTENDANT AT BIRTH: M.D. ☒ D.O. ☐ OTHER (Specify)

18c. ADDRESS: Montpelier Ida

18d. DATE SIGNED: 7-9-1963

19. DATE REC'D BY LOCAL REG.: 7/19/63

20. REGISTRAR'S SIGNATURE: J. H. Hayward

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: 40 WEEKS

22b. WEIGHT AT BIRTH: LBS. OZS.

23. Was a standard serological test for syphilis performed? YES ☐ NO ☐

Approximate date

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Form DPH-48001

JUL 24 1963

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of None

(b) Labor: Complication None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? None

Describe:

(2) Birth Injury? None

Describe:

(e) Signature of Physician:

[signature]

818-122-004-244

(Be sure the information is complete and accurate)

State File No. De63-514

Local Reg. No.

Reg. Dist. No. 5-1-2

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
JUL 11 1963
Bureau of Vital Statistics

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF BIRTH a. COUNTY: BEAR LAKE COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PARIS c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): SOUTH MAIN STREET	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE: IDAHO b. COUNTY: BEAR LAKE c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PARIS d. STREET ADDRESS (If rural, give location): SOUTH MAIN STREET

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	WILLIS	HOWARD	HAYWARD

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
MALE	SINGLE ☐ TWIN ☒ TRIPLET ☐	1ST ☐ 2ND ☒ 3RD ☐	JULY 22, 1906

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	JOSEPH	WILLIAM	HAYWARD	WHITE

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
27 YEARS	PARIS, IDAHO	PHYSICIAN	GENERAL PRACTICE

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	LILLIAS	------	BUDGE	WHITE

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
23 YEARS	PARIS, IDAHO	NONE	NONE	NONE

17. INFORMANT'S SIGNATURE OR NAME (Relationship): [illegible] Father

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: [illegible] M.D.

18b. ATTENDANT AT BIRTH: M. D. ☒ OSTEOPATH ☐ OTHER (Specify) ☐

18c. ADDRESS: Montpelier Ida.

18d. DATE SIGNED: 7-9-1963

19. DATE REC'D BY LOCAL REG.: 7/9/63

20. REGISTRAR'S SIGNATURE: [illegible]

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY	22b. WEIGHT AT BIRTH	23. Was a standard serological test for syphilis performed? YES ☐ NO ☒
40 WEEKS	LBS. OZS.	Approximate date

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate

Form DPH-48001

JUL 24 1963

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

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MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of None

(b) Labor: Complication None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? None

Describe:

(2) Birth Injury? None

Describe:

(e) Signature of Physician:

H. H. Stump M.D.

331-210-004-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-522

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Monta Clark			2. Date Of Birth (month) (day) (year): June 10 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: St. Charles
FATHER	6. Full Name of Father: Elijah Clark			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Amanda Sabra Adams			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Monta Clark Gardner		11. Present Address of Registrant: 146 Park St.
NOTARY (Seal)	Subscribed and sworn to before me on: July 15th 1963	12. Signature of Notary: Lela M Williams		13. Notary Commission expires: Aug 1 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of application for insurance	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: ----	Date Orig. Entry: Nov. 28, 1951
	Date of Birth: June 10, 1906 / Birth Place: St. Charles, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: AmandaSSabra Andersen	Date Issued: July 15,	Date Orig. Entry: 1963
	Date of Birth: June 10, 1906 / Birth Place: St.Charles, Idaho	Full Name of Mother: Amanda Sabra Clark	Name of Father: Elijah Clark	
SUPPORTING RECORD 3.	Type of Document: Photo copy of Own child's birth certificate	By whom issued and signed: Idaho State File #190255	Date Issued: ----	Date Orig. Entry: child born April 10, 1931
	Date of Birth: Age: 24 / Birth Place: St.Charles, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Shirley Miller	July 23, 1963

FORM BH 56067

JUL 23 1963

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

296201-030-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-528

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Laureta Nadine Brown			2. Date Of Birth (month) October (day) 1, (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: May
FATHER	6. Full Name of Father: Minor Arthur Brown			7. State or Country of Father's Birth: New York
MOTHER	8. Full Maiden Name of Mother: Della Berthena Beck			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Laureta Nadine Black		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19___	12. Signature of Notary: B. J. Hutchison		13. Notary Commission expires: Notary Public, Residing at Boise, Idaho My Commission Expires Nov. 10, 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho, File #227354		Date Issued: ----	Date Orig. Entry: Child born Nov. 3, 1934
	Date of Birth: Age 28	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Methodist Church		Date Issued: ----	Date Orig. Entry: Baptized May 10, 1953
	Date of Birth: October 1, 1906	Birth Place: ----	Full Name of Mother: Bertha Beck Brown	Name of Father: Minor Brown	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother & father	By whom issued and signed: Minor A. Brown and Bertha Brown		Date Issued: ----	Date Orig. Entry: July 22, 1963
	Date of Birth: October 1, 1906	Birth Place: May, Idaho	Full Name of Mother: Bertha Brown	Name of Father: Minor A. Brown	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bm Betty Morris	Date Filed: July 24, 1963

FORM BH 56067

4-16-63

JUL 25 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Brown

CHILD	1. Name of child (First, middle, last) Name at birth Dennis Lee Brown
	2. Date of birth (month) (day) (year) October 3, 1963
	3. Place of birth (City or town) (County) Idaho Falls Bingham
	4. Sex Male
	5. Twin, triplet, or other? No
	6. If not single birth, was child first, second, third born? ----
	7. Usual residence of child (If institution, give city or town and state) Idaho Falls, Idaho
FATHER	8. Full name of father Lester Dale Brown
	9. Date of birth (month) (day) (year) January 29, 1933
	10. Birthplace (State or foreign country) Idaho
	11. Usual residence Idaho Falls, Idaho
MOTHER	12. Full maiden name of mother Bertha Jeanne Peck
	13. Date of birth (month) (day) (year) February 23, 1933
	14. Birthplace (State or foreign country) Idaho
	15. Usual residence Idaho Falls, Idaho
ATTESTATION	16. Attendant I hereby certify that I attended the birth of the child named above, which occurred as stated above.
	17. Signature and address Dr. Clyde Bingham Idaho Falls, Idaho
	18. Date signed October 4, 1963
AFFIDAVIT	19. Affiant I hereby certify that the facts stated above are true to the best of my knowledge and belief.
	20. Signature of Affiant Lester Dale Brown
	21. Address of Affiant Idaho Falls, Idaho
	22. Date signed October 4, 1963
NOTARY	23. I hereby certify that I administered the oath required and swore to before me on the date above. Notary Commission expires Notary Public
	24. Signature of Notary Not Required
	25. Address of Notary Not Required
	26. Date signed Not Required
SUPPORTING RECORD 1	Type of Document Certificate of Baptism
	By whom issued and signed Pocatello Church
	Date issued ----
	Date of birth October 4, 1963
	Birth Place Idaho
	Full Name of Mother Bertha Jeanne Brown
	Maiden Name Peck
SUPPORTING RECORD 2	Type of Document Certificate of Baptism
	By whom issued and signed Elmer A. Brown and Bertha Brown
	Date issued ----
	Date of birth October 4, 1963
	Birth Place Idaho
	Full Name of Mother Bertha Brown
	Maiden Name Peck

I hereby certify that my prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the above delayed statement.

Date Registered	Evidence reviewed by	Date Filed
October 4, 1963	Betty Peters	October 4, 1963

75J-226-004-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-529

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Peterson			2. Date Of Birth (month) (day) (year): September 26 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nounan Idaho Bear Lake	b. City or Town of Birth: Nounan Idaho	
FATHER	6. Full Name of Father: Ira Peterson			7. State or Country of Father's Birth: Idaho Bear Lake Ovid	
MOTHER	8. Full Maiden Name of Mother: Julia Dunn			9. State or Country of Mother's Birth: Idaho Bear Lake Gorgetown.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Peterson		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: 11th day of July 1963	12. Signature of Notary: L Bleigh Shepherd		13. Notary Commission expires: Oct 10 1966	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: E. M. Lindsay, Bishop		Date Issued: -----	Date Orig. Entry: blessed Jan. 6, 1907
	Date of Birth: Sept. 26, 1906	Birth Place: Bear Lake County Nounan, Idaho	Full Name of Mother: Julia Dunn	Name of Father: Ira Peterson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File #158399		Date Issued: ----	Date Orig. Entry: child born Jan. 15, 1928
	Date of Birth: Age: 21	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Julia D. Peterson		Date Issued: July 23, 1963	Date Orig. Entry:
	Date of Birth: Sept. 26, 1906	Birth Place: Nounan, Idaho	Full Name of Mother: Julia Dunn Peterson	Name of Father: Ira Peterson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Shirley Miller sm	Date Filed: July 25, 1963

FORM BH 56067 (W) 7-9-63. one copy pd. rec. #06763.

JUL 25 1963

Wallentine

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)	
	3. Color or Race (Z, Sex)	4. Place of birth (Z, County)	5. Place of birth
FATHER	6. Full name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	10. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant
NOTARY (Seal)	13. Described and sworn to before me on	14. Signature of Notary	15. Notary Commission expires

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

AFFIDAVIT RECORD 1	Type of Document: Certificate of Blessing	By whom issued and signed: T. M. [illegible]	Date Issued: ---	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: Julia Dunn	Name of Father: [illegible] Peterson
SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ---	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: ---	Name of Father:
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: Julia U. Peterson	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: Julia Dunn Peterson	Name of Father: [illegible]
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the present application.

Date Registered: [illegible]	Evidence reviewed by: [illegible]	Date Filed: [illegible] 1963

FORM [illegible] 7-[illegible], [illegible] 403763

819-118-044-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-538

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Harvey Blake Hart
2. Date of Birth (month) (day) (year): March 18 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Cambridge Ida. Wash.
b. City or Town of Birth: Cambridge

FATHER

6. Full Name of Father: James Monroe Hart
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Full Maiden Name of Mother: Iva Lee Blake
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: [signature]
11. Present Address of Registrant: 2 Park Place Longview, Wash

NOTARY (Seal)

Subscribed and sworn to before me on: May 20 1963
12. Signature of Notary: Sigurd C. Hansen
13. Notary Commission expires: February 10 1966

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photo copy of application for life insurance	Sun Life Assurance Company of Canada	----	Aug. 27, 1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 18, 1906	Cambridge, Idaho	-----	----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of marriage record	E.B. West, Deputy	Mar. 14, 1960	Nov. 14, 1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 24	----	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Uncle- born 1883	Rufo V. Blake	July 16, 1963	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 18, 1906	Cambridge, Idaho Washington County	Iva Lee Blake	James Monroe Hart

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Joyce B. Foltz	July 31, 1963

FORM BH 56067 1-11-60

AUG 1 1963

312-120-028-252

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No De-63-553

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JOSEPH EARL LA BRANCH
2. Date of Birth: (month) October (day) 20, (year) 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County Idaho Kootenai; b. City or Town of Birth: Lane

FATHER

6. Full Name of Father: Joseph Henry La Branch
7. State or Country of Father's Birth: Syracuse, N. Y.

MOTHER

8. Full Maiden Name of Mother: Violet Sessions (Wurts)
9. State or Country of Mother's Birth: Vernal Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: J. E. LaBranch
11. Present Address of Registrant: 5226 West Avenue L-10 Lancaster, California

NOTARY (Seal)

Subscribed and sworn to before me on JUL 6 1961 19___

12. Signature of Notary: Milan N. Pond
MILAN N. POND
5500 WEST AVENUE M
QUARTZ HILL, CALIF.

13. Notary Commission expires: My Commission Expires April 6, 1963 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	affidavit by mother	Violet M. LaBranch Wurts	June 21, 1961	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct.20,1906 / Kootenai County Lane, Idaho	Violet M. LaBranch Wurts	----	
SUPPORTING RECORD 2.	own child's hospital birth certificate	Klamath Valley Hospital, Ore. Helen Thorne, R.N. Supt.	----	child born Aug. 10, 1944
	Oct.20,1906 / Lane, Idaho	----	----	
SUPPORTING RECORD 3.	Statement regarding hospital record; Klamath Valley Hospital	G. R. Malley, Office Mgr. Klamath Falls, Oregon	Sept.9, 1961	Nov. 5, 1945
	Age: 39 / ---	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: pw pw Shirley Miller
Date Filed: August 7, 1963

FORM BH 56067

AUG 7 1963

851-214-022-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-565

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Hilda Yeaman			2. Date Of Birth (month) (day) (year): March 14 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Freemont County	b. City or Town of Birth: Egin Bench
FATHER	6. Full Name of Father: William Thomas Yeaman			7. State or Country of Father's Birth: Huntsville, Utah, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Mary Smithurst			9. State or Country of Mother's Birth: Manchester, England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Mary Hilda Yeaman		11. Present Address of Registrant: 8217 S.E. Woodstock Portland, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: July 31 1963	12. Signature of Notary: Jeanne Shirts		13. Notary Commission expires: November 16 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Seattle-King County Washington Registrar's No. 2464	Date Issued: June 13, 1963	Date Orig. Entry: child born May 3, 1940
	Date of Birth: Age: 34	Birth Place: Egin, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother: 10 years older; born May 16, 1895	By whom issued and signed: Charles Luther Yeaman	Date Issued: June 14, 1963	Date Orig. Entry:
	Date of Birth: Mar. 14, 1906	Birth Place: Fremont County Egin Bench, Idaho	Full Name of Mother: Mary Smithurst	Name of Father: William Thomas Yeaman
SUPPORTING RECORD 3.	Type of Document: Photo copy of Certificate of Baptism and Confirmation	By whom issued and signed: Walter A. Porter, Bishop	Date Issued: July 14, 1924	Date Orig. Entry: baptized July 13, 1924
	Date of Birth: Mar. 14, 1906	Birth Place: Egin, Idaho	Full Name of Mother: Mary Smithurst	Name of Father: William T. Yeaman
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: August 9, 1963

FORM BH 56067

AUG 12 1963

Gray, Fredrickson & Heath, attys

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

REGISTRANT	1. Registrant's Full Name of Birth: Mary Hilda Yeoman	2. Date of Birth (month) March (day) 14 (year) 1903	
Person under Birth is being registered	3. Color or Race: White	4. Sex: F	5. Place of Birth: Fremont County
			Birth or Town of Birth: Egin Bench
FATHER	Full Name of Father: William Thomas Yeoman		Place of Country of Father's Birth: Huntsville, Utah, U.S.A.
MOTHER	Full Name of Mother: Mary Smithurst		9. State or Country of Mother's Birth: Manchester, England
Affiliation	Thereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires: November 1[illegible] 1964

APPLICATION - SUBMIT CERTIFICATE WITH THIS FORM

SUPPORTING RECORD 1.	Type of Document: Certificate copy of [illegible]	By whom issued and signed: [illegible] Registrar [illegible]	Date Issued: June 13, 1962	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Place of Birth: [illegible]	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom issued and signed: Charles Bethy Yeoman	Date Issued: June 14, 1962	Date Orig. Entry:
	Date of Birth: Mar. 14, 1903	Place of Birth: Fremont County Egin Bench, Idaho	Name of Father: William Thomas Yeoman	
SUPPORTING RECORD 3.	Type of Document: Photo copy of Certificate of Baptist and Confirmation	By whom issued and signed: Walter A. [illegible]	Date Issued: July 14, 1962	Date Orig. Entry: Baptized July 14, 1962
	Date of Birth: Mar. 14, 1903	Place of Birth: Egin, Idaho	Full Name of Mother: Mary Smithurst	Name of Father: William T. Yeoman

CERTIFICATE OF BIRTH

I, Registrar, certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that accompanying evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Registrar	Evidence Reviewed by: Shirley Miller	Date Filed: August 9, 1963

613-209-016-845

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-573

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Clayne Walker		2. Date of Birth (month) (day) (year): January 8 1906
	3. Color or Race: white	4. Sex: Fem	5. Place of Birth a. County: Cassia; b. City or Town of Birth: Oakley, Idaho
FATHER	6. Full Name of Father: Melvin Rolin Walker		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Effie Louisa Hunter		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel C. Wirsching	11. Present Address of Registrant: Sun City, Ariz 12208 No. 103rd Ave
NOTARY (Seal)	Subscribed and sworn to before me on: August 6 1963	12. Signature of Notary: Marjorie M. Germond	13. Notary Commission expires: 10/25 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho State File #302763	Date Issued: ----	Date Orig. Entry: child born Oct. 31, 1940
	Date of Birth: Age: 34	Birth Place: Oakley, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records; Records Dept.	By whom issued and signed: Loretta Lutz, RRL, Medical Magic Valley Hospital; Twin Falls, Ida.	Date Issued: July 22, 1963	Date Orig. Entry: Dec. 30, 1953
	Date of Birth: Jan. 8, 1906	Birth Place: Idaho	Full Name of Mother: Effie Hunter	Name of Father: Melvin Walker
SUPPORTING RECORD 3.	Type of Document: Duplicate Certificate of Blessing	By whom issued and signed: Peter H. Kremer, Clerk	Date Issued: July 21, 1963	Date Orig. Entry: blessed Feb. 4, 1906
	Date of Birth: Jan. 8, 1906	Birth Place: Oakley, Idaho	Full Name of Mother: Effie L. Hunter	Name of Father: Melvin R Walker
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Shirley Miller	Date Filed: August 14, 1963

FORM BH 56067 1 Copy Rd. #06627

AUG 14 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Hirsching

REGISTRAR'S CERTIFICATE

1. Registrant's Full Name at Birth

2. Date of Birth (month) (day) (year)

3. Color or Race | 4. Sex | 5. Place of Birth | 6. County | 7. City or Town of Birth

FATHER

8. Full Name of Father

9. State or Country of Father's Birth

MOTHER

10. Full Maiden Name of Mother

11. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare under oath that the above statements are true to the best of my knowledge and belief.

12. Signature of Registrant

13. Address of Registrant

NOTARY (Seal)

Subscribed and sworn to before me on

14. Signature of Notary

15. Expiration Date

APPLICATION — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: [illegible]

Date Issued: [illegible] Oct. 31, 1960

Date of Birth: [illegible] Place: [illegible]

Full Name of Mother: ---

Name of Father: ---

SUPPORTING RECORD 2.

Type of Document: [illegible]

Date Issued: [illegible] Dec. 20, 1953

Date of Birth: [illegible] Place: [illegible]

Full Name of Mother: [illegible]

Name of Father: [illegible]

SUPPORTING RECORD 3.

Type of Document: [illegible]

By whom issued and signed: Peter M. [illegible]

Date Issued: [illegible] Date Orig. Entry Issued: Feb. 4, 1906

Date of Birth: [illegible] Place: [illegible]

Full Name of Mother: [illegible]

Name of Father: [illegible]

QUALIFIED

REGISTRAR'S CERTIFICATION

I hereby certify that no reliable certificate can be found in the division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar

Evidence reviewed by

Date Filed

[illegible]

[illegible]

August 14, [illegible]

515-21-028-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-596

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VIVIAN ALICE VAN KEUREN			2. Date Of Birth (month) (day) (year): FEBRUARY 12, 1906	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: IDAHO KOOTENAI	b. City or Town of Birth: CATALDO	
FATHER	6. Full Name of Father: JUDSON HENRY VAN KEUREN			7. State or Country of Father's Birth: MICHIGAN	
MOTHER	8. Full Maiden Name of Mother: GRACE WINIFRED CRAWFORD			9. State or Country of Mother's Birth: MINNESOTA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Vivian a McKean		11. Present Address of Registrant: Box 842, McCloud, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: August 16 1963	12. Signature of Notary: Eula M. Rafferty		13. Notary Commission expires: September 9 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notarized photo copy of page from Family Bible	By whom issued and signed: Eula M. Rafferty, NotaryPublic		Date Issued: April 5, 1963	Date Orig. Entry: obviously old
	Date of Birth: Feb.12,1906	Birth Place: ----	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Certified copy of Marriage License	By whom issued and signed: Ernest T. Johnson, Recorder		Date Issued: Nov.30,1962	Date Orig. Entry: Sept. 13, 1924
	Date of Birth: Age: 18	Birth Place: Idaho	Full Name of Mother: Judson H. Van Keuren	Name of Father: Grace Crawford	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother,-age:80	By whom issued and signed: Frank Van Keuren		Date Issued: August 6, 1963	Date Orig. Entry:
	Date of Birth: Feb,12,1906	Birth Place: Kootenai County Cataldo, Idaho	Full Name of Mother: Grace Winifred Crawford	Name of Father: Judson Henry Van Keuren	
QUALIFYING INFORMATION	Certified copy of own child's birth certificate; California State File #177; dated June 7, 1963-Child born May 24, 1925. Age at that time Was 19 and place of birth given as Idaho.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. M. Benson	Evidence reviewed by: sm Shirley Miller			Date Filed: August 27, 1963

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 27 1968

CHILD	1. Name of child (Type or print)	2. Date of birth
	3. Color or race	4. Sex
	5. Place of birth	County
	6. Name of father	7. State or Country of Father's birth
MOTHER	8. Full maiden name of Mother	9. State or Country of Mother's birth
	10. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Applicant
	12. Subscribed and sworn to before me on	13. Notary Commission expires
	14. Name of Physician or Midwife in attendance at birth	15. Address
	16. Date received by local registrar	17. Signature of Registrar
	18. Name of person	Relationship
	19. Date of birth	20. Place
	21. Name of Informant	Address
	22. Date received by State Registrar	Registrar's No.
	23. Name of Father	Maiden Name of Mother
	24. Date of Marriage	Place
	25. Birthplace of Father	Birthplace of Mother
	26. Occupation of Father	Occupation of Mother
	27. Name of Witness	Address
	28. Name of Witness	Address
	29. Name of Witness	Address
	30. Name of Witness	Address
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	99. Name of Witness	Address
	100. Name of Witness	Address

CERTIFICATION

I hereby certify that my office records contain no certificate of birth for the person named above, and that documentary evidence was duly submitted, which substantiates the facts as set forth in the foregoing statement.

State Registrar — By (Deputy) — Date Filed

August 2, [illegible]

813-207-021-566

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-613

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Geneva Hale		2. Date Of Birth (month) (day) (year): October 7th 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Preston, Idaho Franklin
			b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: Solomon Henry Hale		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ginerva Geniver Nowlin		9. State or Country of Mother's Birth: Salt Lake City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Geneva Hale Inman (SISTER) Libbie Hale Parker	11. Present Address of Registrant: 1866 N.W. ASPEN AVE. PORTLAND, OREGON
NOTARY (Seal)	Subscribed and sworn to before me on: AUGUST 7 1963	12. Signature of Notary: Erick Burmester	13. Notary Commission expires: JUNE 6, 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of application for insurance	By whom issued and signed: Standard Insurance Company	Date Issued: April 3, 1947	Date Orig. Entry:
	Date of Birth: Oct.7,1906 / Birth Place: Preston, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister, age: 67	By whom issued and signed: Libbie Hale Parker	Date Issued: August 23, 1963	Date Orig. Entry:
	Date of Birth: Oct.7,1906 / Birth Place: Preston, Idaho	Full Name of Mother: Ginerva Nowlin Hale	Name of Father: Soloman Henry Hale	
SUPPORTING RECORD 3.	Type of Document: Clipping from book, notarized Who's Who in American Women	By whom issued and signed: Erick Burmester, Notary Public	Date Issued: Aug. 29, 1963	Date Orig. Entry: 1958
	Date of Birth: Oct.7,1906 / Birth Place: Preston, Idaho	Full Name of Mother: Ginerva Nowlen Hale	Name of Father: Solmon H. Hale	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm sm Shirley Miller	September 4, 1963

FORM BH 56067 2 copies Pd #07820 + 08811 Black End 2 Copies

SEP 4 1963

755-129-022-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-618

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth ?? William Marion Gee			2. Date Of Birth (month) March (day) 29, (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Rexburg, IdahoFremont	b. City or Town of Birth: Rexburg, Idaho	
FATHER	6. Full Name of Father: William Erastus Gee			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Kerr			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: W. E. Gee	11. Present Address of Registrant: 21 Cornell, Pocatello, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on Aug. 29 1963		12. Signature of Notary: Merrill R. Gee	13. Notary Commission expires 7-13 1967	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: Idaho State File No. 213707	Date Issued: ----	Date Orig. Entry: child born July 22, 1933
	Date of Birth: Age: 27	Birth Place: Rexburg, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Notarized photo copy of page from Family Record Book; Descendants of Marriner W. Merrill		By whom issued and signed: B. Lm. Smith, Notary Public	Date Issued: Aug. 26, 1963	Date Orig. Entry: 1939
	Date of Birth: Mar. 29, 1906	Birth Place: Rexburg, -----	Full Name of Mother: Mary Ellen Kerr	Name of Father: William Erastus Gee	
SUPPORTING RECORD 3.	Type of Document: College Transcript; Southern		By whom issued and signed: Alton B. Jones, Registrar Branch, University of Idaho	Date Issued: Aug. 2, 1963	Date Orig. Entry: Sept. 24, 1929
	Date of Birth: Mar. 29, 1906	Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: W. E. Gee	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. L. Benson	Evidence reviewed by: Shirley Miller	Date Filed: September 9, 1963

FORM BH 56067

SEP 9 1963

JUL 20 1987

253-206-006-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-620

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HAZEL BELNAP			2. Date Of Birth (month) Sept. (day) 6, (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham County	b. City or Town of Birth: Moreland
FATHER	6. Full Name of Father: OLIVER MEAD BELNAP			7. State or Country of Father's Birth: Hooper, Utah
MOTHER	8. Full Maiden Name of Mother: JAEL LAVERN HATCH			9. State or Country of Mother's Birth: Nealeyville, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel Belnap Pearson.		11. Present Address of Registrant: Moreland, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 26, 1963	12. Signature of Notary: Edna B. Capps		13. Notary Commission expires: January 31, 1966.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of application to enter school; the Idaho Falls	By whom issued and signed: Training School for Nurses of L.D.S. Hospital		Date Issued: ---	Date Orig. Entry: Oct. 11, 1924
	Date of Birth: Sept. 6, 1906	Birth Place: Moreland, Idaho	Full Name of Mother: -----	Name of Father: O. M. Belnap	
SUPPORTING RECORD 2.	Type of Document: School record (photo copy)	By whom issued and signed: Idaho Falls L. D. S. Hospital Training School		Date Issued: ----	Date Orig. Entry: Jan. 1, 1925
	Date of Birth: Age: 18	Birth Place: ----	Full Name of Mother: ----	Name of Father: O. M. Belnap	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Oliver Mead Belnap		Date Issued: August 26, 1963	Date Orig. Entry:
	Date of Birth: Sept. 6, 1906	Birth Place: Moreland, Idaho	Full Name of Mother: Jael Lavern Hatch Belnap	Name of Father: Oliver Mead Belnap	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller		Date Filed: September 9, 1963	

FORM BH 56067

OCT 29 1963

Pearson

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Pe-C-[illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: HAZEL BELNAP	2. Date of Birth (month) Sept. (day) 6, (year) 1906
	3. Color or Race: White	4. Sex: Female
	5. Place of Birth: Bingham County	6. County or Town of Birth: Moreland
FATHER	6. Full Name of Father: OLIVER MEAD BELNAP	7. State or Country of Father's Birth: Hooper
MOTHER	8. Full Maiden Name of Mother: JAEL LAVERN HATCH	9. State or Country of Mother's Birth: Nealeyville, Idaho
AFFIDAVIT	11. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Signature of Registrant: Moreland, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 26, 1963	12. Signature of Notary: [illegible]
		13. Notary Public for Idaho: January 31, 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Photo copy of application to enter school; the Bush Falls Ward, O.S. Hospital	By whom issued and signed: [illegible] School for Nurses of [illegible]	Date Issued: [illegible] 11, 1924
	Date of Birth: Sept. 6, 1906	Birth Place: Moreland, Idaho	Full Name of Mother: [illegible]
SUPPORTING RECORD 2	Type of Document: School record (photo copy)	By whom issued and signed: Idaho Falls, I. [illegible] Hospital Training School	Date Issued: [illegible] Jan. 1, 1925
	Date of Birth: [illegible]	Birth Place: ----	Full Name of Mother: ----
			Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: Affidavit by Father	By whom issued and signed: Oliver Mead Belnap	Date Issued: [illegible] 1963
	Date of Birth: Sept. 6, 1906	Birth Place: Moreland, Idaho	Full Name of Mother: Jael Lavern Hatch Belnap
			Name of Father: Oliver Mead Belnap
QUALIFYING INFORMATION			

PREPARED BY CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing contract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Shirley [illegible]	September 9, 1963

FORM NO. [illegible]

594-102-040-252

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-631

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eugene Victor Nims
2. Date of Birth (month) (day) (year): Sept. 2 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Idaho — Shoshone; b. City or Town of Birth: WALLACE

FATHER

6. Full Name of Father: Clark Roland Nims
7. State or Country of Father's Birth: MINN. U.S.A.

MOTHER

8. Full Maiden Name of Mother: DAISY Alice SEBASTIAN
9. State or Country of Mother's Birth: Idaho USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eugene Victor Nims
11. Present Address of Registrant: 2424 Encinal Ave

NOTARY (Seal)

Subscribed and sworn to before me on: July 23 1963
12. Signature of Notary: [illegible]
13. Notary Commission expires: Dec 1, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of app. for marriage license	Geraldine Lamb, Clerk	July 30, 1963	Aug. 31, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 39	---	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by uncle; age: 68	Redomer Charles Sebastian	August 19, 1963	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 2, 1906	Wallace, Idaho	Daisy Alice Sebastian	Clark Roland Nims

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regardin application for insurance; Life Insurance	California-Western States Co. T.W. McDole, Manager	Sept. 3, 1963	Mar. 1, 1958

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 2, 1906	Idaho	-----	-----

QUALIFYING INFORMATION

Photo copy of Certificate of Eligibles issued by Department of Finance of Sacramento California. Date of certification Feb. 2, 1945. Date of birth as Sept. 2, 1906.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	sm Shirley Miller	September 10, 1963

FORM BH 56067

P-12-6-5

SEP 11 1963

753-22-9-029-546

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-632

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Verna Mae Geltz
2. Date Of Birth (month) (day) (year): July 29 1906
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Genesee Latah
b. City or Town of Birth: Genesee

FATHER

6. Full Name of Father: Charles Ernest Geltz
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Leona Victoria Edwards
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Verna Mae Kalafus
11. Present Address of Registrant: Genesee Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 7/2 1963

12. Signature of Notary: Donald E Springer
13. Notary Commission expires 9/8 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Mrs. Leona Victoria Geltz	July 2, 1963	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 29, 1906 / Latah County Genesee, Idaho	Leona Victoria Edwards	Charles Ernest Geltz	
SUPPORTING RECORD 2.	Notarized photo copy of page in Family Bible	Donald E. Springer, Notary Public	Sept. 3, 1963	obviously old
	July 29, 1906 / Genesee, Idaho	----	----	
SUPPORTING RECORD 3.	Statement regarding school records; Genesee Joint School	Paul F. Dempsey, Superintendent Dist. No. 282	--	Sept. 4, 1922
	July 29, 1906 / Genesee, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Barron	sm Shirley Miller	September 10, 1963

FORM BH 56067

SEP 11 1963

Kalapus

CHILD	1. Registrant's full name of Child	2. Date of Birth (Month) (Day) (Year)	
	3. Color or Race	4. Sex	5. Place of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	10. Affidavit	11. Signature of Registrant	12. Current Address of Registrant
NOTARY	13. Subscribed and sworn to before me	14. Signature of Notary	15. Notary Commission expires

APPLICANT TO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Date of Birth
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Date of Father
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Date of Father
QUALIFICATION			

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	[signature]	September 10, 1963

FORM OF NAMES

845-12-0266 13

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-633

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALFRED WALKER HUNTER			2. Date Of Birth: (month) JANUARY (day) 21, (year) 1906	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth: IDAHO a. County: JEFFERSON	b. City or Town of Birth: LEWISVILLE	
FATHER	6. Full Name of Father: EDWARD BISHOP SPENCER HUNTER			7. State or Country of Father's Birth: SALT LAKE CITY, UTAH	
MOTHER	8. Full Maiden Name of Mother: LYDIA WALKER			9. State or Country of Mother's Birth: SALT LAKE CITY, UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alfred Walker Hunter		11. Present Address of Registrant: 130 Marjacq Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept-7 1963	12. Signature of Notary: [illegible]		13. Notary Commission expires: Sept. 1, 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho State File #312282		Date Issued: -----	Date Orig. Entry: child born April 12, 1941
	Date of Birth: Age: 35	Birth Place: Lewisville, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certified statement regarding insurance policy; Dist. Court	By whom issued and signed: Wallace Hanson, Clerk of Bankers Life Company-Ins.		Date Issued: July 17,1963	Date Orig. Entry: June 2, 1948
	Date of Birth: Jan.21,1906	Birth Place: -----	Full Name of Mother: Lydia W. Hunter	Name of Father: E. B. Hunter	
SUPPORTING RECORD 3.	Type of Document: Certified copy of application for Marriage License	By whom issued and signed: Alvin Keddington, Clerk		Date Issued: Sept. 5, 1963	Date Orig. Entry: Nov. 4, 1935
	Date of Birth: Jan.21,1906	Birth Place: Lewisville, Idaho	Full Name of Mother: Lydia Walker	Name of Father: Edward B. Hunter	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: September 10,1963

FORM BH 56067

SEP 11 1963

219-201-006-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-634

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRANCES VILATE BARNES			2. Date Of Birth (month) (day) (year): NOVEMBER 1, 1906	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: IDAHO BINGHAM	b. City or Town of Birth: ROSE	
FATHER	6. Full Name of Father: OSCAR BARNES			7. State or Country of Father's Birth: DAVIS, UTAH	
MOTHER	8. Full Maiden Name of Mother: MARY ELLEN BENNETT			9. State or Country of Mother's Birth: DAVIS COUNTY, UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances Vilate Barnes Hunter		11. Present Address of Registrant: 130 Marjacq, Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept-7 1963	12. Signature of Notary: [illegible]		13. Notary Commission expires: Sept. 1 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho State File #312272		Date Issued: ----	Date Orig. Entry: child born April 12, 1941
	Date of Birth: Age: 34	Birth Place: Rose, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of school record; The Cook County School of Nursing, Chicago, Ill.	By whom issued and signed: Laura R. Logan, Dean		Date Issued: Oct.9,1931	Date Orig. Entry: Mar. 23,1931
	Date of Birth: Nov.1,1906	Birth Place: ----	Full Name of Mother: ------	Name of Father: Oscar Barnes	
SUPPORTING RECORD 3.	Type of Document: Certified copy of application for marriage license	By whom issued and signed: Alvin Keddington, Clerk		Date Issued: Sept. 5, 1963	Date Orig. Entry: Nov. 4, 1935
	Date of Birth: Nov.1,1906	Birth Place: ~~Idaho~~	Full Name of Mother: Mary Ellen Bennett	Name of Father: Oscar Barnes	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Brown	Evidence reviewed by: sm Shirley Miller	Date Filed: September 10,1963

FORM BH 56067.

SEP 11 1963

OCT 9 1963

493423-035-769

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-652

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marvin Melford Mills			2. Date Of Birth (month) (day) (year): Jan. 23 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Nezperce County	b. City or Town of Birth: Russell Idaho
FATHER	6. Full Name of Father: Samuel Franklin Mills			7. State or Country of Father's Birth: Isabella Co Michigan
MOTHER	8. Full Maiden Name of Mother: Fannie Lenora Porter			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marvin M Mills		11. Present Address of Registrant: Camas Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: August 29 1963	12. Signature of Notary: Wm. H. Ruettgers Notary Public		13. Notary Commission expires: Oct 23 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth; Age; 73	By whom issued and signed: Andy Rekdahl	Date Issued: August 17, 1963	Date Orig. Entry
	Date of Birth: Jan.23,1906 / Birth Place: Russell, Idaho	Full Name of Mother: ----	Name of Father: Samuel Franklin Mills	
SUPPORTING RECORD 2.	Type of Document: Notarized photo copy of page from Family Records	By whom issued and signed: Wm. H. Ruettgers, Notary Public	Date Issued: Feb.28,1961	Date Orig. Entry: obviously old
	Date of Birth: Jan.23,1906 / Birth Place: NezPerce Co.,Ida.	Full Name of Mother: Fannie Lenora Porter Mills	Name of Father: Samuel Franklin Mills	
SUPPORTING RECORD 3.	Type of Document: Photo copy of application for life insurance	By whom issued and signed: Metropolitan Life Insurance Company	Date Issued: ----	Date Orig. Entry: April 26, 1955
	Date of Birth: Jan.23,1906 / Birth Place: Russell, Idaho	Full Name of Mother: -------	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: sm Shirley Miller	Date Filed: September 19,1963

FORM BH 56067

SEP 19 1963

669-22-019-399

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-658
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RUTH WORNEK			2. Date of Birth (month) May (day) 24 (year) 1906	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Mackay	b. City or Town of Birth: Custer	Mack y, Idaho
FATHER	6. Full Name of Father: JOHN W. WORNEK, SR.			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: ELLURA BELLE TRINNER			9. State or Country of Mother's Birth: Ohio	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Lewis		11. Present Address of Registrant: IDAHO FALLS, IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: August 22, 1963	12. Signature of Notary: A. W. Hunter		13. Notary Commission expires: February 20, 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of application for social security account no.	By whom issued and signed: U. S. Treasury Department	Date Issued: ---	Date Orig. Entry: Oct. 14, 1944	
Class*	Date of Birth: May 24,1906	Birth Place: Custer County Mackay, Idaho	Full Name of Mother: Ellura Belle Trinner	Name of Father: John M. Wornek, Sr.	
SUPPORTING RECORD 2.	Type of Document: Passport #246145	By whom issued and signed: U. S. Department of State	Date Issued: January 14, 1954	Date Orig. Entry	
Class	Date of Birth: May 24,1906	Birth Place: Mackey, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister; age- 69	By whom issued and signed: Fay W. Camino	Date Issued: August 31, 1963	Date Orig. Entry	
Class	Date of Birth: May 24,1906	Birth Place: Mackay, Idaho	Full Name of Mother: Ellura Belle Trinner	Name of Father: John W. Wornek, Sr.	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: sm Shirley Miller	Date Filed: September 19,1963

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 1 Copy Pd. # 09236

SEP 20 1963

914-208-022-393

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-665

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruby Lenora Rammell			2. Date Of Birth (month) September (day) 8, (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Haden
FATHER	6. Full Name of Father: Alma H. Rammell			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lenora Little			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby L. R. Hogan		11. Present Address of Registrant: Tetonia, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 13 1963	12. Signature of Notary: [signature]		13. Notary Commission expires: March 7 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding church record of Blessing	By whom issued and signed: L.D.S. Church Adrian H. Cook, Ward Clerk	Date issued: ---	Date Orig. Entry: Blessed Oct 7, 1906
	Date of Birth: Sept 8, 1906 / Birth Place: Haden, Idaho Fremont County	Full Name of Mother: Lenora Little	Name of Father: Alma H. Rammell	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle, age: 79	By whom issued and signed: Parley S. Rammell	Date issued: April 10, 1963	Date Orig. Entry:
	Date of Birth: Sept. 8, 1906 / Birth Place: Fremont County Haden, Idaho	Full Name of Mother: Lenora Little	Name of Father: Alma Henery Rammell	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Idaho State File #216789	Date issued: Sept. 23, 1963	Date Orig. Entry: child born Nov. 22, 1933
	Date of Birth: Age: 27 / Birth Place: Tetonia, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Shirley Miller	Sept. 23, 1963

FORM BH 56067

SEP 24 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Hoyo

1. Name of person	Ruby Lenore Jarrell
2. Date of birth	November 6, 1908
3. Place of birth	Idaho
4. County of birth	Fremont
5. City or Town of birth	Saden
6. Name of father	Lenora Little
7. Name of mother	Utah
8. State or Country of mother's birth	Utah
9. Name of witness	
10. Address of witness	
11. Relationship of witness to person	
12. Name of witness	
13. Address of witness	
14. Relationship of witness to person	

Subscribed and sworn to before me on

Notary Public

Type of document: Statement regarding change of name

Date issued: ---

Issued by: U. S. Department of Justice

Name at birth: Lenora Little

Date of birth:

Place of birth:

Name at present:

Date issued:

Issued by:

Name at birth:

966-225-022-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-669

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verda May Rowley			2. Date Of Birth (month) (day) (year): March 25, 1906
	3. Color or Race	4. Sex: Female	5. Place of Birth a. County: Fremont Co.	b. City or Town of Birth: Sugar City, Idaho
FATHER	6. Full Name of Father: Hugh Thompson Rowley			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Grace Davis			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verda Murphy		11. Present Address of Registrant: Chinook, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: 15th June 1959	12. Signature of Notary: Donna Davies		13. Notary Commission expires: 4-9 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record		By whom issued and signed: Sugar City Ward, Fremont Stake LDS Church	Date Issued: 4-14-59	Date Orig. Entry: May 6, 1906
	Date of Birth: March 25, 1906	Birth Place: Fremont Co. Sugar City, Idaho	Full Name of Mother: Grace Davis	Name of Father: Hugh Thompson Rowley	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle, age 78		By whom issued and signed: Royal J. Rowley	Date Issued: 3-30-59	Date Orig. Entry:
	Date of Birth: March 25, 1906	Birth Place: Fremont Co. Sugar City, Idaho	Full Name of Mother (born-Utah): Grace Davis	Name of Father (born-Utah): Hugh Thompson Rowley	
SUPPORTING RECORD 3.	Type of Document: Certified copy of voting registration card		By whom issued and signed: A. H. Dorn, County Clerk	Date Issued: Aug. 7, 1959	Date Orig. Entry: Sept. 20, 1946
	Date of Birth: Age: 40	Birth Place: ---	Full Name of Mother: - --	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	mr Shirley Miller	September 14, 1963

FORM BH 56067

OCT 8 1963

DELAYED CERTIFICATE OF BIRTH

666-70-028-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-675

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ray Lawrence Woolen		2. Date of Birth (month) April (day) 10 (year) 1906	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Coeur d'Alene Kootenai	b. City or Town of Birth: Coeur d'Alene, Idaho
FATHER	6. Full Name of Father: Lawrence Woolen		7. State or Country of Father's Birth: Oregon	
MOTHER	8. Full Maiden Name of Mother: Cora Belle Walters		9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ray Lawrence Woolen	11. Present Address of Registrant: Spirit Lake, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 18, 1963	12. Signature of Notary: W H Ordway	13. Notary Commission expires: April 5, 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of application for insurance	By whom issued and signed: Combined Insurance Company of America	Date Issued: ---	Date Orig. Entry: December 11, 1950	
	Date of Birth: April 10, 1906	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: George E. Hecrerath, Clerk	Date Issued: ---	Date Orig. Entry: Sept. 7, 1927	
	Date of Birth: Age: 21	Birth Place: Kootenai County Coeur d'Alene, Ida.	Full Name of Mother: Cora Walters	Name of Father: Lawrence Woolen	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt; age: 75	By whom issued and signed: Onah Raaum	Date Issued: September 18, 1963	Date Orig. Entry:	
	Date of Birth: April 10, 1906	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Cora Belle Walters	Name of Father: Lawrence Woolen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Shirley Miller	Date Filed: September 26, 1963

FORM BH 56067 1 Copy P.O. #10547

Woolen

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

SEP 26 1963

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: Ray Lawrence Woolen	2. Date of Birth (month) April (day) 10 (year) 1908	
	3. Color or Race: W	4. Sex: M	5. Place of Birth (County): Coeur d'Alene Rooteral
			6. City or Town of Birth: Coeur d'Alene, Idaho
FATHER	6. Full Name of Father: Lawrence Woolen		7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: Cora Belle Walters		9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Spirit Lake, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 18, 1963	12. Signature of Notary: [illegible]	13. Notary Commission expires: April 5, 1964

SUPPORTING RECORD 1	Type of Document: Marriage License	By whom issued and signed: Cora Walters, Clerk	Date Issued: —	Date Orig. Entry: December 11, 1960
	Date of Birth: Aug. 21	Birth Place: Coeur d'Alene, Ida.	Full Name of Mother: Cora Walters	Name of Father: Lawrence Woolen
SUPPORTING RECORD 2	Type of Document: Hearing by Aug. 25	By whom issued and signed: Cora Walters	Date Issued: September 16, 1963	Date Orig. Entry: [illegible]
	Date of Birth: Aug. 10, 1960	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Cora Belle Walters	Name of Father: Lawrence Woolen
QUALIFYING INFORMATION				

RECORD OF CERTIFICATION: I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Title of Registrar	Evidence reviewed by: Shirley Miller	Date Filed: September 20, 1963

369-208-021-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-679

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Orveata Pearl Corbridge			2. Date Of Birth (month) Feb. (day) 8 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Preston, Idaho
FATHER	6. Full Name of Father: Charles Nephi Corbridge			7. State or Country of Father's Birth: Franklin, Oneida, Idaho
MOTHER	8. Full Maiden Name of Mother: Sarah Pearl Claypool Corbridge			9. State or Country of Mother's Birth: Virgina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Orveata Pearl Corbridge	11. Present Address of Registrant: Mackay, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 23, 1963		12. Signature of Notary: O. Leon McNeil	13. Notary Commission expires: Jan. 7, 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File # 159053	Date Issued: ----	Date Orig. Entry: child born Feb. 21, 1928
	Date of Birth: Age: 22	Birth Place: Preston, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Family Record	By whom issued and signed: Family Record	Date Issued: October 4, 1957	Date Orig. Entry
	Date of Birth: Feb. 8, 1906	Birth Place: Preston, Idaho	Full Name of Mother: Sarah Pearl Claypool Corbridge	Name of Father: Charles Nephi Corbridge
SUPPORTING RECORD 3.	Type of Document: Affidavit by family friend at time of birth	By whom issued and signed: Weeks Nellie Grant Wilson Warner /	Date Issued: September 23, 1963	Date Orig. Entry
	Date of Birth: Feb. 8, 1906	Birth Place: Franklin County Preston, Idaho	Full Name of Mother: Sarah Pearl Claypool Corbridge	Name of Father: Charles Nephi Corbridge
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Shirley Miller	Date Filed: September 26, 1963

FORM BH 56067

SEP 27 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Boise

154-204-006-354

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-749

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ada Anderson			2. Date Of Birth (month) (day) (year): January 4 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Bingham	b. City or Town of Birth: Shelley	
FATHER	6. Full Name of Father: William Francis Anderson			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Rozette Lemmon			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ada A. Stewart		11. Present Address of Registrant: Lemhi Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 9-3 1963	12. Signature of Notary: Prada A. Stevens		13. Notary Commission expires: 4-13 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Bernice R. Harris, Bishop	Date Issued: ---	Date Orig. Entry: baptized Feb. 28, 1914
	Date of Birth: Jan. 4, 1906 / Birth Place: Bingham County Shelley, Idaho	Full Name of Mother: Rosette Lemmon	Name of Father: William F. Anderson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File No. 425544	Date Issued: ---	Date Orig. Entry: child born Aug. 10, 1946
	Date of Birth: Age: 40 / Birth Place: Shelley, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: L.D.S. Church Record	By whom issued and signed: L.D.S. Church, Salt Lake City, Utah	Date Issued: ---	Date Orig. Entry: confirmed April 5, 1914
	Date of Birth: Jan. 4, 1906 / Birth Place: Shelley, Idaho	Full Name of Mother: Razett Lemon	Name of Father: William Anderson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	October 23, 1963

FORM BH 56067 1 Copy Pd. #09198

OCT 24 1963

Division of Vital Statistics
Boise, Idaho

State File Number [illegible]

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Stewart

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible] Anderson	2. Date of Birth (month) January (day) 4 (year) 1963	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho; County: Bingham; Locality or Town of Birth: Shelley
FATHER	6. Full Name of Father: William Francis Anderson	7. State or Country of Father's Birth: Utah	
	8. Full Maiden Name of Mother: [illegible] Lemon	9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
(Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission Expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Baptism and Confirmation	By whom Issued and Signed: Francis P. [illegible], Nashon	Date Issued: —	Date Orig. Entry Verified: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: Rosetta Lemon	Name of Father: William S. Anderson	
SUPPORTING RECORD 2	Type of Document: Certificate birth certificate	By whom Issued and Signed: Idaho State Title No. [illegible]	Date Issued: —	Date Orig. Entry Verified: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3	Type of Document: [illegible] Church Record	By whom Issued and Signed: [illegible] Church, Salt Lake City, Utah	Date Issued: —	Date Orig. Entry Verified: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: Rosetta Lemon	Name of Father: [illegible]	

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]	Evidence reviewed by: Shirley Miller	Date Filed: October 22, 1963

FORM [illegible]

685-124-006-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-772

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DELBERT GEORGE WHEELER			2. Date Of Birth (month) Dec. (day) 24 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County Bingham	b. City or Town of Birth: Idaho	
FATHER	6. Full Name of Father: Robert Wheeler			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Emma Elizabeth Gardner			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Delbert George Wheeler		11. Present Address of Registrant: Fort Hall, Idaho Box 154	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 28 1963	12. Signature of Notary: Lyle C Phillips		13. Notary Commission expires: 4-1 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother, more than 10 years older	By whom issued and signed: Edgar A. Wheeler		Date Issued: October	Date Orig. Entry: 28, 1963
	Date of Birth: Dec.24,1906	Birth Place: Blackfoot, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school census record	By whom issued and signed: Edna Marlow, Deputy Clerk		Date Issued: Oct.28,1963	Date Orig. Entry: 1913-1914
	Date of Birth: Age: 7	Birth Place: -----	Full Name of Mother: -----	Name of Father: Robert Wheeler	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: L. D. Bronson, Clerk		Date Issued: ----	Date Orig. Entry: Baptized June 6, 1915
	Date of Birth: Dec.24,1906	Birth Place: Bingham County Blackfoot, Idaho	Full Name of Mother: Emma E. Gardner	Name of Father: Robert Wheeler	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W L Benson	Evidence reviewed by: Shirley Miller	Date Filed: November 1, 1963

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 1 1963

MAR 1 1 1966

966-225-031-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-787

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LOTTIE MARIE ROWE,			2. Date Of Birth (month) (day) (year): Sept. 25, 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Lewis	b. City or Town of Birth: Nezperce, Idaho
FATHER	6. Full Name of Father: Lee J. Rowe,			7. State or Country of Father's Birth: North Carolina
MOTHER	8. Full Maiden Name of Mother: Fannie B. Smith			9. State or Country of Mother's Birth: North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: × Lottie Marie Harding		11. Present Address of Registrant: Nezperce, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October, 29, 19 63	12. Signature of Notary: S C Fennell		13. Notary Commission expires: May, 23, 1967 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Idaho State File No. 237380	Date Issued: Oct. 30, 1963	Date Orig. Entry: child born Oct. 15, 1935	
	Date of Birth: Age: 29	Birth Place: Nezperce, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt; Age: 81	By whom issued and signed: Laura Rowe	Date Issued: October 29, 1963	Date Orig. Entry	
	Date of Birth: Sept. 25, 1906	Birth Place: Nezperce, Idaho	Full Name of Mother: Fannie B. Smith	Name of Father: Lee J. Rowe	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Marriage license affidavit	By whom issued and signed: Doris Brown, Clerk	Date Issued: Oct. 29, 1963	Date Orig. Entry: Dec. 27, 1929	
	Date of Birth: Age: 23	Birth Place: ------	Full Name of Mother: -------	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Shirley Miller	November 6, 1963

FORM BH 56067

NOV 6 1968

713-201-003-162

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-811

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marguerite Rebecca Gates
2. Date of Birth: (month) 9 - (day) 1 - (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Pocatello, Idaho

FATHER

6. Full Name of Father: Mr ~~Michael~~ Michael Gates
7. State or Country of Father's Birth: St. Angelo, Italy

MOTHER

8. Full Maiden Name of Mother: Mrs Rebecca Joseph.
9. State or Country of Mother's Birth: Wales, England.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marguerite Rebecca Zuccardi
11. Present Address of Registrant: P.O. Box 829

NOTARY (Seal)

Subscribed and sworn to before me on: 8th November 1963
12. Signature of Notary: Dorothy L. Fletcher
13. Notary Commission expires: December 13 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	Martin F. Hughes, Pastor	Oct. 31, 1963	baptized Sept. 16, 1906
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept. 1, 1906 / Pocatello, Idaho	Rebecca Joseph	Michael Gates	
SUPPORTING RECORD 2.	Own child's birth certificate	Idaho State File # 216672	----	child born Oct. 30, 1933
	Age: 27 / Pocatello, Idaho	----	-----	
SUPPORTING RECORD 3.	Photo copy of app. for insurance	Metropolitan Life Insurance Company	October	18, 1941
	Sept. 1, 1906 / Pocatello, Idaho	-------	-------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	November 14, 1963

FORM BH 56067

NOV 15 1963

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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race 4. Sex 5. Place of Birth (Country)	6. Place of Town of Birth
FATHER	7. Full Name of Father	8. State or Country of Father's Birth
MOTHER	9. Full Maiden Name of Mother	10. State or Country of Mother's Birth
APPLICANT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on 19	12. Signature of Notary 13. Notary Commission Expires 19

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Martin F. Barnes, Pastor	Oct. 21, 1963	Sept. 1, 1960
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
[illegible] / Pocatello, Idaho	Kenneth Gossman	[illegible]	

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Birth certificate	Idaho State File # [illegible]	----	Oct. 20, 1963
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
[illegible] / Pocatello, Idaho	----	----	

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Copy of app. for insurance	Metropolitan Life Insurance Company	[illegible]	[illegible]
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
[illegible] / Pocatello, Idaho	----	----	

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Shirley Miller	November 14, 1963

FORM NO. [illegible]

168-106-036-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-831

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Samuel Hansen Johnson			2. Date Of Birth (month) (day) (year): September 6 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Preston	
FATHER	6. Full Name of Father: Lorenzo Johnson			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Hansen			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Samuel H. Johnson		11. Present Address of Registrant: Smithfield, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 16, 1963	12. Signature of Notary: Elliott Thornley		13. Notary Commission expires: March 18, 1966	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister; born 1892		By whom issued and signed: Mary Johnson Corbridge	Date Issued: November 12, 1963	Date Orig. Entry
	Date of Birth: Sept. 6, 1906	Birth Place: Oneida County Preston, Idaho	Full Name of Mother: Mary Elizabeth Hansen	Name of Father: Lorenzo Johnson	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate ; Utah Registrar's No. 39		By whom issued and signed: E.T. Hawkins, City Recorder	Date Issued: Nov.1,1963	Date Orig. Entry: child born Jan. 7, 1948
	Date of Birth: Age: 41	Birth Place: Preston, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination to the office of Deacon		By whom issued and signed: Lorenzo Johnson, Bishop	Date Issued: ----	Date Orig. Entry: ordainded Mar. 10, 1919
	Date of Birth: Sept. 6, 1906	Birth Place: Oneida County Preston, Idaho	Full Name of Mother: Mary E. Hanson	Name of Father: Lorenzo Johnson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barnum	Evidence reviewed by: Shirley Miller	Date Filed: November 22, 1963

FORM BH 56067

NOV 22 1963

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-054

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Freeman Edgar Tibbetts			2. Date Of Birth (month) Oct. (day) 27 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Coeur d'Alene, Kootenai	b. City or Town of Birth: Coeur d' Alene, Idaho	
FATHER	6. Full Name of Father: Ezra Alman Tibbetts			7. State or Country of Father's Birth: I	
MOTHER	8. Full Maiden Name of Mother: Rose Jane McKusick			9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Freeman Edgar Tibbetts	11. Present Address of Registrant: Newport, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: August 30, 1962		12. Signature of Notary: Jay Roy Jones	13. Notary Commission expires: June 11, 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record		By whom issued and signed: U. S. Bureau of the Census Washington, D.C.	Date Issued: Mar.9,1960	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 13	Birth Place: Idaho	Full Name of Mother: Rose Tibbitts	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: File #1222, Montana	Date Issued: June7,1962	Date Orig. Entry: child born July 12, 1927
	Date of Birth: Age: 20	Birth Place: Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Photo copy of app. for social security accounty number		By whom issued and signed: U. S. Treasury Department	Date Issued: November 24, 1936	Date Orig. Entry:
	Date of Birth: Oct.27,1906	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Rose Jane McKusick	Name of Father: Ezra Alman Tibbetts	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	January 27, 1964

FORM BH 56067 1-12-60

JAN 28 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Till [illegible]

State File No. [illegible]

REGISTRAR	1. Registrant's Full Name of Birth: Freeman Edgar Tibbetts	2. Date of Birth (month) Oct. (day) 27 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Coeur d'Alene, Kootenai (Locality) Coeur d' Alene, Idaho (Locality or Town of Birth)
FATHER	6. Full Name of Father: [illegible] Alman Tibbetts	7. State or Country of Father's Birth: I	
MOTHER	8. Full Maiden Name of Mother: [illegible] Jane McKusick	9. State or Country of Mother's Birth:	
APPLICANT	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Newport, Washington	
	12. Signature of Notary: [illegible]	13. Notary Commission expires: June 11, [illegible]	
SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION: I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which [illegible] the facts as set forth in the [illegible].

Date Registered: [illegible] | Evidence reviewed by: [illegible] | Date Filed: [illegible]

386-215-040-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-065

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Elizabeth Thompson			2. Date Of Birth (month) March (day) 15 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Wallace	
FATHER	6. Full Name of Father: Charles Dunlap Thompson			7. State or Country of Father's Birth: New Jersey	
MOTHER	8. Full Maiden Name of Mother: Annie Elizabeth Lake			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Vera I. Pidcock	11. Present Address of Registrant: 4326 S.E. Schiller St. Portland 6, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: JAN 27 1964		12. Signature of Notary: [illegible]	13. Notary Commission expires: My Commission Expires May 8, 1966	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Family Bible	Date Issued: -----	Date Orig. Entry: Obiviously Old
	Date of Birth: March 15, 1906 / Birth Place: Wallace, Idaho	Full Name of Mother: Annie Elizabeth Lake Thompson	Name of Father: Charles Dunlap Thompson	
SUPPORTING RECORD 2.	Type of Document: Photo copy of application for insurance	By whom issued and signed: The Prudential Insurance Company of America	Date Issued: September 8, 1947	Date Orig. Entry:
	Date of Birth: Mar. 15, 1906 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth; Age: 75	By whom issued and signed: Vadda E. Armstrong	Date Issued: May 9, 1963	Date Orig. Entry:
	Date of Birth: Mar. 15, 1906 / Birth Place: Wallace, Idaho	Full Name of Mother: Annie Elizabeth Lake	Name of Father: Charles Dunlap Thompson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bm Shirley Miller	Date Filed: January 31, 1964

FORM BH 56067

JAN 31 1964

V54-727.001-755

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-067

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Raymond Lewis DeMeyer	2. Date Of Birth (month) (day) (year): April 27 1906	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Ada b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Edward DeMeyer	7. State or Country of Father's Birth: Ghent Belgium	
MOTHER	8. Full Maiden Name of Mother: Emma Gevart	9. State or Country of Mother's Birth: Ghent Belgium	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond Lewis DeMeyer	11. Present Address of Registrant: Mtn Home Idaho Box 707
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 27 1964	12. Signature of Notary: Grace Hall	13. Notary Commission expires: June 29 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother 84yrs	By whom issued and signed: Emma DeMeyer	Date Issued: Jan.27,1964	Date Orig. Entry: ----------
	Date of Birth: April 27 1906 / Birth Place: Boise, Idaho	Full Name of Mother: EdwEmmaDeMeyer	Name of Father: Edward DeMeyer	
SUPPORTING RECORD 2.	Type of Document: Montana Life Insurance Policy	By whom issued and signed: H. R. Cunningham President	Date Issued: Aug. 31, 1927	Date Orig. Entry: -------
	Date of Birth: April 27 1906 / Birth Place: Boise, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Own childs birth Certificate # 292307	By whom issued and signed: on file state of Idaho # 292307	Date Issued: --------	Date Orig. Entry: child born Mar.2,1935
	Date of Birth: Age 28yrs / Birth Place: Boise, Idaho	Full Name of Mother: ---------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Jan.31, 1964

FORM BH 56067

1-22-64

Dee Meyer

FEB 3 1964

APR 21 1976

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name of Birth	2. Date of Birth
	3. Sex	4. City or Town of Birth
FATHER	5. Full Name of Father	6. State or Country of Father's Birth
MOTHER	7. Full Maiden Name of Mother	8. State or Country of Mother's Birth
AFFIDAVIT	9. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant
	11. Present Address of Registrant	
NOTARY	12. Described and sworn to before me on	13. Signature of Notary
	14. Notary Commission expires	

APPLICANT - DO NOT WRITE BELOW THIS LINE

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit by mother 8yrs	Emma DeMeyer	Jan.27,1964	----------
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
April 27 1906 Boise, Idaho	Emma DeMeyer	Edward DeMeyer	
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date issued / Date Orig. Entry
	Montana Life Insurance Policy	H. R. Cunningham President	Aug. 31, 1922 -------
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
	April 27 1906 Boise, Idaho	----------	----------
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date issued / Date Orig. Entry
	Own childs Birth Certificate # 292307	on file state of Idaho # 292307	------- child born Mar.2,1938
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
	Age 28yrs Boise, Idaho	----------	----------
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Cartright	Jan.31, 1964

381-225-036-699

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-091

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elva Lorraine Chapman
2. Date Of Birth (month) (day) (year): Mar 25 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Preston Idaho oneida
b. City or Town of Birth: Idaho Preston oneida

FATHER

6. Full Name of Father: Wm Alva Chapman
7. State or Country of Father's Birth: Idaho Preston oneida

MOTHER

8. Full Maiden Name of Mother: Verena Wright
9. State or Country of Mother's Birth: Idaho Franklin oneida

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elva Lorraine Chapman
11. Present Address of Registrant: 744 East 2nd South

NOTARY (Seal)

Subscribed and sworn to before me on January 28th 1964
12. Signature of Notary: Pierre E Terry
13. Notary Commission expires: January 8, 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Record	Family Record	obviously old	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.25,1906	Preston, -----	Verena Wright Chapman	Wm. A. Chapman

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Metropolitan Life Insurance Company	May 16, 1938	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age next birthday 33	----	----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of application for license to marry	Mark F. Boyack, Clerk	Feb.5,1964	Nov. 19, 1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.25,1906	Preston, Idaho	Verena Wright	W. A. Chapman

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Beacom	sm Shirley Miller	February 11, 1964

FORM BH 56067

1-31-64

FEB 12 1964

Bullock

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth [illegible]		2. Date of Birth (month) (day) (year) [illegible]
	3. Sex [illegible]	5. Place of Birth (County) [illegible]	6. City or Town of Birth [illegible]
FATHER	6. Full Name of Father [illegible]		7. State or Country of Father's Birth [illegible]
MOTHER	8. Full Maiden Name of Mother [illegible]		9. State or Country of Mother's Birth [illegible]
AFFIDAVIT (Seal)	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: Family Record	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Preston, [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Insurance Company	Date Issued: May 14, [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3.	Type of Document: Certified copy of application for license to marry	By whom issued and signed: Mark T. Boyack, Clerk	Date Issued: Feb. 5, 1964	Date Orig. Entry: Nov. 19, 1924
	Date of Birth: [illegible]	Birth Place: Preston, [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATE (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and the documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

State Registrar: [illegible]	Evidence reviewed by: [illegible]	Date filed: February 11, 1964

Form 04 [illegible]

366-211-028-547

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-094

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NADEANE H. COOPER	2. Date Of Birth (month) Dec. (day) 11, (year) 1906
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Hayden Lake, Kootenai	b. City or Town of Birth: Hayden Lake, Idaho
FATHER	6. Full Name of Father: Jasper Cooper	7. State or Country of Father's Birth: Silverton, Oregon
MOTHER	8. Full Maiden Name of Mother: Maude Mary Empey	9. State or Country of Mother's Birth: South Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nadeane H. Bachman; 11. Present Address of Registrant: 211 Secound St. Coeur d'Alene, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 7, 1964 19	12. Signature of ~~Notary~~ U.S. Commission: [signature]; 13. Notary Commission expires: 4/13/65 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of Marriage License Affidavit		By whom issued and signed: M.K. Cline, Auditor	Date Issued: Feb.6,1964	Date Orig. Entry: Sept. 4, 1926
	Date of Birth: Age: 19	Birth Place: Hayden Lake, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth; Age: 80		By whom issued and signed: H. A. Mathews	Date Issued: February	Date Orig. Entry: 7, 1964
	Date of Birth: Dec.11,1906	Birth Place: Hayden Lake, Idaho	Full Name of Mother: Maude Mary Empey	Name of Father: Jasper Cooper	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate		By whom issued and signed: Washington Record No. 81	Date Issued: April 17, 1963	Date Orig. Entry: child born Mar. 20, 1929
	Date of Birth: Age: 22	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Shirley Miller	February 12, 1964

FORM BH 56067

FEB 12 1964

Backman

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): Dec. 11, 1906	
	3. Color or Race: [illegible]	4. Sex: Female	5. Place of Birth: [illegible] Hayden Lake, Idaho
FATHER	6. Name of Father: [illegible]	7. State or Country of Father's Birth: Illinois, Oregon	
MOTHER	8. Name of Mother: [illegible]	9. State or Country of Mother's Birth: South Dakota	
AFFIDAVIT	Hereby declare upon oath that the above statements are true to the [illegible] and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible] Second Pt. Coeur d'Alene, Idaho
NOTARY (Seal)	Subscribed and sworn to before me [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible] 4/13/63

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of Marriage License [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Place of Birth: Hayden Lake, Idaho		
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom issued and signed: H. A. Mathews	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: Jasper Cooper	
SUPPORTING RECORD 3.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Shirley Miller	February 12, 1964

FORM BH 5[illegible]

293-23-055-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-096

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Claudia Dorothy Billow			2. Date Of Birth (month) (day) (year): January 31, 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho; a. County: Nez Perce (now Lewis); b. City or Town of Birth: Nezperce		
FATHER	6. Full Name of Father: William Frederick Billow			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Hulda Edna Rosell			9. State or Country of Mother's Birth: Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Claudia Jacobson	11. Present Address of Registrant: 2044 Brynmawr Rd Victoria BC	
NOTARY (Seal)	Subscribed and sworn to before me on: February 7 1964		12. Signature of Notary: [illegible]	13. Notary Commission expires: Permanent 19___	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Alberta, Canada Own Certificate of Marriage		By whom issued and signed: Donald Mackie, J.P. Deputy Registrar General	Date Issued: November 29, 1928	Date Orig. Entry
	Date of Birth: Age: 22	Birth Place: Nezperce, Idaho	Full Name of Mother: Hulda Rosell	Name of Father: William Billow	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt; age: 84		By whom issued and signed: Emma Vetter	Date Issued: November 7, 1963	Date Orig. Entry
	Date of Birth: Jan.31,1906	Birth Place: Nezperce, Idaho	Full Name of Mother: Hulda Billow	Name of Father: William F. Billow	
SUPPORTING RECORD 3.	Type of Document: Statement regarding medical record		By whom issued and signed: J.L. Heffernan, M.D.	Date Issued: Nov.29,1963	Date Orig. Entry: Feb. 26, 1957
	Date of Birth: Age: 51	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Beamon	Evidence reviewed by: sm Shirley Miller	Date Filed: February 12, 1964

FORM BH 56067

FEB 12 1964

818-128-D0-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-123

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HYRUM JESSE HAYES			2. Date Of Birth (month) 11 (day) 28 (year) 1906
	3. Color or Race: W	4. Sex: M	5. Place of Birth: AMMON a. County: BONNEVILLE	b. City or Town of Birth: AMMON, IDAHO
FATHER	6. Full Name of Father: CHARLES HAYES			7. State or Country of Father's Birth: ENGLAND
MOTHER	8. Full Maiden Name of Mother: ELIZABETH CANNELL			9. State or Country of Mother's Birth: IRELAND
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jess Hayes		11. Present Address of Registrant: 869-9st
NOTARY (Seal)	Subscribed and sworn to before me on: 2-15 1964	12. Signature of Notary: A. W. Hunter		13. Notary Commission expires: 2-20 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by family friend at time of birth; born 1892	By whom issued and signed: Bessie McCowin Burgie	Date Issued: February 15, 1964	Date Orig. Entry
	Date of Birth: Nov.28,1906 / Birth Place: Bonneville County Ammon, Idaho	Full Name of Mother: Elizabeth Hayes	Name of Father: Charles Hayes	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: Christian Anderson, Bishop	Date Issued: Aug.4,1917	Date Orig. Entry: blessed July 7, 1907
	Date of Birth: Nov.28,1906 / Birth Place: Ammon, Idaho	Full Name of Mother: Elizabeth Cannell	Name of Father: Charles Hayes	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage license affidavit	By whom issued and signed: Wallace Hanson, Clerk	Date Issued: Feb.14,1964	Date Orig. Entry: Nov. 10, 1928
	Date of Birth: Age: 21	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: February 24, 1964

FORM BH 56067

FEB 25 1964

MAR 2 1971

954-107-022-954

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-148

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Keith Deal Redford
2. Date of Birth: March 7, 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Dubois

FATHER

6. Full Name of Father: John Brown Redford
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Effie Eliza Redford (Effie Eliza Deal)
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Keith Redford
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on January 30, 1964

12. Signature of Notary: Oline Ragsdale
13. Notary Commission expires: 7-20 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding employment record	J.J. Buchholz, President Firestone Dealer Store, Inc.	Jan. 25, 1964	Nov. 23, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 7, 1906	Duboise, Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	John B. Redford	January	31, 1964

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 7, 1906	Duboise, Idaho	John Brown Redford	Effie Deal

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding lodge membership record	Albert M Rice, Secy; Fidelity Lodge No 80; A.F. & A. M.	Feb. 23, 1964	Jan. 5, 1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 7, 1906	Duboise, Idaho	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Denson	sm Shirley Miller	February 28, 1964

FORM BH 56067

FEB 28 1964

689-216-028-437

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-166

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VIOLA MAE WHITE		2. Date Of Birth (month) March (day) 16 (year) 1906
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Kootenai; b. City or Town of Birth: Coeur d'Alene Lake
FATHER	6. Full Name of Father: DeWitt Clinton White		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Mabel Emaline McGee		9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Viola Mae White	11. Present Address of Registrant: East 3812 8th Ave Spokane, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: June 16th 1961	12. Signature of Notary: Leslie M. Carroll	13. Notary Commission expires: September 14 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mabel Emeline McGee White	Date issued: June 16, 1961	Date Orig. Entry
	Date of Birth: Mar.16,1906	Birth Place: Coeur dIAlene Lake, Idaho	Full Name of Mother: Mabel Emaline McGee White	Name of Father: DeWitt Clinton White
SUPPORTING RECORD 2.	Type of Document: Certified copy of Certificate of Marriage	By whom issued and signed: Frank J. Glover, Auditor	Date issued: Jan. 10,1962	Date Orig. Entry: Oct. 30, 1924
	Date of Birth: Age: 18	Birth Place: Idaho	Full Name of Mother: Mabel McGee	Name of Father: DeWit White
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: Philip A. Verhaler, Ass't Pastor	Date issued: Jan. 5, 1962	Date Orig. Entry: baptized April 18, 1942
	Date of Birth: Mar.16,1906	Birth Place: Coeur d'Alene Idaho	Full Name of Mother: Mabel McGee	Name of Father: DeWitt White
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	sm Shirley Miller	March 4, 1964

FORM BH 56067

5-24-61 1 copy paid

2-18-64

Viola Cameron wrote about [illegible]

285-125-004-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-179

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LORENZO HUGH SHEPHERD		2. Date Of Birth: (month) JULY (day) 25th. (year) 1906	
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: BEAR LAKE	b. City or Town of Birth: PARIS IDAHO
FATHER	6. Full Name of Father: EDWIN TRACY SHEPHERD		7. State or Country of Father's Birth: IDAHO	
MOTHER	8. Full Maiden Name of Mother: ELIZA ROBERTS		9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: L Hugh Shepherd.	11. Present Address of Registrant: PARIS, IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: 9 March 1964	12. Signature of Notary: Shirl B Hoge	13. Notary Commission expires: 25 June 1966	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school record	By whom issued and signed: Leon V. Howell, Principal Emerson School, Paris, Idaho	Date Issued: Mar.6,1964	Date Orig. Entry: graduated May 26, 1922
	Date of Birth: July 25, 1906 / Birth Place: -----	Full Name of Mother: ------	Name of Father: Edwin T. Shepherd	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Eliza Roberts Shepherd	Date Issued: March	Date Orig. Entry: 9, 1964
	Date of Birth: July 25, 1906 / Birth Place: Bear Lake County Paris, Idaho	Full Name of Mother: Eliza Roberts Shepherd	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Duplicate Certificate of Blessing	By whom issued and signed: Amos B. Hulme, Bishop	Date Issued: Feb.23,1964	Date Orig. Entry: blessed Sept. 2, 1906
	Date of Birth: July 25, 1906 / Birth Place: Bear Lake County Paris, Idaho	Full Name of Mother: Eliza Roberts	Name of Father: Edwin T. Shepherd	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Shirley Miller	Date Filed: March 13, 1964

FORM BH 56067

MAR 13 1967

APR 21 1967

MAR 19 1970

155-213-010-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-181

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mina Alwilda Jensen		2. Date Of Birth (month) Sept (day) 13 (year) 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Ucon Idaho. b. City or Town of Birth: Ucon Idaho.
FATHER	6. Full Name of Father: Peter Halvor Jensen		7. State or Country of Father's Birth: Goshen Utah
MOTHER	8. Full Maiden Name of Mother: Alice Simmons		9. State or Country of Mother's Birth: Ucon Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mina J. Briggs	11. Present Address of Registrant: R.2 Box 28 Rigby Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: MAR 9 - 1964 19	12. Signature of Notary: Allen Dixon	13. Notary Commission expires: My Commission expires May 1, 1964. Notary Public Rigby, Idaho

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Peter H. Jensen	Date issued: April 25, 1961	Date Orig. Entry
	Date of Birth: Sept. 13, 1906 / Birth Place: Bonneville County Ucon, Idaho	Full Name of Mother: Alice Simmons Jensen	Name of Father: Peter Halvor Jensen	
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: Geo. F. Richards, Elder	Date issued: May 25, 1927	Date Orig. Entry
	Date of Birth: Age: 20 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: J. C. Godfrey, Bishop	Date issued: ---	Date Orig. Entry: baptized Oct. 15, 1914
	Date of Birth: Sept. 13, 1906 / Birth Place: Bonneville County Ucon, Idaho	Full Name of Mother: Alice Simmons	Name of Father: Peter H. Jensen	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Shirley Miller	Date Filed: March 13, 1964	

FORM BH 56067 1 cf Ad Rec # 15057 2-7-64

MAR 13 1964

Briggs

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race 4. Sex	5. Place of Birth Country
		Ability or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant
		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 19	12. Signature of Notary
		13. Notary Commission expires [illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father	By whom issued and signed: Peter S. Jensen	Date Issued: April 25, 1961	Date Orig. Entry
	Date of Birth: [illegible] 1900	Birth Place: Bonneville County, Idaho	Full Name of Mother: Alice Simmons Jensen	Name of Father: Peter Halvor Jensen
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: Geo. F. Richards, Elder	Date Issued: May 25, 1927	Date Orig. Entry
	Date of Birth: Age: 20	Birth Place: —	Full Name of Father: —	Name of Father: —
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: J. C. Godfrey, Bishop	Date Issued: —	Date Orig. Entry: [illegible] 15, 1961
	Date of Birth: Sept. 13, 1900	Birth Place: Bonneville County, Idaho	Full Name of Mother: Alice Simmons	Name of Father: Peter S. Jensen
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Shirley Miller	March 13, 1964

689-23-0281-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-202

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MERLIN Thompson Whittle		2. Date of Birth (month) (day) (year): April 23 1906
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth a. County: Fairview, IDAHO
			b. City or Town of Birth: FAIRVIEW, FRANKLIN Co, IDAHO
FATHER	6. Full Name of Father: WILLIAM Monroe Whittle		7. State or Country of Father's Birth: Richmond, Utah
MOTHER	8. Full Maiden Name of Mother: Bertha ESTELLA Thompson		9. State or Country of Mother's Birth: Richmond, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Merlin Thompson Whittle	11. Present Address of Registrant: Preston, #1, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: March 9 1964	12. Signature of Notary: Ted B Larsen	13. Notary Commission expires: May 12, 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of application for insurance	By whom issued and signed: Business Men's Assurance Company of America	Date Issued: April 28, 1924	Date Orig. Entry
	Date of Birth: April 23, 1906 / Birth Place: Fairview, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File # 189741	Date Issued: ----	Date Orig. Entry: child born Mar. 10, 1931
	Date of Birth: Age: 24 / Birth Place: Franklin County, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Patriarchal Blessing	By whom issued and signed: William M. Daines, Patriarch	Date Issued: November 25, 1927	Date Orig. Entry
	Date of Birth: April 23, 1906 / Birth Place: Fairview, Idaho	Full Name of Mother: Bertha Thompson Whittle	Name of Father: William Monroe Whittle	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

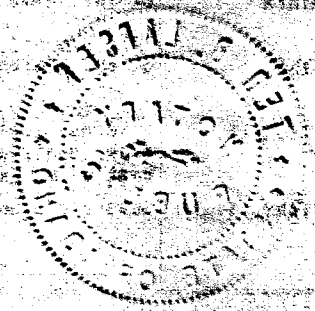
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	sm Shirley Miller	March 18, 1964

FORM BH 56067

W. Little

MAR 19 1964



819-223-016-669

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-224

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Hildred Haight			2. Date of Birth (month) (day) (year): September 23, 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: Horton David Haight			7. State or Country of Father's Birth: Farmington, Utah
MOTHER	8. Full Maiden Name of Mother: Polly Geneva Worthington			9. State or Country of Mother's Birth: Grantsville, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary H. Allen		11. Present Address of Registrant: 7602 Glenside Dr.
NOTARY (Seal)	Subscribed and sworn to before me on: March 23 1964	12. Signature of Notary: Conrad J. Chase		13. Notary Commission expires: May 3 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister; born 1894	By whom issued and signed: Mary Hildred Haight Allen	Date Issued: June	Date Orig. Entry: 23, 1961
	Date of Birth: Sept. 23, 1906	Birth Place: Cassia County Oakley, Idaho	Full Name of Mother: Polly Geneva Worthington Haight	Name of Father: Horton David Haight, Jr.
SUPPORTING RECORD 2.	Type of Document: Certified copy of application for marriage license	By whom issued and signed: Alvin Keddington, Clerk	Date Issued: May 19, 1961	Date Orig. Entry: April 30, 1932
	Date of Birth: Sept. 23, 1906	Birth Place: Oakley, ----	Full Name of Mother: Polly G. Worthington	Name of Father: Harton D. Haight
SUPPORTING RECORD 3.	Type of Document: Church Record	By whom issued and signed: L.D.S. Church, Salt Lake City, Utah	Date Issued: May 2, 1961	Date Orig. Entry: July 6, 1914
	Date of Birth: Sept. 23, 1906	Birth Place: Cassia County Oakley, Idaho	Full Name of Mother: Geneva Worthington	Name of Father: Horton D. Haight
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Shirley Miller	Date Filed: March 27, 1964

FORM BH 56067

4-20-61

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 27

6-20-61

168-22-006-691

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64--266

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Johannesen			2. Date Of Birth (month) (day) (year): November 21, 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Bingham	b. City or Town of Birth: Idaho Falls	
FATHER	6. Full Name of Father: Sigard T. Johannesen			7. State or Country of Father's Birth: Norway	
MOTHER	8. Full Maiden Name of Mother: Jean Stuart Oram			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen J. Hungerford		11. Present Address of Registrant: 315 Hectavue Rampa Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: November 7 1963	12. Signature of Notary: Robert M. Sample		13. Notary Commission expires: November 1 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt; born; 1890	By whom issued and signed: Edith Beardsley Johannesen		Date Issued: October 21, 1963	Date Orig. Entry
	Date of Birth: Nov.21,1906	Birth Place: Idaho Falls,Idaho	Full Name of Mother: Jean Stuart Oram	Name of Father: Sigard T. Johannesen	
SUPPORTING RECORD 2.	Type of Document: Notarized excerpt for the Family Record	By whom issued and signed: Gilbert St.Clair, Notary Public		Date Issued: Oct.21,1963	Date Orig. Entry: 1956
	Date of Birth: Nov.21,1906	Birth Place: Idaho Falls,-----	Full Name of Mother: Jean Stuart Oram	Name of Father: Sigurd Thorliff Johannessen	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File No. 173761		Date Issued: ----	Date Orig. Entry: child born July 10, 1929
	Date of Birth: Age: 22	Birth Place: Idaho Falls,Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright sm	April 9, 1964

FORM BH 56067

APR 9 1964

962-220-014-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-313

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Agnes Lee Rose			2. Date Of Birth: (month) January (day) 20 (year) 1906	
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County: Canyon	Mail b. City or Town of Birth: Emmett, Idaho (Bramwell)	
FATHER	6. Full Name of Father: Elmer Lee Rose			7. State or Country of Father's Birth: Farmington, Davis County, Utah	
MOTHER	8. Full Maiden Name of Mother: Sarah Mabel Harrison			9. State or Country of Mother's Birth: Holiday, Salt Lake County, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: +Agnes L. Rivord		11. Present Address of Registrant: Route 1, Bonners Ferry, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 21 1964	12. Signature of Notary: Marion Beambrink		13. Notary Commission expires: Mar 1 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Copy of Certificate of Blessing	By whom issued and signed: IDS Church - LaMar Olsen, Clerk		Date Issued: March 10, 1964	Date Orig. Entry: blessed March 4, 1906
	Date of Birth: Jan. 20, 1906	Birth Place: Bramwell (Emmett) Idaho	Full Name of Mother: Sarah Mabel Harrison	Name of Father: Elmer Lee Rose	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #207864		Date Issued: ----	Date Orig. Entry: Child born Nov. 9, 1932
	Date of Birth: age 26	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: State of Idaho Operator's License #508430	By whom issued and signed: State of Idaho Commissioner of Law Enforcement		Date Issued: Feb. 24, 1950	Date Orig. Entry: Feb. 24, 1950
	Date of Birth: Jan. 20, 1906	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda M. Larson	Date Filed: April 30, 1964

FORM BH 56067

APR 30 1964

Rivard

315-216-014-218

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-317

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rosetta Emma Cannon			2. Date of Birth (month) April (day) 16th (year) 1906	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Canyon County, Idaho	b. City or Town of Birth: Near Parma	
FATHER	6. Full Name of Father: Howard Timothy Cannon			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Rosetta Bayer			9. State or Country of Mother's Birth: Indiana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rosetta Emma Burry		11. Present Address of Registrant: 1094 Southwest 4th St Ontario, Oregon.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 29th 19 62	12. Signature of Notary: Ernest Anderson		13. Notary Commission expires: March 19th 19 66	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by sister, age:68	By whom issued and signed: Cora E. Callaway		Date Issued: Mar. 29, 1962	Date Orig. Entry: ------
	Date of Birth: April 16, 1906	Birth Place: near Parma, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: application for social security account No. photo copy	By whom issued and signed: U.S. Treasury Department		Date Issued: -----	Date Orig. Entry: Aug. 11, 1948
	Date of Birth: April 16, 1906	Birth Place: Parma, Idaho	Full Name of Mother: Rosetta Bayer	Name of Father: Howard T. Cannon	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital record	By whom issued and signed: Caldwell Memorial Hospital Lorraine Schimmels, Med. Lib.		Date Issued: July 30, 1962	Date Orig. Entry: Oct. 7 to Oct. 10, 1951
	Date of Birth: April 16, 1906	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Glenda M. Larson	April 30, 1964

FORM BH 56067

APR 30 1984

319-205-022-714

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De. 64-389

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruby May Larsen			2. Date of Birth (month) February (day) 5 (year) 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth: Ora, Idaho a. County: Fremont	b. City or Town of Birth: Ora
FATHER	6. Full Name of Father: Edward Clause Larsen			7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Louisa Ann Paul			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby May Larsen Carson		11. Present Address of Registrant: Route # 5 Harrison, Arkansas
NOTARY (Seal)	Subscribed and sworn to before me on: May 6 19 64	12. Signature of Notary: Juanita B. Brown		13. Notary Commission expires: March 2 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Louisa Ann Larsen	Date Issued: April 9, 1964	Date Orig. Entry: ---
	Date of Birth: Feb. 5, 1906 / Birth Place: Ora, Idaho	Full Name of Mother: Louisa Ann Larsen	Name of Father: Edward Clause Larsen	
SUPPORTING RECORD 2.	Type of Document: photocopy of own childs birth certificate	By whom issued and signed: Vital Statistics, State of California	Date Issued: ---	Date Orig. Entry: child born Feb. 22, 1936
	Date of Birth: age: 30 / Birth Place: Ora, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application to insurance policy #434 109 124	By whom issued and signed: The Prudential Insurance Co. of America	Date Issued: Oct. 11, 1943	Date Orig. Entry: Oct. 7, 1943
	Date of Birth: Feb. 5, 1906 / Birth Place: Ora, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda M. Larson	Date Filed: May 28, 1964

FORM BH 56067

NR

Carson

MAY 26 1964

162-203-031-469

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De. 64-404
Local Reg. No. ____
Reg. Dist. No. ____

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: BLANCHE JOBE
2. Date of Birth (month) (day) (year): 4 3 1906
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: ILO,
b. City or Town of Birth: ILO-LEWIS-Co-Ida.

FATHER

6. Full Name of Father: Martin Edward Jobe
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Fannie Emmaline Morrow
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Blanche Jobe Nutley
11. Present Address of Registrant: Craigmont, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 30 1958
12. Signature of Notary: M Larkin
13. Notary Commission expires: 4-5-1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own childs birth certificate	Idaho # 138334	-----	child born Jan. 11, 1926
Class* ____	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 19 / Ilo, Idaho	-----	-----	
SUPPORTING RECORD 2.	affidavit by friend of family	Nettie J. Kenjoski age 80	June 26, 1960	-----
Class ____	Apr. 3, 1906 / Cra~~Lewis~~ County Ilo, Idaho	Fannie E. Morrow	Martin E. Jobe	
SUPPORTING RECORD 3.	Family Bible	Family record	---	obviously old
Class ____	April 3, 1906 / ---	Fannie Emeline Morrow	Martin Edward Jobe	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda M. Larson LDW	June 3, 1964

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 copy paid 5-11-64

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local File No. [illegible]

State File No. [illegible]

1. Place of birth: County [illegible] City [illegible]

2. Date of birth: [illegible]

3. Sex: [illegible]

4. Name of child: [illegible]

5. Color or race: [illegible]

6. Number of this child born of this mother: [illegible]

7. Date and hour of birth: [illegible]

8. Name of father: [illegible]

9. Age of father: [illegible]

10. Birthplace of father: [illegible]

11. Name of mother: [illegible]

12. Age of mother: [illegible]

13. Birthplace of mother: [illegible]

14. Maiden name of mother: [illegible]

15. Birthplace of mother: [illegible]

16. Number of children born to this mother, including present birth: [illegible]

17. Number of children now living: [illegible]

18. Number of other children dead: [illegible]

19. Legitimate or illegitimate: [illegible]

20. Usual residence of parents: [illegible]

21. Name of informant: [illegible]

22. Mailing address of informant: [illegible]

23. Date received by local registrar: [illegible]

24. Signature of local registrar: [illegible]

25. Date filed by State Registrar: [illegible]

26. Signature of State Registrar: [illegible]

27. Remarks: [illegible]

28. Attendant: [illegible]

29. Address of attendant: [illegible]

30. Date certified: [illegible]

31. Cause of death: [illegible]

32. Contributory causes: [illegible]

33. Duration of each: [illegible]

34. Where did delivery occur: [illegible]

35. Was operation performed: [illegible]

36. Was autopsy performed: [illegible]

37. Did tobacco use during pregnancy: [illegible]

38. Was birth attended: [illegible]

39. Date last normal menses began: [illegible]

40. Period of gestation: [illegible]

41. Date of delivery: [illegible]

42. Length of labor: [illegible]

43. Complications of pregnancy: [illegible]

44. Complications of labor and/or delivery: [illegible]

45. Abnormal conditions of newborn: [illegible]

46. Injuries to child: [illegible]

47. Method of feeding: [illegible]

48. Birth weight: [illegible]

49. Other congenital anomalies: [illegible]

50. Any other significant information: [illegible]

51. Name of physician: [illegible]

52. Address of physician: [illegible]

53. Date signed: [illegible]

54. Name of midwife: [illegible]

55. Address of midwife: [illegible]

56. Date signed: [illegible]

57. Name of informant: [illegible]

58. Address of informant: [illegible]

59. Date signed: [illegible]

60. Name of funeral director: [illegible]

61. Address of funeral director: [illegible]

62. Date signed: [illegible]

63. Name of cemetery or crematory: [illegible]

64. Address of cemetery or crematory: [illegible]

65. Date of burial, cremation or removal: [illegible]

66. Signature of registrar: [illegible]

67. Date filed: [illegible]

68. Remarks: [illegible]

69. Name of person who prepared this record: [illegible]

70. Address of person who prepared this record: [illegible]

71. Date signed: [illegible]

72. Name of person who certified cause of death: [illegible]

73. Address of person who certified cause of death: [illegible]

74. Date signed: [illegible]

75. Name of person who certified cause of death: [illegible]

76. Address of person who certified cause of death: [illegible]

77. Date signed: [illegible]

78. Name of person who certified cause of death: [illegible]

79. Address of person who certified cause of death: [illegible]

80. Date signed: [illegible]

81. Name of person who certified cause of death: [illegible]

82. Address of person who certified cause of death: [illegible]

83. Date signed: [illegible]

84. Name of person who certified cause of death: [illegible]

85. Address of person who certified cause of death: [illegible]

86. Date signed: [illegible]

87. Name of person who certified cause of death: [illegible]

88. Address of person who certified cause of death: [illegible]

89. Date signed: [illegible]

90. Name of person who certified cause of death: [illegible]

91. Address of person who certified cause of death: [illegible]

92. Date signed: [illegible]

93. Name of person who certified cause of death: [illegible]

94. Address of person who certified cause of death: [illegible]

95. Date signed: [illegible]

96. Name of person who certified cause of death: [illegible]

97. Address of person who certified cause of death: [illegible]

98. Date signed: [illegible]

99. Name of person who certified cause of death: [illegible]

100. Address of person who certified cause of death: [illegible]

101. Date signed: [illegible]

102. Name of person who certified cause of death: [illegible]

103. Address of person who certified cause of death: [illegible]

104. Date signed: [illegible]

105. Name of person who certified cause of death: [illegible]

106. Address of person who certified cause of death: [illegible]

107. Date signed: [illegible]

108. Name of person who certified cause of death: [illegible]

109. Address of person who certified cause of death: [illegible]

110. Date signed: [illegible]

111. Name of person who certified cause of death: [illegible]

112. Address of person who certified cause of death: [illegible]

113. Date signed: [illegible]

114. Name of person who certified cause of death: [illegible]

115. Address of person who certified cause of death: [illegible]

116. Date signed: [illegible]

117. Name of person who certified cause of death: [illegible]

118. Address of person who certified cause of death: [illegible]

119. Date signed: [illegible]

120. Name of person who certified cause of death: [illegible]

121. Address of person who certified cause of death: [illegible]

122. Date signed: [illegible]

123. Name of person who certified cause of death: [illegible]

124. Address of person who certified cause of death: [illegible]

125. Date signed: [illegible]

126. Name of person who certified cause of death: [illegible]

127. Address of person who certified cause of death: [illegible]

128. Date signed: [illegible]

129. Name of person who certified cause of death: [illegible]

130. Address of person who certified cause of death: [illegible]

131. Date signed: [illegible]

132. Name of person who certified cause of death: [illegible]

133. Address of person who certified cause of death: [illegible]

134. Date signed: [illegible]

135. Name of person who certified cause of death: [illegible]

136. Address of person who certified cause of death: [illegible]

137. Date signed: [illegible]

138. Name of person who certified cause of death: [illegible]

139. Address of person who certified cause of death: [illegible]

140. Date signed: [illegible]

141. Name of person who certified cause of death: [illegible]

142. Address of person who certified cause of death: [illegible]

143. Date signed: [illegible]

144. Name of person who certified cause of death: [illegible]

145. Address of person who certified cause of death: [illegible]

146. Date signed: [illegible]

147. Name of person who certified cause of death: [illegible]

148. Address of person who certified cause of death: [illegible]

149. Date signed: [illegible]

150. Name of person who certified cause of death: [illegible]

151. Address of person who certified cause of death: [illegible]

152. Date signed: [illegible]

153. Name of person who certified cause of death: [illegible]

154. Address of person who certified cause of death: [illegible]

155. Date signed: [illegible]

156. Name of person who certified cause of death: [illegible]

157. Address of person who certified cause of death: [illegible]

158. Date signed: [illegible]

159. Name of person who certified cause of death: [illegible]

160. Address of person who certified cause of death: [illegible]

161. Date signed: [illegible]

162. Name of person who certified cause of death: [illegible]

163. Address of person who certified cause of death: [illegible]

164. Date signed: [illegible]

165. Name of person who certified cause of death: [illegible]

166. Address of person who certified cause of death: [illegible]

167. Date signed: [illegible]

168. Name of person who certified cause of death: [illegible]

169. Address of person who certified cause of death: [illegible]

170. Date signed: [illegible]

171. Name of person who certified cause of death: [illegible]

172. Address of person who certified cause of death: [illegible]

173. Date signed: [illegible]

174. Name of person who certified cause of death: [illegible]

175. Address of person who certified cause of death: [illegible]

176. Date signed: [illegible]

177. Name of person who certified cause of death: [illegible]

178. Address of person who certified cause of death: [illegible]

179. Date signed: [illegible]

180. Name of person who certified cause of death: [illegible]

181. Address of person who certified cause of death: [illegible]

182. Date signed: [illegible]

183. Name of person who certified cause of death: [illegible]

184. Address of person who certified cause of death: [illegible]

185. Date signed: [illegible]

186. Name of person who certified cause of death: [illegible]

187. Address of person who certified cause of death: [illegible]

188. Date signed: [illegible]

189. Name of person who certified cause of death: [illegible]

190. Address of person who certified cause of death: [illegible]

191. Date signed: [illegible]

192. Name of person who certified cause of death: [illegible]

193. Address of person who certified cause of death: [illegible]

194. Date signed: [illegible]

195. Name of person who certified cause of death: [illegible]

196. Address of person who certified cause of death: [illegible]

197. Date signed: [illegible]

198. Name of person who certified cause of death: [illegible]

199. Address of person who certified cause of death: [illegible]

200. Date signed: [illegible]

259-225-028-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-416

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Susie Ardella Kerr
2. Date Of Birth: (month) Oct. (day) 25 (year) 1906
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Kootenai; b. City or Town of Birth: Hayden Lake

FATHER

6. Full Name of Father: Frank Wilson Kerr
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Carrie Sophrona Cole
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Susie Ardella Kerr
11. Present Address of Registrant: 1545 E. Diamond Phoenix Ariz.

NOTARY (Seal)

Subscribed and sworn to before me on: May 27, 1964
12. Signature of Notary: [illegible]
13. Notary Commission expires: Sept. 2, 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavity by brother age:71
By whom issued and signed: Paul G. Kerr
Date Issued: May 11, 1964
Date Orig. Entry: ---
Date of Birth: Oct. 25, 1906
Birth Place: Hayden Lake, Idaho
Full Name of Mother: Clarice S. Kerr
Name of Father: Frank W. Kerr

SUPPORTING RECORD 2.

Type of Document: Census Record
By whom issued and signed: U.S. Department of Commerce Bureau of the Census
Date Issued: Nov. 20, 1961
Date Orig. Entry: Census of Jan. 1, 1920
Date of Birth: age: 13
Birth Place: Idaho
Full Name of Mother: Carrie S. Kerr
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: Application to insurance co.
By whom issued and signed: The Equitable Life Assurance Society of the United States
Date Issued: August 10, 1931
Date Orig. Entry: July 24, 1931
Date of Birth: Oct. 25, 1906
Birth Place: Hayden Lake, Kootenai County, Idaho
Full Name of Mother: ---
Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Glenda M. Larson
Date Filed: June 11, 1964

FORM BH 56067

1COPY PAID #06942 9-14-60

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

155-229-003-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-436

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: IONA MARY JENSEN			2. Date of Birth (month) (day) (year): MARCH 29, 1906
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Mink creek, Bannock	b. City or Town of Birth: Mink creek, Idaho
FATHER	6. Full Name of Father: HANS CHRISTIAN JENSEN			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: MARY ANNA CHRISTIANSEN			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Iona Mary Jensen Black	11. Present Address of Registrant: Farmington, New Mexico 2507 Mossman drive
NOTARY (Seal)	Subscribed and sworn to before me on: April 20 1964		12. Signature of Notary: Barbara Lowrance, San Juan County, N.M.	13. Notary Commission expires: Nov 1 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of own child's birth certificate #15690		By whom issued and signed: Division of Vital Statistics, Santa Fe, New Mexico	Date Issued: May 11, 1964	Date Orig. Entry: child born Aug. 16, 1946
	Date of Birth: age 40	Birth Place: Mink Creek, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certified copy of Registration to vote		By whom issued and signed: San Juan County, New Mexico Bonnie Lane, Clerk	Date Issued: May 28, 1964	Date Orig. Entry: July 10, 1939
	Date of Birth: March 29 1906	Birth Place: Mink Creek, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certified copy of application for license to marry		By whom issued and signed: Salt Lake County, Utah Alvin Keddington, Clerk	Date Issued: June 5, 1964	Date Orig. Entry: May 10, 1930
	Date of Birth: March 29, 1906	Birth Place: Mink Creek, Idaho	Full Name of Mother: Mary Christensen	Name of Father: Hans C. Jensen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda M. Larson	Date Filed: June 16, 1964

FORM BH 56067

5-16

JUN 17 1964

JAN 29 1969

349-209-023-755

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-470

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Stella Luiza Turner
2. Date Of Birth (month) (day) (year): 10 9 1906
3. Color or Race: white
4. Sex: F
5. Place of Birth a. County: Ida
b. City or Town of Birth: Emmett Idaho

FATHER

6. Full Name of Father: Jeff Davis Turner
7. State or Country of Father's Birth: Georgia

MOTHER

8. Full Maiden Name of Mother: Sintha Catherine Pendergrass
9. State or Country of Mother's Birth: Alabama

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Stella Luiza Thornsberry
11. Present Address of Registrant: 728-11th Ave N. Buhl Ida

NOTARY (Seal)

Subscribed and sworn to before me on: October 23 1963
12. Signature of Notary: Jess O. Eastman
13. Notary Commission expires: Feb 4th 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified Statement of School Record	Lois J. Rudy, Registrar Buhl Public Schools	Nov. 1 1963	Record dated Sept. 17, 1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 9 1906	Emmett, Idaho	Sintha Catherine Pendergrass	Jeff Davis Turner

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
childs birth certificate	on file with state of Idaho # 334096	---------	child born Dec. 30, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 35	Emmett, Idaho	---------	---------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified statement of Hospital Record	Loretta Lutz, R. R. L. Hospital- Twin Falls, Idaho	Oct. 25, 1 1963	admitted April 18, 1955

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 9 1906	Emmett, Idaho	Sintha Catherine Pendergrass	Jeff Davis Turner

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	July 2, 1964

FORM BH 56067 (T) 9-27-63. one copy pd. rec. #10746.

JUL 3 1964

JUN 19 2001

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De 64-470

REGISTRAR (Person whose birth is being registered)	1. Registrar's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race a. Sex	5. Place of Birth a. County b. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant / 11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on 23 1963	12. Signature of Notary / 13. Notary Commission Expires 19__

APPLICANT — NOT FOR PUBLIC RELEASE

SUPPORTING RECORD 1.	Type of Document: Certified Statement of School Record	By whom issued and signed: Lois J. Rudy, Registrar, Buhl Public Schools	Date Issued: Nov. 1 1963	Date Orig. Entry: Record dated Sept. 17, 1917
	Birth Place: Emmett, Idaho	Full Name of Mother: Sintha Catherine Pendergrass	Name of Father: Jeff Davis Turner	
SUPPORTING RECORD 2.	Type of Document: childs birth certificate	By whom issued and signed: on file with state of Idaho # 334094	Date Issued: ----------	Date Orig. Entry: child born Dec. 30, 1941
	Date of Birth: Age 35 / Birth Place: Emmett, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Certified statement of Hospital Record	By whom issued and signed: Loretta Lutz, R. R. L. Hospital- Twin Falls, Idaho	Date Issued: Oct. 25, 1963	Date Orig. Entry: admitted April 18, 1955
	Date of Birth: Oct. 9 1906 / Birth Place: Emmett, Idaho	Full Name of Mother: Sintha Catherine Pendergrass	Name of Father: Jeff Davis Turner	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	July 2, 1964

Form No. (T) 3-27-63, one copy pd. rec. #10746.

493-127-004-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-485

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Vivian Michaelson			2. Date Of Birth: (month) July (day) 27 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: St. Charles	
FATHER	6. Full Name of Father: William Henry Michaelson			7. State or Country of Father's Birth: St. Charles, Idaho	
MOTHER	8. Full Maiden Name of Mother: Mary Ann Wilkes			9. State or Country of Mother's Birth: St. Charles, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Wm. V. Michaelson	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on 6/26 19 64		12. Signature of Notary	13. Notary Commission expires 11/27 19 64	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Mary Ann Michaelson	Date Issued: March 30, 1964	Date Orig. Entry: ---
	Date of Birth: July 27, 1906	Birth Place: St. Charles, Bear Lake County	Full Name of Mother: Mary Ann Wilkes	Name of Father: William Henry Michaelson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, St. Charles Ward John A. Blade, Clerk	Date Issued: ---	Date Orig. Entry: Blessed Oct. 7, 1906
	Date of Birth: July 27, 1906	Birth Place: St. Charles, Bear Lake Co., Idaho	Full Name of Mother: Mary Ann Wilkes	Name of Father: Wm. H. Michaelson	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, St. Charles Ward John A. Blade, Clerk	Date Issued: ---	Date Orig. Entry: baptized Aug. 2, 1914
	Date of Birth: July 27, 1906	Birth Place: St. Charles, Bear Lake Co., Idaho	Full Name of Mother: Mary A. Wilkes	Name of Father: Wm. H. Michaelson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	July 8, 1964

FORM BH 5606A

JUL 9 1964

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

268-223-025-495

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-548

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: June Cessie [illegible] Boyer			2. Date of Birth (month) (day) (year): December 23, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Soldier, Idaho	b. City or Town of Birth:
FATHER	6. Full Name of Father: Reece Conrad Boyer			7. State or Country of Father's Birth: Grant, Virginia
MOTHER	8. Full Maiden Name of Mother: Jennie Mink			9. State or Country of Mother's Birth: Grant, Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: June C. Wilson		11. Present Address of Registrant: 7615 South Breeze, Sacramento
NOTARY (Seal)	Subscribed and sworn to before me on: July 9, 1964	12. Signature: JEROME C. REYNOLDS My Commission Expires Feb. 10, 1967 Jerome C. Reynolds		13. Notary Commission expires: Feb. 10, 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 78		By whom issued and signed: Mrs. Carrie Patterson	Date Issued: Oct. 7, 1963	Date Orig. Entry: ---
	Date of Birth: Dec. 23, 1906	Birth Place: Soldier, Idaho	Full Name of Mother: Jennie Boyer	Name of Father: Reece Conrad Boyer	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for Veteran's benefits		By whom issued and signed: Veteran's Administration	Date Issued: June 9, 1964	Date Orig. Entry: March 9, 1955
	Date of Birth: Dec. 23, 1906	Birth Place: Soldier, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family records	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Dec. 23, 1906	Birth Place: Soldier, Idaho	Full Name of Mother: Jennie Mink	Name of Father: Reece Conrad Boyer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	August 7, 1964

FORM BH 56067 [illegible]

AUG 18 1964

Abbeville Cty.

819-120-022-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-549

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Linden Eli Harris
2. Date of Birth: July 20, 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Marysville

FATHER

6. Full Name of Father: Eli McGee Harris
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mary Bell Karren
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Linden Eli Harris
11. Present Address of Registrant: 2815 NE Stanton, Portland, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on August 3rd 1964
12. Signature of Notary: Leroy D. Saling
13. Notary Commission expires: My Commission Expires Sept. 28 1966 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Photo copy of app. for social security account number	U. S. Treasury Department	Feb. 10, 1961	Jan. 16, 1943
	Date of Birth: July 20, 1906 — Birth Place: Fremont County Marysville, Idaho	Full Name of Mother: Mary Bell Karren	Name of Father: Eli McGee Harris	
SUPPORTING RECORD 2.	Affidavit by sister; Age: 70	Zora Harris Reynolds	January 16, 1964	
	Date of Birth: July 20, 1906 — Birth Place: Fremont County Marysville, Idaho	Full Name of Mother: Mary Isabelle Karren Harris	Name of Father: Eli McGee Harris	
SUPPORTING RECORD 3.	photocopy of school registration	Oregon State University, W. E. Gibbs, Registrar	April 22, 1964	Mar. 28, 1932
	Date of Birth: July 20, 1906 — Birth Place: Marysville, Idaho	Full Name of Mother: Mrs. E. M. Harris	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Glenda Larson	August 7, 1964

FORM BH 56067

Harris

AUG 7 1964

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name at Birth: Lincoln Lil Harris	2. Date of Birth (Month) July (Day) 20, (Year) 1906	
	3. Sex of Registrant: Male	4. Place of Birth: Idaho	5. City or Town of Birth: Parrysville
FATHER	6. Full Name of Father: Eli McGee Harris	7. State or Country of Father's Birth: Ohio	
MOTHER	8. Full Maiden Name of Mother: Mary Bell Warren	9. State or Country of Mother's Birth: Ohio	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: Portland Oregon
NOTARY (State)	12. Sworn and subscribed before me on: [signature]	13. Signature of Notary: [signature]	14. Notary Commission expires: [illegible]

SUPPORTING RECORD 1

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Fuel Supply Co. Inc. Sales Agency	U. S. Treasury Department	Feb. 20, 1964	Jan. 16, 1963

Name of Registrant	Name of Father	Name of Mother	Date Issued	Date Orig. Entry
Lincoln Lil Harris	Eli McGee Harris	Mary Bell Warren	Eli McGee Harris	

SUPPORTING RECORD 2

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Fuel Supply Co. Inc. Sales Agency	Lora Harris Reynolds	January 16, 1963	

Date of Birth	Place of Birth	Full Name of Mother	Name of Father
July 20, 1906	Parrysville, Idaho	Mary Isabella Warren Harris	Eli McGee Harris

SUPPORTING RECORD 3

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Fuel Supply Co. Inc. Sales Agency	Oregon State University, Corvallis, Registrar	April 22, 1964	Nov. 28, 1933

Date of Birth	Place of Birth	Full Name of Mother	Name of Father
July 20, 1906	Parrysville, Idaho	Mrs. E. H. Harris	—

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[illegible]	August 7, 1964

FORM 9H 56847

766-230-033-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-561

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Rebecca Pfost			2. Date of Birth (month) (day) (year): March 30 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Madison	b. City or Town of Birth: Mail Hibbard (Rexburg)
FATHER	6. Full Name of Father: Fredrick (Fritz) Pfost			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Christina Magdalena Walz			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence P. Birch		11. Present Address of Registrant: 37 College Ave. Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 27 19 64	12. Signature of Notary: Mary Smith		13. Notary Commission expires: June 25 19 67

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage record license		By whom issued and signed: On file Idaho #51-10195	Date Issued: ---	Date Orig. Entry: April 11, 1951
	Date of Birth: Age 45	Birth Place: Rexburg, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: duplicate of record of membership		By whom issued and signed: LDS Church, Sixth Ward, Rexburg Stake, Rexburg, Idaho	Date Issued: ---	Date Orig. Entry: Blessed May 6, 1906
	Date of Birth: Mar. 30, 1906	Birth Place: Hibbard, Madison County, Idaho	Full Name of Mother: Christine M. Walz	Name of Father: Fritz Pfost	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #225238		By whom issued and signed: The Columbian National Life Insurance Co. Boston, Mass.	Date Issued: Jan. 16, 1935	Date Orig. Entry: Jan. 16, 1935
	Date of Birth: March 30, 1906	Birth Place: Rexburg, Idaho	Full Name of Mother: Christina Pfost	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	August 12, 1964

FORM BH 56067

4-5-64

AUG 12 1964

Birch

94 212-226-003-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-594

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lois Moretta Bassett			2. Date of Birth (month) (day) (year): September 26, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: McCammon
FATHER	6. Full Name of Father: Harry Freeman Bassett			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Matilda Mae Gardner Bassett			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lois M. Harrison		11. Present Address of Registrant: 295 3rd St. Lake Oswego, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: August 31 1964	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file with State of Idaho # 413358		Date Issued: ------	Date Orig. Entry: child born Nov. 12, 1945
	Date of Birth: Age 39	Birth Place: McCammon, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: The Equitable Life Ins. Policy	By whom issued and signed: Ray D. Murphy, President		Date Issued: Feb. 18 1949	Date Orig. Entry: Feb. 6, 1949
	Date of Birth: Sept. 26 1906	Birth Place: McCammon, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Church Record from L. D. S Church	By whom issued and signed: J. E. Carlile Wm. P. Ellis, Councilmen		Date Issued: ------	Date Orig. Entry: Sealed Jul. 23, 1924
	Date of Birth: Sept/ 26 1906	Birth Place: McCammon, Idaho	Full Name of Mother: Matilda Mae Gardner Bassett	Name of Father: Harry Freeman Bassett	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: August 31, 1964

FORM BH 56067

7-13-61

AUG 31 1964

JUL 17 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRATION	1. Registrant (Full Name at Birth) Lois Moretta Bassett	2. Date of Birth September 26, 1906	
	3. Color or Race White	4. Place of Birth Female	5. County Bannock
	6. City or Town of Birth McCammon		
FATHER	7. Full Name of Father Freeman Bassett	8. State or Country of Father's Birth Utah	
MOTHER	9. Full Maiden Name of Mother Matilda Mae Gardner Bassett	10. State or Country of Mother's Birth Utah	
AFFIDAVIT	11. Hereby certify that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant	13. Present Address of Registrant
NOTARY	14. Subscribed and sworn to before me on	15. Signature of Notary	16. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file with State of Idaho	Date Issued: ------	Date Orig. Entry: child born Nov. 12, 1945
	Date of Birth: Age 39	Birth Place: McCammon, Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: The Equitable Life Ins. Policy	By whom issued and signed: Ray D. Murphy, President	Date Issued: Feb. 18 1949	Date Orig. Entry: Feb. 6, 1949
	Date of Birth: Sept. 26 1906	Birth Place: McCammon, Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: Church Record from L. D. S. Church	By whom issued and signed: J. E. Carlile, Wm. P. Ellis, Councilmen	Date Issued: ------	Date Orig. Entry: ealed Jul. 23, 1924
	Date of Birth: Sept. 26 1906	Birth Place: McCammon, Idaho	Full Name of Mother: Matilda Mae Gardner Bassett	Name of Father: Harry Freeman Bassett

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	August 31, 1964

7-13-61

154-118-010-555

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-634

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Herman William Anderson		2. Date of Birth (month) (day) (year): Sept. 18 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Otto Herman Anderson		7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Cecilia Jane Ventor		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Herman W Anderson	11. Present Address of Registrant: NOT WALNUT CALIF 14602 SHOEMAKER AVE
NOTARY (Seal)	Subscribed and sworn to before me on: June 17 1964	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 82	By whom issued and signed: Hulda Anderson Maddock	Date Issued: June 16 1964	Date Orig. Entry: ------
	Date of Birth: Sept. 18 1906	Birth Place: Idaho Falls, Ida.	Full Name of Mother: Cecilia Jane Ventor Anderson	Name of Father: Otto Herman Anderson
SUPPORTING RECORD 2.	Type of Document: Discharge from U.S. Navy	By whom issued and signed: C. G. Heiland, LCDR U. S. Navy	Date Issued: Nov 12 1958	Date Orig. Entry: Nov. 12 1958
	Date of Birth: Sept. 18 1906	Birth Place: Idaho Falls, Ida	Full Name of Mother: ---------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: photocopy of application for Social Security #542-10-7850	By whom issued and signed: Treasury Department	Date Issued: Sept. 2, 1964	Date Orig. Entry: May 14, 1937
	Date of Birth: Sept. 18, 1906	Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Cela Jane Venter	Name of Father: Herman Otto Anderson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Glenda Larson	Date Filed: Sept. 16, 1964

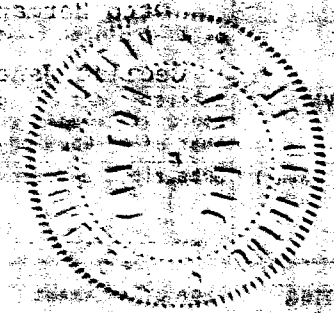
FORM BH 56067

1 cp. pd rec # 15

6-17-64

SEP 17 1964

Herman Liam Anderson — Sept. 18 1906



Idaho Falls, Idaho

Otto Herman Anderson — Sweden

Cecilia Jane Ventor — Utah

Affidavit by Aunt Age 82 — Hulda Anderson Madcock — June 16 1964

1906 Idaho Falls, Ida. Cecilia Jane Ventor Anderson Otto Herman Anderson

Discharge from U.S. Navy — C. G. Heiland, LCDR U. S. Navy — Nov 12 1958 — Nov. 12 1952

Sept. 18 1906 Idaho Falls, Ida.

815-230-003-375

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-635
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ora Viola Hancock
2. Date of Birth (month) (day) (year): August 30 1906
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Downey, Idaho

FATHER

6. Full Name of Father: Alvin Cyrus Hancock
7. State or Country of Father's Birth: Downey, Idaho

MOTHER

8. Full Maiden Name of Mother: Lonetta Criddle
9. State or Country of Mother's Birth: Syracuse, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ora Hancock
11. Present Address of Registrant: Downey Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: October 17, 1957
12. Signature of Notary: Burns L. Hyde
13. Notary Commission expires: May 4, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Insurance Record
By whom issued and signed: Idaho Mutual Benefit Assoc. Boise, Idaho
Date Issued:
Date Orig. Entry: Nov. 17, 1944
Class* B
Date of Birth: Aug. 30, 1906
Birth Place: Downey, Idaho
Full Name of Mother: ---
Name of Father: Alvin C. Hancock

SUPPORTING RECORD 2.

Type of Document: own child's birth certificate
By whom issued and signed: Idaho #161540
Date Issued:
Date Orig. Entry: child born April 14, 1928
Class B
Date of Birth: age 21
Birth Place: Downey, Idaho
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: Certificate of Blessing (Copy)
By whom issued and signed: LDS Church, Downey Ward, Portneuf Stake
Date Issued: Feb. 16, 1958
Date Orig. Entry: blessed Oct. 7, 1906
Class
Date of Birth: August 30, 1906
Birth Place: Downey, Bannock County, Idaho
Full Name of Mother: Lonetta Criddle
Name of Father: Alvin Cyrus Hancock

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: nr Glenda Larson
Date Filed: Sept. 16, 1964

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

CERTIFICATE OF BIRTH

SEP 17 1964

231-23-001-163

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-680

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Stalker - - Marie Frances Stalker		2. Date Of Birth (month) (day) (year): May 13 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Meridian Ada; b. City or Town of Birth: Meridian, Ada Co., Idaho
FATHER	6. Full Name of Father: James T. Stalker		7. State or Country of Father's Birth: Spanish Fork, Utah
MOTHER	8. Full Maiden Name of Mother: Agnes Jolley		9. State or Country of Mother's Birth: Franklin, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie Frances Stalker	11. Present Address of Registrant: 303 North Main St. P. O. Box 395, Hailey, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: October 2, 1964	12. Signature of Notary: Bonnie L. Boner	13. Notary Commission expires: Dec. 1 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother Age 74	By whom issued and signed: George Lester Stalker	Date Issued: Sept. 22, 1964	Date Orig. Entry: ---
	Date of Birth: May 13,1906 / Birth Place: Meridian, Idaho	Full Name of Mother: Agnes Jolley (Stalker)	Name of Father: James T. Stalker	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: San Jose, California Paul R. Teilh, County Recorder	Date Issued: July 31, 1964	Date Orig. Entry: child born Aug. 20, 1937
	Date of Birth: Age 31 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Marriage Certificate	By whom issued and signed: Merced County, California J.L. Mallory, County Recorder	Date Issued: July 9, 1964	Date Orig. Entry: Sept. 8, 1925
	Date of Birth: Age 19 / Birth Place: Idaho	Full Name of Mother: Agnes Jolley	Name of Father: James Tansh Stalker	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 8, 1964

FORM BH 56067

OCT 8 1964

Stalker

22912-040-913

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-686

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Paul George Skina			2. Date Of Birth (month) November (day) 12, (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Black Bear	
FATHER	6. Full Name of Father: Paul Skina			7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Anna Rachoi			9. State or Country of Mother's Birth: Austria	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Paul G. Skina		11. Present Address of Registrant: Snohomish Wn	
NOTARY (Seal)	Subscribed and sworn to before me on: July 28 1964	12. Signature of Notary: Hazel L. Heurlbert		13. Notary Commission expires: Sept. 28 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Transcript of Baptismal Record	By whom issued and signed: Roman Catholic Church of St. Alphonsus, Wallace, Ida.	Date Issued: Aug. 29, 1946	Date Orig. Entry: baptized Dec. 25, 1906	
	Date of Birth: Nov. 12, 1906	Birth Place: ---	Full Name of Mother: Anna Rachoi	Name of Father: Paul Skina	
SUPPORTING RECORD 2.	Type of Document: Certified copy own child's birth certificate	By whom issued and signed: Vital Statistics, Olympia Washington	Date Issued: Sept. 11, 1964	Date Orig. Entry: child born Mar. 25, 1934	
	Date of Birth: Age 27	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Statement regarding employment records	By whom issued and signed: Weyerhaeuser Company Everett, Washington	Date Issued: October 5, 1964	Date Orig. Entry: June 1, 1938	
	Date of Birth: Nov. 12, 1906	Birth Place: Black Bear, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson		Date Filed: Oct. 9, 1964	

FORM BH 56067 In office 7-28-64. 1 Copy paid-rec.#1948.

OCT 8 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

856-203-023-714

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-687

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Carleen Heffner			2. Date Of Birth (month) 11 (day) 3 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Gem	b. City or Town of Birth: Emmett	
FATHER	6. Full Name of Father: Frank C. Heffner			7. State or Country of Father's Birth: Wichita, Kansas	
MOTHER	8. Full Maiden Name of Mother: Nancy Jane Paddock			9. State or Country of Mother's Birth: Terry Hut, Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Hazel H Cole	11. Present Address of Registrant: Soda Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: October 7, 1964		12. Signature of Notary: Frank Boles A	13. Notary Commission expires: July 13 1967	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Life Ins. Policy Application	By whom issued and signed: Idaho Mutual Benefit Assn. Boise, Idaho	Date Issued: ----------	Date Orig. Entry: 1944
	Date of Birth: Nov. 3 1906	Birth Place: Emmett, Idaho	Full Name of Mother: ---------	Name of Father: --------
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt Age 76	By whom issued and signed: Mary S. Jensen Jan.	Date Issued: Jan. 1964	Date Orig. Entry: ----------
	Date of Birth: Nov. 3, 1906	Birth Place: Gem County Emmett, Idaho	Full Name of Mother: Nancey Jane Paddock	Name of Father: Frank C. Heffner
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: --------	Date Orig. Entry: Obviously old
	Date of Birth: Nov. 3, 1906	Birth Place: Emmett	Full Name of Mother: Nancy Jane Paddock	Name of Father: Frank C. Heffner

QUALIFYING INFORMATION

Application for Medical Expense Policy gives date of Birth as Nov. 3, 1906 at Emmett, Idaho Issued April 27, 1950 by Robert E. Andrews, Agent World's Ins. Co.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Oct. 9, 1964

FORM BH 56067

OCT 9 1964

FEB 2 1965

DELAYED CERTIFICATE OF BIRTH

Application for Medical Expense Delay Gives date of first as Nov. 3, 1905 at Emmett, Idaho Issued April 27, 1965 by Robert E. Andrews, Agent World's Ins. Co.

313703-022-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-689

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Asael Tall			2. Date of Birth (month) October (day) 3 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Lewisville
FATHER	6. Full Name of Father: William A. Tall			7. State or Country of Father's Birth: Salt Lake City, Utah
MOTHER	8. Full Maiden Name of Mother: Belle Kinghorn			9. State or Country of Mother's Birth: Salt Lake City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Asael Tall		11. Present Address of Registrant: Rigby, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on October 9, 1964	12. Signature of Notary: C. Harold [illegible]		13. Notary Commission expires: 3-26 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of application for license to marry	By whom issued and signed: Davis County, Utah, John M. Park, Clerk	Date Issued: July 17, 1964	Date Orig. Entry: Aug. 25, 1931	
	Date of Birth: Oct. 3, 1906	Birth Place: Lewisville, Idaho	Full Name of Mother: Belle Kinghorn	Name of Father: Wm. A. Tall	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #227262	Date Issued: ----	Date Orig. Entry: child born Dec. 4, 1934	
	Date of Birth: Age 28	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt present at birth (b.d. 11/6/1885)	By whom issued and signed: Emma K. Lee	Date Issued: Oct. 9, 1964	Date Orig. Entry: ----	
	Date of Birth: Oct. 3, 1906	Birth Place: Lewisville, Idaho Jefferson County	Full Name of Mother: Belle Kinghorn Tall	Name of Father: William Arthur Tall	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Oct. 13, 1964

FORM BH 56067

6-17-64

OCT 13 1964

142-108-010-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-693

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Charles Austin			2. Date of Birth (month) July (day) 8 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Herbert Austin			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Clara Elizabeth Smith			9. State or Country of Mother's Birth: Gove County, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Charles Austin		11. Present Address of Registrant: 260 Gladstone Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 12 19 58	12. Signature of Notary: [signature]		13. Notary Commission expires: February 27 19 60

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Department of Commerce Bureau of the Census		Date Issued: July 13, 1962	Date Orig. Entry: Jan. 1,1920
	Date of Birth: Age 13	Birth Place: Idaho	Full Name of Mother: Clara E. Austin	Name of Father: Herman Austin	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Clara E. Austin Nash		Date Issued: May 6,1958	Date Orig. Entry: ---
	Date of Birth: July 8,1906	Birth Place: Idaho Falls,Idaho Bonneville County	Full Name of Mother: Clara Elizabeth Smith	Name of Father: Herbert Austin	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #236693		Date Issued: ----	Date Orig. Entry: child born Oct. 14, 1935
	Date of Birth: Age 29	Birth Place: Idaho Falls,Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Oct. 14, 1964

FORM BH 56067 DK

OCT 14 1964

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

1. Registrant's Full Name at Birth: William Charles Austin	2. Date of Birth: July 8 1963	
3. Sex: Male	4. Place of Birth: Donnerville	5. City or Town of Birth: Idaho Falls
6. Name of Father: Herbert Austin	7. State or Country of Father's Birth: England	
8. Full Maiden Name of Mother: Clara Elizabeth Smith	9. State or Country of Mother's Birth: Gove County, Kansas	
10. Signature of Registrant: [signature]	11. Present Address of Registrant: 260 Gladstone, Idaho Falls, Idaho	
12. Signature of Notary: [signature]	13. Notary Commission Expires: February 27 19 60	

Subscribed and sworn to before me on November 12 19 58

APPLICANT'S DOCUMENTS

Type of Document: Federal Census Record	Date Issued and Signed: [illegible]	Date Issued: July 13, 1963	Date Sign. Entry: Mar. 1, 1963
Date of Birth: Jan 15	Place of Birth: Idaho	Name of Father: Clara E. Austin	Name of Mother: [illegible]
Type of Document: Affidavit by mother	By whom Issued and Signed: Clara M. Austin [illegible]	Date Issued: May 6, 1963	Date Sign. Entry:
Date of Birth: [illegible]	Place of Birth: Idaho Falls, Idaho Bonneville County	Name of Father: [illegible]	Name of Mother: [illegible]
Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued: ----	Date Sign. Entry: [illegible]
Date of Birth: Aug 29	Place of Birth: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that my prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
W. W. Jensen	[illegible]	Oct. 11, 1964

619-11-01-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-711

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CHARLES GUY WARTMAN		2. Date Of Birth (month) 12 (day) 11 (year) 1906
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: BOISE/IDAHO-ADA; b. City or Town of Birth: BOISE
FATHER	6. Full Name of Father: CHARLES WARTMAN		7. State or Country of Father's Birth: IOWA
MOTHER	8. Full Maiden Name of Mother: MARY OLIVE CASTOR		9. State or Country of Mother's Birth: INDIANA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: C. Guy Wartman	11. Present Address of Registrant: 560 S Kootenai St. Boise
NOTARY (Seal)	Subscribed and sworn to before me on: October 12th 1964	12. Signature of Notary: Wm. Dean Mayes	13. Notary Commission expires: Sept. 10, 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle Age 83	By whom issued and signed: W. A. Thompson	Date Issued: Sept. 10 1964	Date Orig. Entry: ---
	Date of Birth: Dec. 11, 1906 / Birth Place: Boise, Idaho	Full Name of Mother: Mary Olice Castor Wartman	Name of Father: Charles Wartman	
SUPPORTING RECORD 2.	Type of Document: Statement from Hospital	By whom issued and signed: Saint Alphonsus Hospital Gabrielle M. Amos, Librarian	Date Issued: Oct. 1, 1964	Date Orig. Entry: Admitted May 21, 1950
	Date of Birth: Dec. 11 1906 / Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Childs birth certificate	By whom issued and signed: on file with state of Idaho # 289001	Date Issued: ---	Date Orig. Entry: child born Jan. 2, 1940
	Date of Birth: Age 33 / Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Oct. 23, 1964

FORM BH 56067

845-106-004-345

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-714

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Walter Adolph Hunzeker			2. Date Of Birth (month) (day) (year): September 6 1906	
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Montpelier Bear Lake	b. City or Town of Birth: Montpelier	
FATHER	6. Full Name of Father: Frederick Hunzeker			7. State or Country of Father's Birth: Eden Valley, Erie, New York	
MOTHER	8. Full Maiden Name of Mother: Lillian Emeline Tueller			9. State or Country of Mother's Birth: Paris, Bear Lake, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Walter Adolph Hunzeker	11. Present Address of Registrant: Montpelier, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 8-11 1964		12. Signature of Notary: W R Kunz	13. Notary Commission expires: May 17 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Duplicate Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, First Ward, Montpelier Stake.	Date Issued: Nov. 11, 1963	Date Orig. Entry: baptized Sept. 6, 1914
	Date of Birth: Sept. 6, 1906	Birth Place: Montpelier, Idaho Bear Lake, County	Full Name of Mother: Lillie Emeline Tueller	Name of Father: Frederick Hunzeker	
SUPPORTING RECORD 2.	Type of Document: photocopy of original application for social security #519-12-6921		By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Aug. 26, 1939
	Date of Birth: Sept. 6, 1906	Birth Place: Montpelier, Idaho	Full Name of Mother: Lillias Emmeline Tueller	Name of Father: Fred Hunzeker	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho 28203	Date Issued: -----	Date Orig. Entry: child born Dec. 11, 1938
	Date of Birth: Age 32	Birth Place: Montpelier, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barnum	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 23, 1963

FORM BH 56067

OCT 26 1964

AUG 24 1971

Kunzeter

493-213-031-699

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-715

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marjorie Elma Miller
2. Date of Birth (month) (day) (year): July 13 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Nezperce Lewis
   b. City or Town of Birth: Nezperce

FATHER

6. Full Name of Father: Norton Benjamin Miller
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Bertha Frink
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marjorie Miller Neely
11. Present Address of Registrant: 919 Mabelle, Moscow Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: Oct 21 1964

12. Signature of Notary: B R Everson
13. Notary Commission expires: 11-1-1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Transcript of school record	Eastern Washington College Cheney, Washington	Oct. 12, 1964	June 13, 1947
	Date of Birth July 13, 1906	**Birth Place** Nezperce, Idaho	**Full Name of Mother** -----	**Name of Father** N. B. Miller
SUPPORTING RECORD 2.	Own child's birth certificate	On file Idaho #149667	-----	child born Feb. 28, 1927
	Date of Birth Age: 20	**Birth Place** Nez Perce, Idaho	**Full Name of Mother** -----	**Name of Father** -----
SUPPORTING RECORD 3.	Affidavit by mother	Bertha Miller	Sept. 10, 1958	-----
	Date of Birth July 13, 1906	**Birth Place** Nezperce, Idaho	**Full Name of Mother** Bertha Miller	**Name of Father** Norton B. Miller

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Brown	Glenda Larson	Oct. 23, 1964

FORM BH 56067 / VR

OCT 30 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

299-115-029-625

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-745
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edward Harry Briggs
2. Date of Birth (month) Sept (day) 15 (year) 1906
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Latah
b. City or Town of Birth: Potlatch Idaho

FATHER

6. Full Name of Father: Henry Arthur Briggs
7. State or Country of Father's Birth: Minn.

MOTHER

8. Full Maiden Name of Mother: Blanch Roseann O'Keefe
9. State or Country of Mother's Birth: Minn.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: × Edward H. Briggs
11. Present Address of Registrant: P.O. Box 58 Rock Island Wash

NOTARY (Seal)

Subscribed and sworn to before me on: April 11 1960
12. Signature of Notary: Burke Hadfield
13. Notary Commission expires: Jan 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #531-10-2761		By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Nov. 28,1936
Class*_____	Date of Birth: Sept. 15, 1906	Birth Place: Potlatch, Idaho	Full Name of Mother: Blanch O'Keefe	Name of Father: Henry Author Briggs	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Blanche Roseann Briggs	Date Issued: Oct.27,1964	Date Orig. Entry: ------
Class_____	Date of Birth: Sept. 15, 1906	Birth Place: Potlatch, Idaho	Full Name of Mother: Blanche Roseann Briggs	Name of Father: Henry Arthur Briggs	
SUPPORTING RECORD 3.	Type of Document: Identification card #2257		By whom issued and signed: Bonneville Power Administration, U.S. Dept. of the interior	Date Issued: April 16, 1957	Date Orig. Entry: -----
Class_____	Date of Birth: Sept. 15, 1906	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Nov. 6, 1964

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 6 1964

Bruggs

REGISTRANT	1. Name of Birth: Harry Briggs	2. Date of Birth: [illegible]
	3. Place of Birth: [illegible]	4. Place of Birth: [illegible]
FATHER	5. Full Name of Father: Henry Arthur Briggs	6. State or Country of Father's Birth: [illegible]
	7. Full Maiden Name of Mother: Blanche Roseann Briggs	8. State or Country of Mother's Birth: [illegible]
	9. Declare under oath that the statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
	11. Present Address of Registrant: [illegible]	
NOTARY (Seal)	12. Sworn and sworn to before me on [illegible]	13. Signature of Notary: [illegible]
	14. Notary Commission Expires: [illegible]	

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Nov. 28, 1936
	Date of Birth: [illegible]	Birth Place: Potlatch, Idaho	Full Name of Mother: Blanche Roseann Briggs	Name of Father: Henry Arthur Briggs
	Date of Birth: [illegible]	Birth Place: Potlatch, Idaho	Full Name of Mother: Blanche Roseann Briggs	Name of Father: Henry Arthur Briggs
SUPPORTING RECORD 2.	Type of Document: Identification card #[illegible]	By whom issued and signed: [illegible]	Date Issued: April 16, 1937	Date Orig. Entry: ----
	Date of Birth: Sept. 15, 1936	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible] | Evidence reviewed by: [illegible] | Date Filed: Nov. [illegible], 1964

*Class A Records are those made and [illegible] Class B Records are those made after the [illegible] and are at least [illegible]

292-212-028-818

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-762

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Cathryn Margaret Bishop
2. Date of Birth: (month) July (day) 12 (year) 1906
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Kootenai; b. City or Town of Birth: Coeur d' Alene

FATHER

6. Full Name of Father: Frank Lewis Bishop
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Harriet Alice Hayes
9. State or Country of Mother's Birth: Ohio

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Peggy Bishop Johnson
11. Present Address of Registrant: 416 W. Brown Kellogg, Ida

NOTARY (Seal)

Subscribed and sworn to before me on: November 6 19 64

12. Signature of Notary: Sebastine Brown
13. Notary Commission expires: February 23 19 65

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of application to insurance company	New York Life Insurance Co.	---	June 17, 1931
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 12, 1906 / Coeur d'Alene, Idaho	Hattie Bishop	---	
SUPPORTING RECORD 2.	employment record	Estate of Ed Alho d/b/ a Kellogg Transfer Company	---	Sept. 20,1946
	July 12, 1906 / Coeur d'Alene, Idaho	Harriet Alice Hayes	Frank Lewis Bishop	
SUPPORTING RECORD 3.	Affidavit by mother	Harriet A. Bishop	Feb. 3,1960	-----
	July 12, 1906 / Coeur d'Alene, Idaho	Harriet Alice Bishop	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Nov. 20,1964

FORM BH 56067 1-6-60

NOV 27 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name at Birth: Cathryn Margaret Bishop	2. Date of Birth: July 12 1906
	3. Place of Birth: Kootenai	4. Sex: Female
	5. Place of Birth: Coeur d'Alene	
FATHER	6. Full Name of Father: [illegible] Bishop	7. State or Country of Father's Birth: Michigan
MOTHER	8. Name of Mother: Harriet Alice Hayes	9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	1. Person who is upon date that the [illegible] are true to the [illegible] and belief.	10. Signature of Registrant: [illegible]
	11. Present Address of Registrant: 416 W. Brown Kellogg, Ida	
NOTARY	12. Subscribed and sworn to before me on: [illegible] 6 [illegible] 64	13. Signature of Notary: [illegible]
	14. Notary Commission expires: February 23 [illegible] 65	

APPLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible] Life Insurance Co.	Date Issued: ---	Date Orig. Entry: Jan. 17, 1964
	Date of Birth: July 12, 1906	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: [illegible]	Name of Father: ---
SUPPORTING RECORD 2	Type of Document: Employment Record	By whom issued and signed: [illegible]	Date Issued: ---	Date Orig. Entry: [illegible]
	Date of Birth: July 12, 1906	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Harriet Alice Hayes	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: Affidavit by mother	By whom issued and signed: Harriet A. Bishop	Date Issued: Nov. 3, 1960	Date Orig. Entry: ---
	Date of Birth: July 12, 1906	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Harriet Alice Bishop	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics to this registrant and that documentary evidence has been reviewed, which substantiated the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
[signature]	[illegible]	Nov. 30, 1964

FORM NO. 1-6-60

366420-025-569

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-777

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JAMES ORVAL COOPER
2. Date of Birth (month) (day) (year): December 20, 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Idaho; b. City or Town of Birth: Westlake

FATHER

6. Full Name of Father: James Alfred Cooper
7. State or Country of Father's Birth: North Carolina

MOTHER

8. Full Maiden Name of Mother: Cora Bell Norton
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: James Orval Cooper
11. Present Address of Registrant: Granger, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: May 7 1964
12. Signature of Notary: [illegible]
13. Notary Commission expires: November 13 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt age 70	Hattie Davidson	May 11,1964	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 20, 1906	Westlake, Idaho	Cora Bell Norton Cooper	James Alfred Cooper

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth Certificate	On file Idaho #179990	----	child born March 18,1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 23	Westlake, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement of military record	Selective Service, Boise, Idaho Annabel R. Woodmore, Chief Adm.	June 5, 1964	Oct. 16,1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.20,1906	Westlake, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Nov. 25, 1964

FORM BH 56067

Reid

NOV 25 1964

993-125-010-316

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-813

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Harvey Ralph Ritter
2. Date of Birth (month) Dec. (day) 25 (year) 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: Franklin Ritter
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Lillie Lafloder Ritter
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harvey R. Ritter
11. Present Address of Registrant: 3910 S.W. Heather Seattle Wash.

NOTARY (Seal)

Subscribed and sworn to before me on September 24 1964
12. Signature of Notary: [illegible]
13. Notary Commission expires: April 10 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of marriage license affidavit	Bonneville, County, Idaho Wallace Hanson, Clerk	July 20, 1964	April 17, 1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 24	---	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding insurance Policy #5 301 623 CM	Metropolitan Life Insurance Company	May 1, 1945	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 25, 1906	Idaho Falls, Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for social security #534-09-7995	Treasury Department	-----	Nov. 24, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 25, 1906	Idaho Falls, Idaho	Lilly Blatter	Frank Ritter

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	gml Glenda Larson	Dec. 15, 1964

FORM BH 56067

Ritter

DEC 15 1964

238-227-004-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-818

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah Elvira Schenck		2. Date of Birth (month) June (day) 27 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Bear Lake; b. City or Town of Birth: Fishhaven Idaho
FATHER	6. Full Name of Father: Joel Melvin Schenck		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Maud Henderson		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sarah S. Hatch	11. Present Address of Registrant: Randolph, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 17 1964	12. Signature of ~~Notary~~ County Clerk: Zella B. Jessop	13. Notary ~~Commission~~ Term expires: 1/1 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of baptism and confirmation		By whom issued and signed: LDS Church, John Snowball, clerk	Date Issued: Oct. 16, 1916	Date Orig. Entry: baptized Oct. 8, 1916
	Date of Birth: June 27, 1906	Birth Place: Fish Haven, Idaho Bear Lake County	Full Name of Mother: Mary Henderson	Name of Father: Joel M. Schencks	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person present at time of birth (more than 10 yrs. older)		By whom issued and signed: Harriet H. Mattson	Date Issued: Nov.23,1964	Date Orig. Entry: -----
	Date of Birth: June 27, 1906	Birth Place: Fish Haven, Idaho	Full Name of Mother: Mary Maud Henderson Schenck	Name of Father: Joel Melvin Schenck	
SUPPORTING RECORD 3.	Type of Document: certified copy of affidavit for Marriage License		By whom issued and signed: Bannock County, Idaho, Sarah Devaney, clerk	Date Issued: Dec.3,1964	Date Orig. Entry: Sept. 13, 1926
	Date of Birth: Age 20	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 17, 1964

FORM BH 56067

Streeby

DEC 17 1964

212-109-030-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-833

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARTIN BASSETT		2. Date of Birth (month) July (day) 9 (year) 1906
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth a. County: MAY Idaho Lemhi; b. City or Town of Birth: MAY
FATHER	6. Full Name of Father: JOHN CHARLES BASSETT		7. State or Country of Father's Birth: MASSACHUSETTS
MOTHER	8. Full Maiden Name of Mother: JOSEPHINE LA CAFF		9. State or Country of Mother's Birth: MONTANA, Deer Lodge
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Martin Bassett	11. Present Address of Registrant: 7945 MARIPOSA AVE Citrus Heights, Calif. 95610
NOTARY (Seal)	Subscribed and sworn to before me on: DECEMBER 10 1964	12. Signature of Notary: F. Ross Guhse	13. Notary Commission expires: F. ROSS GUHSE My Commission Expires Feb. 19, 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Howell Ward	Date Issued: July 20, 1924	Date Orig. Entry: baptized April 5, 1924
	Date of Birth: July 9, 1906; Birth Place: May, Lemhi County, Idaho	Full Name of Mother: Josephene La Caff	Name of Father: John Charles Bassett	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #558-03-2393	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Dec. 3, 1936
	Date of Birth: July 9, 1906; Birth Place: May, Idaho	Full Name of Mother: Josephine La Calf	Name of Father: John Charles Bassett	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age 71	By whom issued and signed: Marie Cochran	Date Issued: Nov. 5, 1964	Date Orig. Entry: ---
	Date of Birth: July 9, 1906; Birth Place: May, Idaho	Full Name of Mother: Josephine La Caff	Name of Father: John Charles Bassett	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Dec. 22, 1964

FORM BH 56067

Sister's affidavit 11-5-64 Mrs. Marie Cochran

JAN 6 1965

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236-22-5102B-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-847

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ESTHER LOUISE KLOPPENBORG			2. Date Of Birth (month) 12 (day) 25 (year) 1906	
	3. Color or Race: Wt.	4. Sex: F	5. Place of Birth a. County: KOOTNAI	b. City or Town of Birth: COEUR D'ALENE	
FATHER	6. Full Name of Father: HENRY KLOPPENBURG			7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: SOPHIA LOUISE SCHMIDT			9. State or Country of Mother's Birth: Iowa (Dubuque)	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esther Louise Klos		11. Present Address of Registrant: 416 Garden Ave	
NOTARY (Seal)	Subscribed and sworn to before me on: 2-19 19 64	12. Signature of Notary: Margaret Kelly		13. Notary Commission expires: H 19 65	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate #1147	By whom issued and signed: Public Health Statistics Seattle, Washington		Date Issued: Dec. 29, 1948	Date Orig. Entry: child born April 2, 1924
	Date of Birth: Age 17	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of newspaper notice	By whom issued and signed: Coeur d'Alene Press		Date Issued: -----	Date Orig. Entry: Dec. 26, 1906
	Date of Birth: Dec. 25, 1906	Birth Place: -----	Full Name of Mother: Mrs. Henry Klappenberg	Name of Father: Henry Klappenberg	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle who lived nearby at time of birth	By whom issued and signed: Benjamin F. Schmidt Age: 84		Date Issued: Sept. 17, 1964	Date Orig. Entry: ------
	Date of Birth: Dec. 25, 1906	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Sophia L. Schmidt	Name of Father: Henry Kloppenburg	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	Dec. 29, 1964

FORM BH 56067

12-17-64

DEC 29 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF TEXAS

REGISTRAR	1. Registration Dist. Name of Birth: [illegible]	2. Date of Birth (Month) (Day) (Year) [illegible]
Birth in Doing Registered	3. Color or Race: [illegible]	4. Sex: [illegible]
	5. Place of Birth: [illegible] County	6. City or Town of Birth: [illegible]
FATHER	7. Full Name of Father: [illegible]	8. State or Country of Father's Birth: [illegible]
MOTHER	9. Full Name of Mother: [illegible]	10. State or Country of Mother's Birth: [illegible]
APPLICANT	11. Hereby certify upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [illegible]
		13. Present Address of Registrant: [illegible]
NOTARY	14. Subscribed and sworn to before me on [illegible] 19 [illegible]	15. Signature of Notary: [illegible]
		16. Notary Commission expires: [illegible] 19 [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: Dec. 29, 1964	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: —	Date Orig. Entry: Dec. 29, 1964
	Date of Birth: [illegible]	Birth Place: —	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: —
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the [illegible] of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date filed
[illegible]	[illegible]	Dec. 29, 1964

FORM SH 5808

284-223-028-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-849

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emma Elizabeth Symons		2. Date Of Birth (month) (day) (year): March 23, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootenai; b. City or Town of Birth: Coeur d'Alene, Idaho
FATHER	6. Full Name of Father: James Symons		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Florence Johnston		9. State or Country of Mother's Birth: -
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Xemma E Shockley	11. Present Address of Registrant: Bend Ore P.O. Box 121
NOTARY (Seal)	Subscribed and sworn to before me on: November 18 1964	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notorized statement of page from Bible	By whom issued and signed: Family Bible Record	Date Issued: ----	Date Orig. Entry: Obviously old
	Date of Birth: March 23 1906	Birth Place: Coeur d'Alene	Full Name of Mother: Florence Johnston	Name of Father: James Symons
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: on file with state of Idaho # 192462	Date Issued: ------	Date Orig. Entry: child born Aug. 22, 1928
	Date of Birth: Age 22	Birth Place: Coeur d'Alene	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #544-42-7792	By whom issued and signed: Treasury Department	Date Issued: ------	Date Orig. Entry: Sept. 22, 1955
	Date of Birth: March 23, 1906	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Florance Johnson	Name of Father: James Symons
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	fc Glenda Larson	Dec. 29, 1964

FORM BH 56067

2 cp pd. corresp in delayed file

11-18-64

DEC 29 1964

863-130-001-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-025

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucius Roy Holbrook Jr.		2. Date of Birth (month) July (day) 30 (year) 1906	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Boise, Idaho, Ada.	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Lucius Roy Holbrook		7. State or Country of Father's Birth: 1875 Arkansas, Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Henrietta Coffin		9. State or Country of Mother's Birth: Idaho, Ada.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lucius R Holbrook	11. Present Address of Registrant: 6111 Camino de la Costa LA JOLLA, CALIFORNIA.
VIOLET W. BURGUNDER NOTARY PUBLIC San Diego County, Calif. (Seal)	Subscribed and sworn to before me on Jan. 8 1965		12. Signature of Notary: Violet W Burgunder	13. Notary Commission expires: VIOLET W. BURGUNDER My Commission Expires Dec. 2, 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Henrietta Coffin Holbrook	Date Issued: Dec.9,1964	Date Orig. Entry: -----	
	Date of Birth: July 30,1906	Birth Place: Boise, Idaho	Full Name of Mother: Henrietta Coffin Holbrook	Name of Father: Lucius Roy Holbrook	
SUPPORTING RECORD 2.	Type of Document: Special Passport, United States of America #16029	By whom issued and signed: Department of State at Washington, U.S.A.	Date Issued: Oct.6,1953	Date Orig. Entry: Oct.6,1953	
	Date of Birth: July 30,1906	Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Special military order G-119	By whom issued and signed: U.S.A.F., Ballistic Systems Div. A. F. Systems Command, Norton, Cal.	Date Issued: Dec.9, 1963	Date Orig. Entry: commisioned Oct.11,1930	
	Date of Birth: July 30, 1906	Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Glenda Larson	Jan. 14, 1965

FORM BH 56067

Holbrook

JAN 14 1965

154-227-010-216

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-027

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah Jane Andrus			2. Date of Birth (month) (day) (year): Aug. 27, 1906
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Ucon, Bonneville	b. City or Town of Birth: Ucon, Idaho
FATHER	6. Full Name of Father: Robert Andrus			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lovenia Bawden			9. State or Country of Mother's Birth: Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sarah A. Simmons		11. Present Address of Registrant: Ucon, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 11 1965	12. Signature of Notary: Alene M. Hill		13. Notary Commission expires: June 25 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother (born 7-31,1896)	By whom issued and signed: R. Howard Andrus	Date Issued: Jan.9,1965	Date Orig. Entry: -----
	Date of Birth: Aug.27,1906 / Birth Place: Ucon,Bonneville County, Idaho	Full Name of Mother: Lovenia Bawden (Andrus)	Name of Father: Robert Andrus	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #393484	Date Issued: -----	Date Orig. Entry: child born July 10, 1944
	Date of Birth: Age: 37 / Birth Place: Ucon, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: certified copy of Application for License to Marry	By whom issued and signed: Cache County, Utah, Iver L. Larsen, County Clerk	Date Issued: Dec.3,1964	Date Orig. Entry: July 26, 1934
	Date of Birth: Aug.27,1906 / Birth Place: Idaho	Full Name of Mother: Lavinia Bowden	Name of Father: Robert Andrus	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Barson	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 14, 1965

FORM BH 56067

JAN 14 1965

Simmons

695-112-029-6 85

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-033
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ervin Balthasar Wilhelm Fiebelkorn
2. Date Of Birth: (month) July (day) 12th (year) 1906
3. Color or Race: white
4. Sex: Mail
5. Place of Birth: a. County Genesee Idaho; b. City or Town of Birth

FATHER

6. Full Name of Father: Rev. Albert Fiebelkorn
7. State or Country of Father's Birth: Goodland Jasper Co. Ind.

MOTHER

8. Full Maiden Name of Mother: Clara (Bohn) Fiebelkorn
9. State or Country of Mother's Birth: Winona, Minn.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Ervin Fiebelkorn
11. Present Address of Registrant: 4511 Decatur Blvd

NOTARY (Seal)

Subscribed and sworn to before me on May 17 1956
12. Signature of Notary: Minnie V. Hargraves
13. Notary Commission expires: March 15 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: statement re church record
By whom issued and signed: St. John's Evangelical Lutheran Church, Genesee Idaho
Date Issued: 6-29-56
Date Orig. Entry: baptized Aug. 5, 1906
Date of Birth: July 12 1906
Birth Place: Genesee Idaho
Full Name of Mother: Clara Bohn
Name of Father: Albert Fiebelkorn
Class*: A

SUPPORTING RECORD 2.

Type of Document: Affidavit by father
By whom issued and signed: Rev. A. Fiebelkorn
Date Issued: Aug. 21, 1964
Date Orig. Entry: -----
Date of Birth: July 12, 1906
Birth Place: Genesee, Idaho
Full Name of Mother: Clara V. Bohn
Name of Father: Rev. A. Fiebelkorn
Class

SUPPORTING RECORD 3.

Type of Document: photocopy of transcript of high school record
By whom issued and signed: Monrovia High school, Monrovia Calif. Kay Larson, clerk
Date Issued: Jan. 5, 1965
Date Orig. Entry: May 25, 1925
Date of Birth: July 12, 1906
Birth Place: ----
Full Name of Mother: -----
Name of Father: -----
Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barnum
Evidence reviewed by: bw gml Glenda Larson
Date Filed: Jan. 15, 1965

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 1960-7

JAN 15 1965

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

REGISTRAR	1. Registrant's Full Name of Birth	2. Date of Birth
	3. Delayed Name	4. Place of Birth, County
		5. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIANT	10. Declare upon oath that the above statements are true to the best of my knowledge and [illegible]	11. Signature of Registrant
		12. Present Address of Registrant
	13. Signature of Notary	14. Notary Commission expires
SUPPORTING RECORD 1	Type of Document	Date of Birth
	Church record	Full Name of Father
SUPPORTING RECORD 2	Type of Document	By whom Issued and signed	Date Issued	Date Orig. Entry
	Affidavit of Mother	Rev. A. [illegible]	----	
	Date of Birth	Full Name of Mother	Name of Father
Class			
SUPPORTING RECORD 3	Type of Document	By whom Issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Full Name of Mother	Name of Father
Class			
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that the above birth certificate has been found in the Division of Vital Statistics for this registrant and that the [illegible] and [illegible] issued, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Employee Reviewed by	Date Filed

255-101-038-842

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-048

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Paul August Julius Senkbeil			2. Date Of Birth: (month) May (day) 1, (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Payette	a. County: Canyon County (now Payette County)	b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: August Herman Senkbeil			7. State or Country of Father's Birth: Poland	
MOTHER	8. Full Maiden Name of Mother: Clara Helen Huschke			9. State or Country of Mother's Birth: Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Paul A Senkbeil	11. Present Address of Registrant: Route 1, Box 4-A, Payette, Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: December 26, 19 64		12. Signature of Notary: Jessie M. Fraser, Notary Public for Oregon	13. Notary Commission expires: February 8, 1965.	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Clara Helen Scheidt	Date Issued: Dec.26,1964	Date Orig. Entry: -----
	Date of Birth: May 1,1906	Birth Place: Payette, Idaho Canyon now Payette	Full Name of Mother: Clara Helen Huschke Senkbeil	Name of Father: August Herman Senkbeil	
SUPPORTING RECORD 2.	Type of Document: Statement regarding church record of confirmation		By whom issued and signed: St. John's United Church of Christ, Thomas E. Peterson, Pastor	Date Issued: Dec.29,1964	Date Orig. Entry: confirmed May 30, 1920
	Date of Birth: May 1,1906	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records		By whom issued and signed: Dominican Sisters Holy Rosary Hospital, Ontario, Oregon	Date Issued: Jan.15, 1965	Date Orig. Entry: 1955
	Date of Birth: May 1906	Birth Place: Payette, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: gml Glenda Larson	Date Filed: Jan. 19,1965

FORM BH 56067

1 cp. ppd. rec. #8198

5 1-3-65 gml

JAN 1 9 1968

453-105-037-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-062

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lorenzo Augustus Del Grosso			2. Date of Birth (month) Aug. (day) 5 (year) 1906
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Silver City, Owyhee	b. City or Town of Birth: Silver City, Idaho
FATHER	6. Full Name of Father: Victor Del Grosso			7. State or Country of Father's Birth: Italy
MOTHER	8. Full Maiden Name of Mother: Margarita Gianera			9. State or Country of Mother's Birth: Italy
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lorenzo Augustus Del Grosso		11. Present Address of Registrant: Jordan Valley, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 18 1965	12. Signature of Notary: Jose Gelabert		13. Notary Commission expires: 5-21-67 19

APPLICANT—DO NOT WRITE BELOW THIS LINE

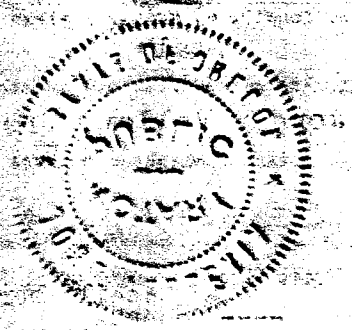
SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho 52-15517	Date Issued: ----	Date Orig. Entry: child born Dec. 22, 1952	
	Date of Birth: Age 46	Birth Place: Silver City, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of the Holy Sacrament of Baptism	By whom issued and signed: Our Lady of Tears, Silver Cty Roman Catholic Church	Date Issued: Aug. 31, 1964	Date Orig. Entry: baptized June 17, 1907	
	Date of Birth: Aug. 5, 1906	Birth Place: Silver City, Idaho	Full Name of Mother: Margarita Gianera	Name of Father: Victor Del Grosso	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Lillie Leonard Age 82	Date Issued: July 29, 1964	Date Orig. Entry: -----	
	Date of Birth: Aug. 5, 1906	Birth Place: Silver City, Idaho	Full Name of Mother: Margarita Gianera	Name of Father: Victor Del Grosso	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 21, 1965

FORM BH 56067

Smith

JAN 22 1965



815-215-003-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-063

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Martha Louisa Hansen			2. Date Of Birth (month) July (day) 15, (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Henry
FATHER	6. Full Name of Father: Joseph Lars Hansen			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Louisa Harris			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louisa H. Elsmore		11. Present Address of Registrant: Grace, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 3, 1964	12. Signature of Notary: Leonard O. Kingsford		13. Notary Commission expires: August 14, 1965.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #257955		By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: Oct.17,1944	Date Orig. Entry: Oct. 4, 1944
	Date of Birth: July 15,1906	Birth Place: Henry, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Aug.22,1961	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age 13	Birth Place: Idaho	Full Name of Mother: Louisa Hansen	Name of Father: Joseph L. Hansen	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Idaho Falls 2nd Ward	Date Issued: -----	Date Orig. Entry: baptized Sept.9,1928
	Date of Birth: July 15, 1906	Birth Place: Henry, Idaho	Full Name of Mother: Louisa Harris	Name of Father: Joseph Lars Hansen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 21, 1965

FORM BH 56067

Elmore

519-216-022-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-073

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Franey Eardley		2. Date Of Birth (month) (day) (year): March 16, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Salem
FATHER	6. Full Name of Father: John Edward Eardley		7. State or Country of Father's Birth: Evanston, Wyoming
MOTHER	8. Full Maiden Name of Mother: Margaret Muir		9. State or Country of Mother's Birth: Mendon, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Franey Eardley	11. Present Address of Registrant: Meridian Idaho Rt. #3
NOTARY (Seal)	Subscribed and sworn to before me on: January 29 1965	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: L. D. S. Certified Copy Church Record	By whom issued and signed: Ella D. Jack, Custodian of Records	Date Issued: Aug. 10, 1962	Date Orig. Entry: Baptized July 3, 1914
	Date of Birth: March 16 1906	Birth Place: Salem, Idaho	Full Name of Mother: Margaret Muir	Name of Father: John Edward Eardley
SUPPORTING RECORD 2.	Type of Document: Affidavit by father Age 69	By whom issued and signed: John Edward Eardley	Date Issued: Sep. 30 1944	Date Orig. Entry: Sept 30 1944
	Date of Birth: March 16 1906	Birth Place: Salem, Idaho	Full Name of Mother: Margaret Muir	Name of Father: John Edward Eardley
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file with state of Idaho # 187421	Date Issued: ----------	Date Orig. Entry: child born Dec. 21, 1930
	Date of Birth: Age 24	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Jan. 29, 1965

FORM BH 56067

JAN 29 1965

Franey Hardley — Sirth March 16, 1906

White — Female — Fremont — Salem

John Edward Hardley — Evanston, Wyoming

Margaret Muir — Mendon, Utah

Certified Copy — Ella D. Jack, Custodian of Records — Aug. 10, 1962 — Baptized July 3, 1914

Church Record

March 16 1906 — Salem, Idaho — Margaret Muir — John Edward Hardley — Sep. 30 1944 — Sept. 30 1944

Affidavit by father Age 69 — John Edward Hardley

March 16 1906 — Salem, Idaho — Margaret Muir — John Edward Hardley

Own child's birth certificate — on file with state of Idaho # 187421 — child born Dec. 21, 1930

Age 24 — Idaho — ----------

W. W. Benson — Florence Curtright — Jan. 29, 1965

419-122-018-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-080

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELMER SOLON DARDEN		2. Date of Birth (month) September (day) 22 (year) 1906
	3. Color or Race: White	4. Sex: M	5. Place of Birth: Weippe a. County: Clearwater b. City or Town of Birth: Weippe - Idaho
FATHER	6. Full Name of Father: Bert S. Darden		7. State or Country of Father's Birth: Waitsburg, Washington
MOTHER	8. Full Maiden Name of Mother: Leona Gertrude Marshall		9. State or Country of Mother's Birth: Idaho Falls, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elmer Solon Darden	11. Present Address of Registrant: 1531 N. E. 63rd Ave. Portland, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: January 16 1962	12. Signature of Notary: E M Rosmond	13. Notary Commission expires: Sept. 8 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Leona Gertrude Marshall Darden Warner	Date issued: Dec.30,1964	Date Orig. Entry: -----
	Date of Birth: Sept. 22, 1906 / Birth Place: Weippe, Idaho	Full Name of Mother: Leona Gertrude Marshall Darden Warner	Name of Father: Bert S. Darden	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Portland Public Schools (Arleta Grade School)	Date issued: Jan.13,1965	Date Orig. Entry: 1917-18 school year
	Date of Birth: Sept. 22, 1906 / Birth Place: Weippe, Idaho	Full Name of Mother: Leona Darden	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate #1693	By whom issued and signed: Multnomah County, Oregon State Board of Health	Date issued: Dec.15,1964	Date Orig. Entry: child born May 10, 1937
	Date of Birth: Age: 30 / Birth Place: Weippe, Idaho	Full Name of Mother: -----	Name of Father: -----	

QUALIFYING INFORMATION: Insurance policy #D 9284065 of The Prudential Insurance Co. of America, issued March 21, 1936, applied for April 3, 1936 states that Elmer S. Darden was born on September 22, 1906 in Idaho.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Feb. 2, 1965

FORM BH 56067 12-13-61 Copy Pd. 5 [illegible]

FEB 2 1965

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name at Birth	2. Date of Birth (Mo.) (Day) (Year)
(Person whose birth is being registered)	FLYER SOLON DARDEN	Birth September 22 1906
	3. Color or Race (M. Sex) White M	4. Place of Birth (Mo.) Weippe Clearwater
		5. Place of Birth (Mo.) Weippe - Idaho
FATHER	6. Full Name of Father Bert S. Darden	7. State or Country of Father's Birth Waitsburg, Washington
MOTHER	8. Full Maiden Name of Mother Leona Gertrude Marshall	9. State or Country of Mother's Birth Idaho Falls, Idaho
	10. Signature of Registrant	11. Present Address of Registrant 1531 N. E. 63rd Ave. Portland, Oregon
	12. Signature of Notary	13. Notary Commission expires Sept. 8 65
	January 16 1962	

M. RAYMOND
COMMISSION EXPIRES
NOTARY
PUBLIC
SEPT. 8 1965
STATE OF OREGON

Date of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Name of Father	
Date of Birth	Birth Place	Date Issued	Date Orig. Entry
Date of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Name of Father	
Date of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Name of Father	
Date of Birth	Birth Place	Name of Father	

QUALIFYING INFORMATION

Insurance policy AD 2[illegible] of the Prudential Insurance Co. of America, issued March 21, 1950, [illegible] 1, 1950 [illegible] on September 22, 1950 in Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	[illegible]	Dec. 2, 1965

12-13-51

165-207-023-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-087

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma Louise Jones			2. Date of Birth (month) September (day) 7 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Pocatello a. County: Bannock	b. City or Town of Birth: Pocatello	
FATHER	6. Full Name of Father: Irving Wilkins Jones			7. State or Country of Father's Birth: Ogden, Utah	
MOTHER	8. Full Maiden Name of Mother: Emma Honora Anderson			9. State or Country of Mother's Birth: Idaho, Hawaii	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma J. Harrison		11. Present Address of Registrant: 236 East 650 No. Bountiful, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: 26 January 1965	12. Signature of Notary: R. Bagley		13. Notary Commission expires: Feb. 11 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: Salt Lake County, Utah John W. Wright, Chief vit. stat.	Date Issued: Jan. 29, 1957	Date Orig. Entry: child born March 11, 1940	
	Date of Birth: Age: 33	Birth Place: Pocatello, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Ogden 4th Ward B. J. Briffin, Clerk	Date Issued: Sept. 7, 1914	Date Orig. Entry: baptized Sept. 7, 1914	
	Date of Birth: Sept. 7, 1906	Birth Place: Pocatello, Idaho	Full Name of Mother: Emma H. Anderson	Name of Father: Irving W. Jones	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Emma Honora Anderson Jones	Date Issued: Jan. 26, 1965	Date Orig. Entry: ------	
	Date of Birth: Sept. 7, 1906	Birth Place: Pocatello, Idaho Bannock County	Full Name of Mother: Emma Honora Anderson Jones	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	Feb. 3, 1965

FORM BH 56067

FEB 3 1965

689-106-014-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-120

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WALTER WILLIAM WHITNEY			2. Date Of Birth (month) FEB. (day) 6 (year) 1906
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: CANYON	b. City or Town of Birth: CALDWELL
FATHER	6. Full Name of Father: HASTINGS MELVIN WHITNEY			7. State or Country of Father's Birth: IOWA
MOTHER	8. Full Maiden Name of Mother: DOLLIE WILLIAMS			9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dollie Whitney		11. Present Address of Registrant: R3, Caldwell, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: March 27 1959	12. Signature of Notary: June G. Benson		13. Notary Commission expires: Dec. 15, 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Dollie Whitney	Date Issued: March 27, 1959	Date Orig. Entry: -----
	Date of Birth: Feb. 6,1906 / Birth Place: Caldwell, Canyon County, Idaho	Full Name of Mother: Dollie Whitney	Name of Father: Hastings Melvin Whitney	
SUPPORTING RECORD 2.	Type of Document: Own child*s birth certificate	By whom issued and signed: On file Idaho #273751	Date Issued: ----	Date Orig. Entry: child born Oct. 4, 1938
	Date of Birth: Age 32 / Birth Place: Caldwell, Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #1013B1	By whom issued and signed: Gem State Mutual Life Association	Date Issued: June 6, 1936	Date Orig. Entry: June 3, 1935
	Date of Birth: Feb.6,1906 / Birth Place: Caldwell, Idaho	Full Name of Mother: ---------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W Benson	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 12, 1965

FORM BH 56067

FEB 12 19[illegible]

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De 65-120

1. Registration Full Name of Birth: [illegible]	2. Date of Birth (month) (day) (year): FEB [illegible]	
3. Sex: [illegible]	4. Place of Birth: [illegible] County: CANYON	5. City or Town of Birth: [illegible]
6. Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]	
8. Mother's Birth: [illegible]	9. State or Country of Mother's Birth: [illegible]	

10. Person Who Gave Oath that the above Statements are true to the best of his knowledge and belief.	11. Signature of Registrant: [illegible]	12. Present Address of Registrant: [illegible]
13. Sworn to before me on [illegible] 19[illegible]	14. Signature of Notary: [illegible]	15. Notary Commission Expires: [illegible]

SUPPORTING RECORD 1

Type of Document: Affidavit by mother	By whom issued and signed: Dollie Whitney	Date Issued: March 27, 1959	Date Orig. Entry: -----
Date of Birth: Feb. [illegible]	Birth Place: Caldwell, Canyon County, Idaho	Full Name of Mother: Dollie Whitney	Name of Father: Hastings Melvin Whitney

SUPPORTING RECORD 2

Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #273751	Date Issued: ----	Date Orig. Entry: Oct. [illegible], 1938
Date of Birth: Age 32	Birth Place: Caldwell, Idaho	Full Name of Mother: -------	Name of Father: -------

SUPPORTING RECORD 3

Type of Document: Insurance Policy #1013B1	By whom issued and signed: Gem State Mutual Life Association	Date Issued: June 6, 1938	Date Orig. Entry: June 3, 1935
Date of Birth: [illegible]	Birth Place: [illegible], Idaho	Full Name of Mother: -------	Name of Father: -------

CERTIFICATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for the registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence Reviewed by	Date Filed
W. [illegible] Benson	Glenda Larson	Feb. 12, 1965

(Seal of Seal)

295-224-001-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 65-130

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Martha Ellen Kincaid			2. Date Of Birth (month) Sept. (day) 24, (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: William Andrew Kincaid			7. State or Country of Father's Birth: Harrison County, Missouri
MOTHER	8. Full Maiden Name of Mother: Martha Sarah Stanton			9. State or Country of Mother's Birth: Mayfield, Idaho
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: M. Ellen Hoffgarten		11. Present Address of Registrant: 1700 N. 22nd, Boise
NOTARY (Seal)	Subscribed and sworn to before me on: February 25 1965	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister age 73	By whom issued and signed: Elvah Kincaid Hard	Date Issued: Feb. 25, 1965	Date Orig. Entry: -----
	Date of Birth: Sept. 24 1906 / Birth Place: Ada County Boise, Idaho	Full Name of Mother: Martha Sarah Stanton	Name of Father: William Andrew Kincaid	
SUPPORTING RECORD 2.	Type of Document: Methodist Episcopal Church Church Record	By whom issued and signed: Charles B. Dalton Minister	Date Issued: June 7 1908	Date Orig. Entry: June 7, 1908
	Date of Birth: Sept. 24 1906 / Birth Place: Boise, Idaho	Full Name of Mother: Martha Sarah Stanton	Name of Father: William Andrew Kincaid	
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: ------	Date Orig. Entry: Obviously old
	Date of Birth: Sept. 24, 1906 / Birth Place: Boise, Idaho	Full Name of Mother: Martha Sarah Stanton	Name of Father: William Andrew Kincaid	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Feb. 25, 1965

FORM BH 56067

FEB 25 1965

559-113-040-464

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-143

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edwin Vermillion		2. Date of Birth (month) August (day) 13 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Gem, Idaho
FATHER	6. Full Name of Father: James Oscar Vermillion		7. State or Country of Father's Birth: Scott Co., Virginia	
MOTHER	8. Full Maiden Name of Mother: Della Margaret Dougherty		9. State or Country of Mother's Birth: Scott Co., Virginia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edwin Vermillion	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on Feb 12 19 65	12. Signature of Notary: John W. Gill	13. Notary Commission expires 3/14/69 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of Honorable Discharge from Army	By whom issued and signed: notarized by John W. Gill, Notary Public	Date Issued: March 28, 1962	Date Orig. Entry: enlisted Jan. 12, 1946
	Date of Birth: August 13, 1906 / Birth Place: Gem, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding employment records	By whom issued and signed: Kentucky Typewriter Corp. D. W. Strange, Owensboro, Kent.	Date Issued: Oct. 2, 1962	Date Orig. Entry: Sept. 28, 1957
	Date of Birth: August 13, 1906 / Birth Place: Gem, Shoshone County, Idaho	Full Name of Mother: Della Margaret Dougherty	Name of Father: James Oscar Vermillion	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Department of Commerce Bureau of the Census	Date Issued: Dec. 12, 1962	Date Orig. Entry: April 15, 1910
	Date of Birth: Age 3 / Birth Place: Idaho	Full Name of Mother: Della Vermillion	Name of Father: James Vermillion	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson gml	Date Filed: March 1, 1965

FORM BH 56067

MAR 1 1965

OCT 12 1965

MAR 5 1968

759-113-035-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 65-155

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WILBERT DANIEL PERKINS
2. Date of Birth: (month) May (day) 13 (year) 1906
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Nez Perce; b. City or Town of Birth: Lewiston, Idaho

FATHER

6. Full Name of Father: Oliver Badger Perkins
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Mattie Lucas
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wilbert Daniel Perkins
11. Present Address of Registrant: Route 2 Box 72-B, Pendleton, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: December 27 19 63
12. Signature of Notary: Theresa M. Sager
13. Notary Commission expires: April 6 19 67

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of page of City Birth Register-1900-1908	John P. Roos, Jrs., City Clerk Lewiston, Idaho	Feb.10,1942	May 13, 1906

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 13,1906	Lewiston, Idaho	Mattie Lucas	O. B. Perkins

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	Idaho State File #146492	-----	child born Oct. 7, 1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 20	Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Bible Record	Family Bible	-----	Obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 13 1906	Idaho	Mattie B. Lucas Perkins	Oliver B. Perkins

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Florence Curtright	March 5, 1965

FORM BH 56067

1-6-64

MAR 5 1965

Perkins

219-208-022-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-167

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Afton Anna Bainbridge		2. Date Of Birth (month) (day) (year): August 8 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Marysville
FATHER	6. Full Name of Father: James Wesley Bainbridge		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Eugenia Strong		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Afton A. Hill	11. Present Address of Registrant: R#2 Box 12 Vale, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 2, 1964 19	12. Signature of Notary: La Monte Bauer Clerk of District Court By Maud Bird	13. Notary Commission expires: Exective 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Fremont County, La Monte Bauer, auditor recorder	Date Issued: Dec.2,1964	Date Orig. Entry: school year 1921
	Date of Birth: August 8, 1906; Birth Place: -----	Full Name of Mother: Eugenia Bainbridge	Name of Father: James Wesley Bainbridge	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Feb.19,1965	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age 13; Birth Place: Idaho	Full Name of Mother: Gene Bainbridge	Name of Father: James W. Bainbridge	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Genie Gilbert	Date Issued: Dec.2,1964	Date Orig. Entry: -----
	Date of Birth: Aug.8,1906; Birth Place: Marysville,Idaho	Full Name of Mother: Genie Gilbert	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	March 9, 1965

FORM BH 56067

12-17-

Hill

165/04/013-462

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De65-176

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Wesley Jones			2. Date of Birth (month) (day) (year): December 4 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Soldier, Idaho Camas	b. City or Town of Birth: Soldier, Idaho
FATHER	6. Full Name of Father: Ray G Jones			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Clara Belle Mosier			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Wesley Jones		11. Present Address of Registrant: Fairfield Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 9 1965	12. Signature of Notary: [signature]		13. Notary Commission expires: 1/26/1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: on file with state of Idaho # 419036		Date Issued: -------	Date Orig. Entry: child born April 5, 1946
	Date of Birth: Age 39	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend of family	By whom issued and signed: Mae M. Gaskill Age 80		Date Issued: -----	Date Orig. Entry: March 9 1965
	Date of Birth: Dec. 4, 1906	Birth Place: Soldier, Idaho	Full Name of Mother: Clara Belle Mosier	Name of Father: Ray G. Jones	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Northwestern Mutual Life Pres. M. F. Ckarg		Date Issued: Feb. 17, 1939	Date Orig. Entry: Feb. 17, 1939
	Date of Birth: Dec. 4, 1906	Birth Place: Soldier, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Mar. 11, 1965

FORM BH 56067 1 copy paid 2-21-62

MAR 12 1965

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De65-176

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race 4. Sex 5. Place of Birth (Attached)	Kind or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant / 11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on 19	12. Signature of Notary / 13. Notary Commission Expires 19

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORDS 1	Type of Document: Own child's birth certificate	By whom issued and signed: on file with state of Idaho # 419036	Date Issued: -------	Date Orig. Entry: child born April 5, 1906
	Date of Birth: Age 39	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORDS 2	Type of Document: Affidavit by friend of family	By whom issued and signed: Mae M. Gaskill Age 80	Date Issued: -----	Date Orig. Entry: March 9 1965
	Date of Birth: Dec. 4, 1906	Birth Place: Soldier, Idaho	Full Name of Mother: Clara Belle Musler	Name of Father: Ray G. Jones
SUPPORTING RECORDS 3	Type of Document: Insurance Policy	By whom issued and signed: Northwestern Mutual Life Pres. M. E. Charg	Date Issued: Feb. 17, 1939	Date Orig. Entry: Feb. 17, 1939
	Date of Birth: Dec. 4, 1906	Birth Place: Soldier, Idaho	Full Name of Mother: ----------	Name of Father: ----------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Mar. 11, 1965

FORM NO 56067 1 copy paid 2-21-62

165-21810-36-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-180

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Hodge Jones			2. Date Of Birth (month) April (day) 18 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Samaria, Idaho
FATHER	6. Full Name of Father: Benjamin Lewis Jones			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Caroline Williams			9. State or Country of Mother's Birth: Salt Lake City, Utah
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: (Mary H. Thompson) x Mary Hodge Jones		11. Present Address of Registrant: Mary H. Thompson Drawer V Weaverville, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: March 4th 1965	12. Signature of Notary: Shirley J. Brown		13. Notary Commission expires: March 4 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: Trinity General Hospital, Weaverville, California	Date Issued: Jan.29,1965	Date Orig. Entry: Nov. 5, 1956
	Date of Birth: April 18, 1906 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of membership	By whom issued and signed: LDS Church,	Date Issued: -----	Date Orig. Entry: baptized May 3, 1914
	Date of Birth: April 18, 1906 / Birth Place: Samaria, Oneida County, Idaho	Full Name of Mother: Caroline Williams	Name of Father: Benjamin L. Jones	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age 72	By whom issued and signed: Elizabeth Jones Leigh	Date Issued: Feb.15,1965	Date Orig. Entry: -----
	Date of Birth: April 18, 1906 / Birth Place: Samaria, Idaho	Full Name of Mother: Caroline Williams	Name of Father: Benjamin Lewis Jones	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: March 12, 1965

FORM BH 56067

MAR 15 1905

Thompson

65-7-104-031-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-184

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carl W. Wegner			2. Date of Birth (month) (day) (year): September 4 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kamiah, Ida. Lewis	b. City or Town of Birth: Kamiah
FATHER	6. Full Name of Father: Carl Fred Wegner			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Carolina Jensen			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Carl W Wegner	11. Present Address of Registrant: Rt. 2, Prosser, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: June 23 1964		12. Signature of Notary: Herbert H Davis	13. Notary Commission expires: April 7 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Department of Commerce Bureau of the Census	Date issued: Aug. 11, 1964	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age 13 / Birth Place: Idaho	Full Name of Mother: Carrie S. Wagner	Name of Father: Carl Wagner	
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital certificate of own childs birth	By whom issued and signed: Valley Memorial Hospital Sunnyside, Washington	Date issued: -----	Date Orig. Entry: child born Sept.8,1946
	Date of Birth: Sept.4,1906 / Birth Place: Kamiah, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Martha M. Willis, Age 73	Date issued: Feb.15,1965	Date Orig. Entry: -----
	Date of Birth: Sept.4,1906 / Birth Place: Kamiah, Idaho	Full Name of Mother: Carolina Wegner (nee Jensen)	Name of Father: Carl Fred Wegner	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	gml Glenda Larson	March 25, 1965

FORM BH 56067

10-21-64

MAR 26 1965

Dave

904-21-041-595

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-195

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph "F" Rammell			2. Date of Birth (month) January (day) 21, (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Teton	b. City or Town of Birth: Tetonia (Haden)	
FATHER	6. Full Name of Father: George F. Rammell			7. State or Country of Father's Birth: Providence, Cash Co., Utah	
MOTHER	8. Full Maiden Name of Mother: Josephene Nielsen			9. State or Country of Mother's Birth: Hyrum, Cash Co., Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph F Rammell		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: February 27 1965	12. Signature of Notary: Robert Smart		13. Notary Commission expires: 5-3 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's hospital birth certificate	By whom issued and signed: San Bernardino Community Hospital		Date Issued: ---	Date Orig. Entry: child born July 22, 1948
	Date of Birth: Jan.21,1906 / Birth Place: Idaho	Full Name of Mother: ---		Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle who lived near by	By whom issued and signed: P.S. Rammell, 80		Date Issued: Feb.27,1965	Date Orig. Entry: -----
	Date of Birth: Jan.21,1906 / Birth Place: (Haden) Tetonia, Teton Co., Idaho	Full Name of Mother: Josephene Amanda Nielsen		Name of Father: George Fredrick Rammell	
SUPPORTING RECORD 3.	Type of Document: photocopy of application to insurance company	By whom issued and signed: Bankers Life Company, Des Moines, Iowa		Date Issued: -----	Date Orig. Entry: Oct.14,1935
	Date of Birth: Jan.21,1906 / Birth Place: Tetonia, Idaho	Full Name of Mother: -----		Name of Father: -----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W M Benson	Evidence reviewed by: sm Glenda Larson		Date Filed: March 29, 1965	

FORM BH 56067

MAR 29 1965

MAY 14 1969

346216-026-851

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-209

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Lufkin [redacted]		2. Date Of Birth (month) April (day) 16 (year) 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Annis Jefferson; b. City or Town of Birth
FATHER	6. Full Name of Father: George Townsend Lufkin		7. State or Country of Father's Birth: Da Nevada
MOTHER	8. Full Maiden Name of Mother: Alice Ann Heaps		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace Lufkin Price	11. Present Address of Registrant: Rt 4 Box 295 Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 25 1962	12. Signature of Notary: Leonard E. Graham	13. Notary Commission expires: [illegible] Jefferson County, Idaho

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Annis Ward Book 9 No. 3 Geo. Browning, Bishop	Date Issued: Sept.6,1914	Date Orig. Entry: baptized Sept.5,1914	
	Date of Birth: Apr.16,1906	Birth Place: Annis, Jefferson County, Idaho	Full Name of Mother: Alice Heaps	Name of Father: G. T. Lufkin	
SUPPORTING RECORD 2.	Type of Document: affidavit by person who knew registrant all the years of her life	By whom issued and signed: Mrs. Annettie Bybee Age 85	Date Issued: May 25,1962	Date Orig. Entry: -----	
	Date of Birth: Apr.16,1906	Birth Place: Annis, Idaho	Full Name of Mother: Alice Ann Heaps	Name of Father: George Townsend Lufkin	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #142465	Date Issued: ------	Date Orig. Entry: child born May 9,1926	
	Date of Birth: Age 20	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	March 30, 1965

FORM BH 56067

5-1-62 1 copy paid

MAR 30 1965

FEB 21 1975

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

962-178-004-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-213

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elden Smith Roberts
2. Date of Birth (month) (day) (year): January 18, 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Fish Haven, Bear Lake
b. City or Town of Birth: Fish Haven

FATHER

6. Full Name of Father: Griffeth Roberts
7. State or Country of Father's Birth: Bloomington, Idaho

MOTHER

8. Full Maiden Name of Mother: Jane Smith
9. State or Country of Mother's Birth: Fish Haven, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elden S Roberts
11. Present Address of Registrant: 618 Cedar Ave., Kemmerer, Wyoming

NOTARY (Seal)

Subscribed and sworn to before me on: February 18, 1965
12. Signature of Notary: Mae Bentley
13. Notary Commission expires: term 1st Mon in Jan. 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of application for insurance policy	Beneficial Life Insurance Co.	----	Nov. 26, 1945
	Date of Birth / **Birth Place**: Jan. 18, 1906 / Fish Haven, Idaho	**Full Name of Mother**: ----	**Name of Father**: ----	
SUPPORTING RECORD 2.	photocopy of Certificate of ordination to holy priesthood	LDS Church, Joseph Cook, High priest #480 line	Feb. 10, 1927	Dec. 20, 1926
	Date of Birth / **Birth Place**: Jan. 18, 1906 / Fish Haven, Idaho	**Full Name of Mother**: Jane Smith	**Name of Father**: Griffeth Roberts	
SUPPORTING RECORD 3.	Affidavit by person who knew him all his live and lived near.	Ernest Wilkes Age 74	March 17, 1965	----
	Date of Birth / **Birth Place**: Jan. 18, 1906 / Fish Haven, Idaho	**Full Name of Mother**: Ella Jane Smith Roberts	**Name of Father**: Griffeth Roberts	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	March 31, 1965

FORM BH 56067

2 copies paid rec. #9758 (R) 2-16-65

MAR 31 1965

Roberts

251-231-003-764

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-218

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helen Nevada Seavers
2. Date Of Birth (month) (day) (year): August 31 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Idaho Bannock; b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: William Raymer Seavers
7. State or Country of Father's Birth: Illinoise

MOTHER

8. Full Maiden Name of Mother: Sarah Effie Godfrey
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen S. Fagrine
11. Present Address of Registrant: 8886 Nuevo S.E. Fontana California

NOTARY (Seal)

Subscribed and sworn to before me on: May 28 1963

12. Signature of Notary: Gladys E. Gaffney
13. Notary Commission expires: GLADYS E. GAFFNEY My Commission Expires Nov. 19 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother Age68	By whom issued and signed: Raymer A. Seavers	Date Issued: May 28 1963	Date Orig. Entry: -------
	Date of Birth: Aug. 31 1906	Birth Place: Pocatello, Idaho	Full Name of Mother: Sarah Effie Godfrey	Name of Father: William Raymer Seavers
SUPPORTING RECORD 2.	Type of Document: Record from Hospital Kaiser Foundation Hospital	By whom issued and signed: Alvin L. Sanborn, M. D.	Date Issued: Oct. 17, 1963	Date Orig. Entry: Entered Hospital March 1950
	Date of Birth: Aug. 31 1906	Birth Place: Pocatello, Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #573-38-4491	By whom issued and signed: Treasury Department	Date Issued: Mar.9,1965	Date Orig. Entry: Nov.17,1947
	Date of Birth: Aug.31,1906	Birth Place: Pocatello, Idaho Bannock, County	Full Name of Mother: Sarah Effie Godfrey	Name of Father: William Raymer Seavers

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	fc Glenda Larson	March 31, 1965

FORM BH 56067

3

MAY 12 1965

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State Fate No. [illegible]

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

SUBSTANTIAL RECORD (Hospital, Birth Certificate, Registration)	1. Registration Full Name of Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible]
	3. Relation Sex: [illegible] 4. Sex: [illegible] 5. Place of Birth: [illegible] County: [illegible]	6. City or Town of Birth: Pocatello
FATHER	7. Full Name of Father: [illegible]	8. State or Country of Father's Birth: Illinois
MOTHER	9. Full Name of Mother: [illegible]	10. State or Country of Mother's Birth: Iowa
AFFIDAVIT	1. Hereby declare upon oath that the [illegible] are true to the best of my knowledge and belief.	11. Signature of Registrar: [illegible] 12. Present Address of Registrar: [illegible]
NOTARY (Seal)	13. Sworn and sworn to before me on [illegible]	14. Signature of Notary: [illegible] 15. Notary Commission expires: [illegible]

SUPPORTING RECORD 1.

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Affidavit by brother Agee8	Raymer A. Seavers	May 26 1963	-------

SUPPORTING RECORD 2.

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Aug. 31 1906 Pocatello, Idaho	Sarah Effie Godfrey	William Raymer Seavers	
Record from Hospital Kaiser Foundation Hospital	Alvin H. Sanborn, M. D.	Oct. 17, 1963	Entered Hospital March 1950

SUPPORTING RECORD 3.

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Aug. 31 1906 Pocatello, Idaho	----------		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	fc Glenda [illegible]	March 31, 1965

FORM D. 50082

632-113-008-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-227

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George ERNest Olsen
2. Date Of Birth (month) Dec. (day) 13 (year) 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth: Home
a. County: Boise
b. City or Town of Birth: Horseshoe Bend Idaho

FATHER

6. Full Name of Father: MARTIN OlSeN
7. State or Country of Father's Birth: NorWAY

MOTHER

8. Full Maiden Name of Mother: CORA EMily SMidt
9. State or Country of Mother's Birth: Wyoming

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: * George Ernest Olsen
11. Present Address of Registrant: Prineville OREGON

NOTARY (Seal)

Subscribed and sworn to before me on: Nov 18 1964

12. Signature of Notary: Martin L Hay
13. Notary Commission expires: May 29 1966 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Cora Olsen Evans	Date Issued: March 22, 1962	Date Orig. Entry: -----
	Date of Birth: Dec.13,1906 / Birth Place: Horseshoe Bend, Idaho	Full Name of Mother: Cora Emily Smidt Olsen Evans	Name of Father: Martin Olsen	
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: On file Idaho #58-6995	Date Issued: -----	Date Orig. Entry: Sept.18,1958
	Date of Birth: Age 51 / Birth Place: Horse Shoe Bend, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #60-0123933	By whom issued and signed: Bankers Life and Casualty Company	Date Issued: Apr.1,1960	Date Orig. Entry: Mar. 31, 1960
	Date of Birth: Dec.13,1906 / Birth Place: Horseshoe Bend, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Barson
Evidence reviewed by: gml Glenda Larson
Date Filed: April 5, 1965

FORM BH 56067 NR

APR 5 1965

Olsen

389-209-006-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-238

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Christensen			2. Date Of Birth (month) (day) (year): January 9 1906
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Jameston (mail Shelley) Bingham	b. City or Town of Birth: Jameston mail Shelley, Idaho
FATHER	6. Full Name of Father: James Christensen			7. State or Country of Father's Birth: Fountain Green, Utah
MOTHER	8. Full Maiden Name of Mother: Anna L. Clark			9. State or Country of Mother's Birth: Mountain Green, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Christensen		11. Present Address of Registrant: R#1, Shelley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 18 1965	12. Signature of Notary: Eugene E. Black		13. Notary Commission expires: April 20 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school registration card	By whom issued and signed: Independent school Dist.#30 Shelley High School, Shelley, Idaho		Date Issued:	Date Orig. Entry:
	Date of Birth: Jan.9,1906	Birth Place: ------	Full Name of Mother: ------	Name of Father: James Christensen	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage affidavit and license	By whom issued and signed: Bonneville County, Idaho Wallace Hanson, Clerk		Date Issued: Jan.27,1965	Date Orig. Entry: Dec.22,1928
	Date of Birth: Age 22	Birth Place: ----	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Anna L. Christensen		Date Issued: Mar.25,1965	Date Orig. Entry: ------
	Date of Birth: Jan.9,1906	Birth Place: Jamestown, Bingham County, Idaho	Full Name of Mother: Anna L. Christensen	Name of Father: James Christensen	

QUALIFYING INFORMATION: own child's birth certificate on file Idaho #242132 gives place of birth as Shelley, Idaho, Mother's age at time of birth was 30 yrs. Child born April 13, 1936.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	April 6, 1965

FORM BH 56067 NM. (C) 35 gml.

Eisenhower

APR 13 1965

249-229-030-966

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-239

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Nettie Olive Burk
2. Date Of Birth (month) July (day) 29 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Lemhi
b. City or Town of Birth: Salmon, Idaho

FATHER

6. Full Name of Father: Henry Burk
7. State or Country of Father's Birth: South Dakota

MOTHER

8. Full Maiden Name of Mother: Antoinette Rooker
9. State or Country of Mother's Birth: South Dakota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nettie Aline Burke
11. Present Address of Registrant: 1610 E. 20th St., Santa Ana, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on March 16 1965

12. Signature of Notary: Winnifred A. Sullivan
13. Notary Commission expires Aug. 7 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by brother	Henry N. Burk (b.d. 2/22/1895)	June 3,1964	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 29, 1906	Salmon, Lemhi County, Idaho	Antenette Rooker	Henry Burk

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of page from Bible	Family Bible	June 3,1964	Obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 29, 1906	----	----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of marriage statistics	State of California, Division of Vital Statistics.	Jan.26,1965	Nov.29,1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 29	Idaho	Antoinette Rooker	Henry Burke

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	April 6, 1965

FORM BH 56067

Hayden

APR 7 1965

APR 12 1966

814214-029-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-273

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Jeannetta Hampton			2. Date of Birth (month) October (day) 14 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow, Idaho
FATHER	6. Full Name of Father: Joseph D. Hampton			7. State or Country of Father's Birth: Little Rock, Arkansas
MOTHER	8. Full Maiden Name of Mother: Ammanda Gottenberg			9. State or Country of Mother's Birth: Aneta, North Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice J. Mumblet		11. Present Address of Registrant: Box 215 Stevenson, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: October 7 1957	12. Signature of Notary: Oliver Colvin		13. Notary Commission expires: June 30 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt, age 71	By whom issued and signed: Clara Gottenberg Curtis	Date Issued: 9-21-57	Date Orig. Entry: -----
	Date of Birth: Oct. 14, 1906	Birth Place: Latah Co. Moscow, Idaho	Full Name of Mother: Ammanda Gottenberg	Name of Father: Joseph D. Hampton
SUPPORTING RECORD 2.	Type of Document: Certified copy of Marriage license Affidavit	By whom issued and signed: Latah, County, Idaho, M. K. Cline, Recorder	Date Issued: March 26, 1965	Date Orig. Entry: Nov. 22, 1927
	Date of Birth: Age 21	Birth Place: Moscow	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: photocopy of Application and Declaration of Physical Condition	By whom issued and signed: Ladies Auxiliary Aerie #1744 Fraternal Order of Eagles	Date Issued: -----	Date Orig. Entry: Feb. 14, 1950
	Date of Birth: Oct. 14, 1906	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: mr Glenda Larson	Date Filed: April 28, 1965

FORM BH 56067

MAY 7 1965

DELAYED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

266-204-022-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-305

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Celia LaVerle Bowman			2. Date of Birth (month) July (day) 4 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Sarilda
FATHER	6. Full Name of Father: Joseph W. Bowman			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: J. Malinda Sadorus			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: C. LaVerle Maupin		11. Present Address of Registrant: 715-19 Ave. So. Nampa, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: May 11 1965	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: L. D. S. Church Certificate of Birth	By whom issued and signed: Joseph Fielding Smith Historian of the Church	Date Issued: Nov 21 1963	Date Orig. Entry: Baptized August 2, 1914	
	Date of Birth: July 4 1906	Birth Place: Fremont County SArilda, Idaho	Full Name of Mother: J. Malinda Sadorus	Name of Father: Joseph W. Bowman	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: on file with state of Ida. # 231467	Date Issued: ----	Date Orig. Entry: child born Feb. 17, 1935	
	Date of Birth: Age 28	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Certified copy School Census	By whom issued and signed: Jack A. Stone Clerk of District Court	Date Issued: Aug. 6, 1958	Date Orig. Entry: Census taken 1923-24	
	Date of Birth: Age 17	Birth Place: Idaho	Full Name of Mother: Malinda Sadorus Bowman	Name of Father: Joseph W. Bowman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: May 11, 1965

FORM BH 56067

MAY 17 1965

291-228-04/281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-334

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Allie Mina Bradley			2. Date of Birth (month) Oct. (day) 28 (year) 1906	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth: Clawson a. County: Teton	b. City or Town of Birth: Clawson, Idaho (mail Tetonia)	
FATHER	6. Full Name of Father: Howard Howeth Bradley			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Allie Cornelia Shaw			9. State or Country of Mother's Birth: Salem, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Allie Mina Bradley Bohn	11. Present Address of Registrant: Altamont, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 11, 1965		12. Signature of Notary: Louise M. Thompson	13. Notary Commission expires: Jan. 30, 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding church records		By whom issued and signed: LDS Church, Lyle Oman Altamont Ward Clerk	Date Issued: Apr.26,1965	Date Orig. Entry: blessed Dec.9,1906
	Date of Birth: Oct.28,1906	Birth Place: Clawson, Teton County, Idaho	Full Name of Mother: Allie Shaw	Name of Father: Howard H. Bradley	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Mrs. Howard Bradley	Date Issued: Apr.27,1965	Date Orig. Entry: ------
	Date of Birth: Oct.28,1906	Birth Place: Clawson, Idaho Teton County	Full Name of Mother: Mrs. Howard Bradley	Name of Father: Howard Bradley	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #172589	Date Issued: ------	Date Orig. Entry: child born May 23, 1929
	Date of Birth: Age 22	Birth Place: Tetonia, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	May 27, 1965

FORM BH 56067

3 - 1

JUN 10 1965

Baker

Stewart, Atty

DELAYED CERTIFICATE OF BIRTH

SECTION TWO

Clawson, Utah

Utah

Salem, Utah

Altamont, Utah

Mrs. Howard Bradley

Mrs. Howard Bradley

Mrs. Howard Bradley

Mrs. Howard Bradley

Glenda Larsen

243-202-040-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-336

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Madeline Mary Butler		2. Date of Birth (month) 6 (day) 2 (year) 1906	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho Shoshone	b. City or Town of Birth: Burke
FATHER	6. Full Name of Father: Edward A. Butler		7. State or Country of Father's Birth: Muskegon, Mich	
MOTHER	8. Full Maiden Name of Mother: Catherine Callahan, Butler		9. State or Country of Mother's Birth: Lindsay, Ontario, Canada	
AFFIDAVIT	☐ I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Madeline M B Tackery	11. Present Address of Registrant: 401 E. Aleppo Apt 3	
NOTARY (Seal)	Subscribed and sworn to before me on: 9 December 1964	12. Signature of Notary: Mary Mills	13. Notary Commission expires: 19 September 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: Sacred Heart Hosp. Spokane, Washington	Date Issued: Dec.9,1964	Date Orig. Entry: Sept.24,1954	
	Date of Birth: June 2 (age 48)	Birth Place: Idaho	Full Name of Mother: Catherine Callahan	Name of Father: Edward Butler	
SUPPORTING RECORD 2.	Type of Document: statement regarding school records	By whom issued and signed: Joint Class A School Dist 391 Kellogg, Idaho	Date Issued: Feb.26,1965	Date Orig. Entry: Sept.7,1920	
	Date of Birth: June 2,1906	Birth Place: -----	Full Name of Mother: -----	Name of Father: Ed Butler	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: William Butler Age 71	Date Issued: Mar.25,1965	Date Orig. Entry: -----	
	Date of Birth: June 2,1906	Birth Place: Burke, Idaho	Full Name of Mother: Catherine Callahan Butler	Name of Father: Edward Adolph Butler	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson gml	May 27, 1965

FORM BH 56067

Vickrey

MAY 27 1965

365-109-016-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-427

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Raymond Dee Condit			2. Date of Birth: (month) June (day) 9 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Malta
FATHER	6. Full Name of Father: Leon Albert Condit			7. State or Country of Father's Birth: Little Sioux, Iowa
MOTHER	8. Full Maiden Name of Mother: Mary Rice			9. State or Country of Mother's Birth: Round Mountain, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond D. Condit		11. Present Address of Registrant: 470-7 Crescent City, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: June 7, 1965 19__	12. Signature of Notary: Lucy M. Sifford		13. Notary Commission expires: LUCY M. SIFFORD MY COMMISSION EXPIRES AUG. 14, 1965 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Leon A. Condit	Date Issued: Oct. 29, 1942	Date Orig. Entry: -----
	Date of Birth: June 9, 1906 / Birth Place: Malta, Cassia County, Idaho	Full Name of Mother: Mary Rice	Name of Father: Leon Albert Condit	
SUPPORTING RECORD 2.	Type of Document: Certificate of Marriage Return, certified copy	By whom issued and signed: Cowlitz County, Washington #3510	Date Issued: May 14, 1965	Date Orig. Entry: Aug. 18, 1924
	Date of Birth: Age 18 / Birth Place: Malta, Idaho	Full Name of Mother: Mary Rice	Name of Father: Leon Condit	
SUPPORTING RECORD 3.	Type of Document: copy of application for Employment	By whom issued and signed: Northern California Plywood, Inc. Crecent City, Calif.	Date Issued: -----	Date Orig. Entry: March 7, 1955
	Date of Birth: June 9, 1906 / Birth Place: Malta, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: July 1, 1965

FORM BH 56067

Conduit

JUL 1

795-2,29-035-942

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF ~~BIRTH~~
STATE OF IDAHO

State File No. De 65-437

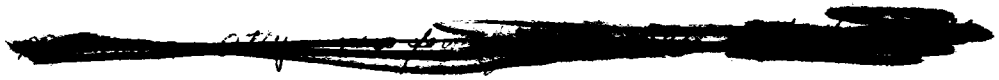
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VIRGINIA LEE GREENE		2. Date Of Birth (month) (day) (year): July 29, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Nez Perce; b. City or Town of Birth: Culdesac
FATHER	6. Full Name of Father: JOHN GREEN		7. State or Country of Father's Birth: ~~Virginia~~
MOTHER	8. Full Maiden Name of Mother: AMY ALICE RUSSELL		9. State or Country of Mother's Birth: ~~Oregon~~
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virginia La Greene Mallik	11. Present Address of Registrant: S. 808 Mill Street, Colfax, Wn.
NOTARY (Seal)	Subscribed and sworn to before me on: May 28 1965	12. Signature of Notary: Roy E Mauson	13. Notary Commission expires: March 23 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital certificate of own child's birth	By whom issued and signed: St. Joseph's Hospital, Lewiston, Idaho	Date Issued: ----	Date Orig. Entry: child born Nov. 7, 1929
	Date of Birth: July 29,1906 / Birth Place: Culdesac, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: University of Idaho, Moscow F. L. ONeill, Registrar	Date Issued: May 13,1965	Date Orig. Entry: Sept.17,1925
	Date of Birth: July 29,1906 / Birth Place: Culdesac, Idaho	Full Name of Mother: -----	Name of Father: John Greene	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Ethel Greene Davison Age 68	Date Issued: May 7,1965	Date Orig. Entry: -----
	Date of Birth: July 29,1906 / Birth Place: Culdesac, Idaho Nez Perce, County	Full Name of Mother: Amy Alice Russell	Name of Father: John Green	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: July 1, 1965

FORM BH 56067



JUL 2 1965

795-219-035-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-474

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fern Edythe Green			2. Date Of Birth (month) December (day) 19 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Lenore
FATHER	6. Full Name of Father: William Jasper Green			7. State or Country of Father's Birth: Wichita, Kansas
MOTHER	8. Full Maiden Name of Mother: Martha Florence Hill			9. State or Country of Mother's Birth: Scio, Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fern Edythe Yates		11. Present Address of Registrant: Nezperce, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 21st 1965	12. Signature of Notary: Laverne Hunter		13. Notary Commission expires: March 7 1967

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #139093	Date Issued: ----	Date Orig. Entry: child born Jan. 25, 1926	
	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Department of Commerce Bureau of the Census	Date Issued: Apr. 23, 1965	Date Orig. Entry: Jan. 1, 1920	
	Date of Birth: Age 13	Birth Place: Idaho	Full Name of Mother: Martha Green	Name of Father: William J. Green	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: V. Katherine Bloom Age 67	Date Issued: June 16, 1965	Date Orig. Entry: -----	
	Date of Birth: Dec. 19, 1906	Birth Place: Lenore, Idaho	Full Name of Mother: Martha Florence Green	Name of Father: William Jasper Green	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	July 23, 1965

FORM BH 56067

Knutson, Atty

JUL 23 1965

236-222-042-122

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-494

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sadie Ruth Sloate	2. Date Of Birth (month) Nov. (day) 22 (year) 1906
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Idaho	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Charles E Sloate	7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Gertrude Abbink	9. State or Country of Mother's Birth: Wis.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sadie R Sloate Wambold; 11. Present Address of Registrant: 1149 S.E. 86 Ave
NOTARY (Seal)	Subscribed and sworn to before me on: April 1 1965	12. Signature of Notary: [signature]; 13. Notary Commission expires: July 29 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of Certificate of Marriage #A10528	By whom issued and signed: Clark County, Washington	Date issued: Feb.4,1965	Date Orig. Entry: March 16, 1927
	Date of Birth: Age 20; Birth Place: Idaho	Full Name of Mother: Gertrude Abbink	Name of Father: Chas. Sloate	
SUPPORTING RECORD 2.	Type of Document: statement of school census records	By whom issued and signed: Clackamas County, Oregon L.G.Rood, Co. school Supt.	Date issued: Feb.25,1965	Date Orig. Entry: October 1921
	Date of Birth: Age 14; Birth Place: ----	Full Name of Mother: Mrs. Chas. Sloat	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #542-12-2986	By whom issued and signed: Treasury Department, Social Security Administration	Date issued: May 13,1965	Date Orig. Entry: Jan. 6, 1939
	Date of Birth: Nov.22,1906; Birth Place: Twin Falls, Idaho	Full Name of Mother: Gertrude Abbink	Name of Father: Charles Sloate	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W U Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: July 28, 1965	

FORM BH 56067 1 [illegible] # 10645 4-27-65

JUL 28 1965

Wambold

STATE OF OREGON
PUBLIC
STAFF

719-102-006-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-504

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John Franklin Parsons
2. Date Of Birth: (month) June (day) 2 (year) 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bingham Co. b. City or Town of Birth: Thomas, Idaho

FATHER

6. Full Name of Father: George Pinkney Parsons
7. State or Country of Father's Birth: Brigham City, Utah

MOTHER

8. Full Maiden Name of Mother: Sarah Elizabeth Stimpson
9. State or Country of Mother's Birth: Wilford, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John Franklin Parsons
11. Present Address of Registrant: 330 Park St. Pocatello, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on April 2 19 65

12. Signature of Notary: [signature]
13. Notary Commission expires: Sept. 10 19 67

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Sarah Elizabeth Parsons	Apr.2,1965	-----
	Date of Birth: June 2,1906 / Birth Place: Thomas, Bingham County, Idaho	Full Name of Mother: Sarah Elizabeth Stimpson	Name of Father: George Pinkney Parsons	
SUPPORTING RECORD 2.	notary's statement including quotation from book	Mirace of the Desert(history of Thomas Ward and community	Apr.15,1965	1957 published
	Date of Birth: June 2,1906 / Birth Place: Thomas	Full Name of Mother: Sarah Elizabeth Stimpson	Name of Father: George Pinkney Parsons	
SUPPORTING RECORD 3.	family record sheet	family records	-----	obviously old
	Date of Birth: June 2,1906 / Birth Place: Thomas, Bingham County, Idaho	Full Name of Mother: Sarah Elizabeth Stimpson	Name of Father: George Pinkney Parsons	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: gml Glenda Larson
Date Filed: July 30, 1965

FORM BH 56067

(B) 3-24-65 gml

JUL 30 1968

Bistline Atty

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. 1 [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: John Franklin Parsons	2. Date (month) (day) (year) Birth: June 2 1966	
	3. Color or Race: White	4. Place of Birth: Bingham Co.	5. City or Town of Birth: Thomas, Idaho
	6. Full Name of Father: George Pinkney Parsons		7. State or Country of Father's Birth: Bingham City, Utah
	8. Full Maiden Name of Mother: Sarah Elizabeth Stimpson		9. State or Country of Mother's Birth: Milford, Idaho
	10. Signature of Registrant		11. Present Address of Registrant: 330 Park St. Rockwell, Idaho
	12. Signature of Mother		13. Notary Commission expires: Sept. 10 1968
	Subscribed and sworn to before me on: April 2 1965		

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by mother	By whom issued and signed: Sarah Elizabeth Parsons	Date Issued: Apr. 2, 1965	Date Orig. Entry: ----
	Date of Birth: Birth Place: [illegible] County, Idaho	Full Name of Mother: Sarah Elizabeth Stimpson	Name of Father: George Pinkney Parsons	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: Minnie of the Department of Thomas Ward and Community	Date Issued: Apr. 17, 1965	Date Orig. Entry: [illegible]
	Date of Birth: Birth Place: June 2, 1966 Thomas	Full Name of Mother: Sarah Elizabeth Stimpson	Name of Father: George Pinkney Parsons	
SUPPORTING RECORD 3	Type of Document: Family record sheet	By whom issued and signed: Family records	Date Issued: ----	Date Orig. Entry: [illegible]
	Date of Birth: Birth Place: June 2, 1966 Thomas, Idaho	Full Name of Mother: Sarah Elizabeth Stimpson	Name of Father: George Pinkney Parsons	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which supplemental [illegible] set forth in the foregoing abstract.

State Registrar: [illegible] | Evidence reviewed by: [illegible] | Date Filed: July 30, 1968

FORM OH 5000

855-430-003-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-506

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: James William Henson			2. Date of Birth (month) July (day) 30 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: McCammon
FATHER	6. Full Name of Father: Ameziah Maroni Henson			7. State or Country of Father's Birth: Franklin County, Idaho
MOTHER	8. Full Maiden Name of Mother: Minnie Berle Bailey			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: James William Henson	11. Present Address of Registrant: 312 west 26th. Burley, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on June 30th 1965		12. Signature of Notary: Eleden Meehan	13. Notary Commission expires: June 1, 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt Age 74		By whom issued and signed: Mary E. Bailey	Date Issued: June 30,1965	Date Orig. Entry: ------
	Date of Birth: July 30, 1906	Birth Place: McCammon, Idaho	Full Name of Mother: Minnie Berle Henson	Name of Father: Ameziah M. Henson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #169746	Date Issued: ----	Date Orig. Entry: child born March 28, 1929
	Date of Birth: Age 22	Birth Place: McCammon, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family Records	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: July 30, 1906	Birth Place: McCammon, Idaho	Full Name of Mother: Minnie B. Henson	Name of Father: Ameziah M. Henson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: August 2, 1965

FORM BH 56067

AUG 2 1985

Henson

533-126-033-867

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-513

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert Ellsworth		2. Date of Birth (month) (day) (year): Sept. 26 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Madison; b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Albert Lovell Ellsworth		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Isabella Ann Hogge		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert Ellsworth	11. Present Address of Registrant: Elk Wyo
NOTARY (Seal)	Subscribed and sworn to before me on: June 3 1965	12. Signature of Notary: Irene Muir	13. Notary Commission expires: August 30 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister (born 4-3-1884)	By whom issued and signed: Elizabeth E. Smith	Date Issued: June 3,1965	Date Orig. Entry: ------	
	Date of Birth: Sept.26,1906	Birth Place: Rexburg, Madison County, Idaho	Full Name of Mother: Isabella Ann Hogge	Name of Father: Albert Lovell Ellsworth	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Rexburg 3rd Ward R.H.Smith, Bishop	Date Issued: -----	Date Orig. Entry: baptized May 1, 1915	
	Date of Birth: Sept.26,1906	Birth Place: Rexburg, Idaho Madison County	Full Name of Mother: Isabella Hogge	Name of Father: A. L. Ellsworth	
SUPPORTING RECORD 3.	Type of Document: Certificate of ordination as an Elder	By whom issued and signed: Peter J. Ricks, High Priest LDS Church, Rexburg 3rd Ward	Date Issued: Feb.17,1935	Date Orig. Entry: ordained Jan. 27, 1935	
	Date of Birth: Sept.26,1906	Birth Place: Rexburg, Idaho Madison County	Full Name of Mother: Isabella Hogge	Name of Father: Albert L. Ellsworth	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: August 2,1965

FORM BH 56067

AUG 2 1965

Ellsworth

386-207-031-696

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-528

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: STELLA G. ~~[illegible]~~ Thompson		2. Date of Birth (month) FEB (day) 7 (year) 1906
	3. Color or Race: WHITE	4. Sex: F.	5. Place of Birth a. County: NEZPERCE IDAHO-LEWIS; b. City or Town of Birth: NEZPERCE IDAHO
FATHER	6. Full Name of Father: GEORGE THOMPSON		7. State or Country of Father's Birth: NORWAY (SHIEN)
MOTHER	8. Full Maiden Name of Mother: SARAH WROOLIE		9. State or Country of Mother's Birth: DELEVAN, MINNESOTA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Stella G. Monson	11. Present Address of Registrant: 7316-14 N.W. Seattle Wn.
NOTARY (Seal)	Subscribed and sworn to before me on 7-15-65	12. Signature of Notary: [illegible]	13. Notary Commission expires: June 25 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of The Census	Date Issued: June 17,1965	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age 13	Birth Place: Idaho	Full Name of Mother: Sarah Thompson	Name of Father: George Thompson
SUPPORTING RECORD 2.	Type of Document: physicians certificate of own child's birth	By whom issued and signed: F. M. Carroll, M.D. Seattle, Washington	Date Issued: -----	Date Orig. Entry: child born March 9, 1932
	Date of Birth: Feb.7,1906	Birth Place: Nezperce, Idaho	Full Name of Mother: ------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage affidavit	By whom issued and signed: County recorders office, King County, Washington	Date Issued: May 14,1965	Date Orig. Entry: Oct.22,1930
	Date of Birth: Age 24	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: August 4, 1965

FORM BH 56067

AUG 27 1965

Monson

Thomson

U.S. Department of Commerce

June 23, 1965

Oct. 2, 1930

Georgia Thomson

Date Issued

Date Issued

May 14, 1965 Oct. 22, 1930

Name of Father

Name of Mother

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that the above certificate has been issued in the Division of Vital Statistics Registration and that the information has been transcribed exactly as it appears in the foregoing abstract.

State Registrar

Examiner

Date Issued

August 2, 1965

275-220-034-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-536

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Orava Augusta Speer		2. Date of Birth (month) (day) (year): February 20, 1906
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: Minidoka; b. City or Town of Birth: Rupert
FATHER	6. Full Name of Father: John Town Speer		7. State or Country of Father's Birth: Harrison, Boone Co. Arkansas
MOTHER	8. Full Maiden Name of Mother: Laura May Walker		9. State or Country of Mother's Birth: Clarkston, Dunklin Co. Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs John E Zehr	11. Present Address of Registrant: 1167 Vera Cruz, Memphis, Texas
NOTARY (Seal)	Subscribed and sworn to before me on: April 12 19 65	12. Signature of Notary: Bradley B Benson	13. Notary Commission expires: MY COMMISSION EXPIRES JAN. 15, 1966 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #141616	Date Issued: ------	Date Orig. Entry: child born April 17, 1926	
	Date of Birth: Age 20	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of commerce Bureau of the Census	Date Issued: Mar.19,1965	Date Orig. Entry: Jan. 1, 1920	
	Date of Birth: Age 13	Birth Place: Idaho	Full Name of Mother: Laura M. Speer	Name of Father: John T. Speer	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: Camden Meyer, Supt. schools, Minidoka County Schools, Idaho	Date Issued: July 2,1965	Date Orig. Entry: attended 1st-eighth grades	
	Date of Birth: Feb.20,1906	Birth Place: Rupert, Idaho	Full Name of Mother: Laura May Walker Speer	Name of Father: John Town Speer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	gml Glenda Larson	August 11, 1965

FORM BH 56067

1 cp. pd. rec #12892

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569426-026-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-540

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthur Alfred Noreen			2. Date Of Birth (month) November (day) 26, (year) 1906
	3. Color or Race: Caucausian	4. Sex: Male	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Rigby
FATHER	6. Full Name of Father: Mots Olsen Noreen			7. State or Country of Father's Birth: X Noret, Sweeden
MOTHER	8. Full Maiden Name of Mother: Chestie Nelson			9. State or Country of Mother's Birth: X Vordenborg, Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Arthur Alfred Noreen	11. Present Address of Registrant: Box 323, Rigby, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 27 July 19 65		12. Signature of Notary: Eileen Madsen. CLERK OF THE DISTRICT COURT TWELFTH JUDICIAL DISTRICT By: Clerk Deputy	13. Notary Commission expires: 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #30553-E		By whom issued and signed: Gem State Mutual Life Assoc. Pocatello, Idaho	Date Issued: Jan.12,1944	Date Orig. Entry: Jan. 6, 1944
	Date of Birth: Nov.26,1906	Birth Place: Rigby, Idaho	Full Name of Mother: ———	Name of Father: ———	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Rigby 2nd Ward Orson P. Burr, Clerk	Date Issued: Dec.2,1934	Date Orig. Entry: baptized Dec. 1, 1934
	Date of Birth: Nov.26,1906	Birth Place: Rigby, Jefferson County, Idaho	Full Name of Mother: Christie Nelson	Name of Father: Mots O. Noreen	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination to priesthood as an Elder		By whom issued and signed: LDS ChurchJ.M. Holland	Date Issued: June 9,1936	Date Orig. Entry: May 17, 1936
	Date of Birth: Nov.26,1906	Birth Place: Rigby, Idaho	Full Name of Mother: Christie Nelson	Name of Father: Mots O. Noreen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: August 11, 1965

FORM BH 56067

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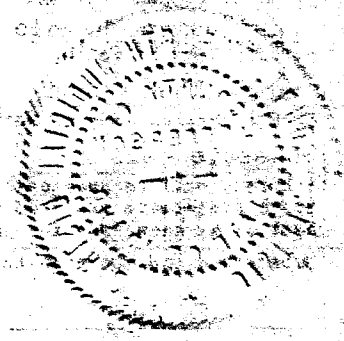

755-22?-031-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-546

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Neva Bessie Gentry		2. Date of Birth (month) March (day) 27 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Russel Idaho	b. City or Town of Birth: Russel
FATHER	6. Full Name of Father: James William Gentry		7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Zera Belle Crockett		9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Neva Bessie Gmoo	11. Present Address of Registrant: 747 Leyelling Blvd San Leandro Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 29 1965	12. Signature of Notary: George R. Pearce	13. Notary Commission expires: GEORGE R. PEARCE, Notary Public Alameda County My Commission Expires April 20, 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #215	By whom issued and signed: State of Oregon, Vital Statistics	Date Issued: May 13,1965	Date Orig. Entry: child born June 4, 1927	
	Date of Birth: Age 21	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister present at birth	By whom issued and signed: Beulah A. Gardner Age 70	Date Issued: July 1,1965	Date Orig. Entry: ------	
	Date of Birth: Mar.27,1906	Birth Place: Russell, Idaho	Full Name of Mother: Zera Bell Gentry	Name of Father: William James Gentry	
SUPPORTING RECORD 3.	Type of Document: Statement regardin hospital record	By whom issued and signed: Blanche Montalto,Med.Rec.Dept. Agnews State Hosp.San Jose,Cal.	Date Issued: Aug.3,1965	Date Orig. Entry: Aug.7,1959	
	Date of Birth: Mar.27,1906	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	August 12, 1965

FORM BH 56067

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449-224-043-449

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-549
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LULA MAE MURPHY	2. Date Of Birth (month) FEB (day) 24 (year) 1906
	3. Color or Race: WHITE; 4. Sex: Female; 5. Place of Birth a. County: McCALL IDAHO	b. City or Town of Birth
FATHER	6. Full Name of Father: GEORGE ELMER MURPHY	7. State or Country of Father's Birth: ILLINOIS
MOTHER	8. Full Maiden Name of Mother: NELLIE MAY MURPHY	9. State or Country of Mother's Birth: MISSOURI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lula M. Murphy Ritson; 11. Present Address of Registrant: 252 E. McFarlane St. Ventura Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: 15 June 1965	12. Signature of Notary: Betty V. King; 13. Notary Commission expires: My Commission Expires August 20, 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Nellie M. Murphy	Date issued: June 15, 1965	Date Orig. Entry: -----
Class*	Date of Birth: Feb. 24, 1906	Birth Place: McCall, Idaho	Full Name of Mother: Nellie May Murphy	Name of Father: George Elmer Murphy	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records (Park School)		By whom issued and signed: Supt. Zed L. Foy, Boise Public Schools, Idaho	Date issued: Nov. 28, 1952	Date Orig. Entry: 1917-1918
Class	Date of Birth: Feb. 24, 1906	Birth Place: ------	Full Name of Mother: ------	Name of Father: G. E. Murphy	
SUPPORTING RECORD 3.	Type of Document: Marriage record		By whom issued and signed: Los Angeles County, Calif. Book 494, Page 58	Date issued: Nov. 26, 1952	Date Orig. Entry: Oct. 29, 1923
Class	Date of Birth: Feb. 24, 1906	Birth Place: Idaho	Full Name of Mother: Nellie M. Murphy	Name of Father: G. E. Murphy	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda M. Larson	August 12, 1965

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

7-27-65

AUG 13 1969

553-205-010-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-559

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Andray Nelson	2. Date Of Birth (month) November (day) 5 (year) 1906
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Thomas W. Nelson	7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Marie G. Sullivan	9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Requist; 11. Present Address of Registrant: 514-S th 17th Ave. Caldwell Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: July 30 1965	12. Signature of Notary: Hazel L. Hurlbert; 13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school records	By whom issued and signed: College of Idaho, Caldwell, Idaho	Date Issued: ----	Date Orig. Entry: matriculated Feb.8,1954
	Date of Birth: Nov.5,1906; Birth Place: Idaho Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #10009567	By whom issued and signed: Metropolitan Life Insurance Company	Date Issued: Oct.1,1933	Date Orig. Entry: Sept.2,1933
	Date of Birth: Nov.5,1906; Birth Place: Idaho Falls, Idaho	Full Name of Mother: Marie G. Nelson	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle Age 82	By whom issued and signed: Chris Nelson	Date Issued: July 30,1965	Date Orig. Entry: -----
	Date of Birth: Nov.5,1906; Birth Place: Idaho Falls, Idaho	Full Name of Mother: Marie G. Nelson	Name of Father: Thomas W. Nelson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

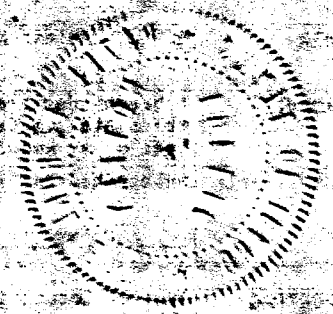
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	August 16, 1965

FORM BH 56067

In office 7-30-65 no cases. 1 copy paid rec #18536.

AUG 16 1965



493-120-032-156

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-565

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frank Marvin Dick		2. Date Of Birth (month) (day) (year): July 20, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lincoln; b. City or Town of Birth: Shoshone
FATHER	6. Full Name of Father: Samuel Marvin Dick		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Nellie May Jeffers		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frank M. Dick	11. Present Address of Registrant: Winslow Wash. Bainbridge Isle. P.O. Box 103
NOTARY (Seal)	Subscribed and sworn to before me on: June 2 1965	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: September 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: S. M. Dick - father; Nellie M. Dick - Mother	Date Issued: Dec. 27 1940	Date Orig. Entry: --------
	Date of Birth: July 20 1906	Birth Place: Shoshone, Idaho	Full Name of Mother: Nellie May Jeffers Samuel Marvin Dick	Name of Father: Samuel Marvin Dick
SUPPORTING RECORD 2.	Type of Document: photocopy of page of family records	By whom issued and signed: Family Records	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: July 20, 1906	Birth Place: Shoshone, Idaho	Full Name of Mother: Nellie Mae Jeffers	Name of Father: Samuel Marvin Dick
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage affidavits for license	By whom issued and signed: Kitsap County, Washington County Recorder's Office	Date Issued: Aug.5,1965	Date Orig. Entry: Nov.7,1936
	Date of Birth: Age 30	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: fc Glenda Larson	Date Filed: August 17, 1965

FORM BH 56067

In office - no corresp.

AUG 17 1965

Frank Marvin Dick July 20, 1900

White Male Lincoln Shoshone

Samuel Marvin Dick Missouri

Nellie May Jeffers Oregon

Gavit by parents M. Dick - father

Nellie M. Dick - Mother 1940

July 20 Nellie May Jeffers

1900 Shoshone, Idaho Samuel Marvin Dick

In office - no correspo

312-102-04-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-571

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clarence Casper		2. Date of Birth (month) April (day) 2 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Emmet Idaho
FATHER	6. Full Name of Father: George N. Casper		7. State or Country of Father's Birth: Charleston, Utah
MOTHER	8. Full Maiden Name of Mother: Eva Maude Miles		9. State or Country of Mother's Birth: Peoa, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarence Casper	11. Present Address of Registrant: Tabiona, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: July 16, 1965	12. Signature of Notary: Nettie Defa	13. Notary Commission expires: April 23 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Charleston Ward J. M. Ritchie Bishop	Date Issued: July 21,1914	Date Orig. Entry: baptized July 11, 1914	
	Date of Birth: Apr.2,1906	Birth Place: Emmett, Idaho	Full Name of Mother: Eva Maud Miles	Name of Father: George M. Casper	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination to Holy Priesthood as teacher	By whom issued and signed: LDS Church, Burnell M. Turnbow, High Priest	Date Issued: June 4,1951	Date Orig. Entry: June 4,1951	
	Date of Birth: Apr.2,1906	Birth Place: Emmett, Idaho Canyon County	Full Name of Mother: Eva Maude Miles	Name of Father: George N. Casper	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school census records	By whom issued and signed: Duchesne County School Dist. Utah, C.C.Mickelson,clerk	Date Issued: July 29,1965	Date Orig. Entry: 1921	
	Date of Birth: Apr.2,1906	Birth Place: -----	Full Name of Mother: ----	Name of Father: George Nephi Casper	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: August 17,1965

FORM BH 56067

AUG 17 1966

Casper

313-206-028 419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-575

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marion Doris Latter			2. Date Of Birth (month) 4 (day) 6 (year) 1906	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Coeur de lene	
FATHER	6. Full Name of Father: Harry Collins Latter			7. State or Country of Father's Birth: Canada	
MOTHER	8. Full Maiden Name of Mother: Mary Marshall ~~Latter~~			9. State or Country of Mother's Birth: Michigan USA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marion Doris Latter (Dougharty)		11. Present Address of Registrant: Whittemore Mich.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 7th 1961	12. Signature of Notary: Trusty Two Bar Stymick Whittemore Mich		13. Notary Commission expires: Iosco Co Mich June 13 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding school records	By whom issued and signed: Iosco Co. Michigan, Dist. #2 Russell A. Rollin, Co. Supt.		Date Issued: Feb. 26, 1959	Date Orig. Entry: July 8, 1912
	Date of Birth: Apr. 6, 1906	Birth Place: -----	Full Name of Mother: -----	Name of Father: Harry Latter	
SUPPORTING RECORD 2.	Type of Document: statement regarding schbol records	By whom issued and signed: East Tawas High School, Mich. Reynold E. Mick, Supt.		Date Issued: Feb. 26, 1959	Date Orig. Entry: Sept. 1920
	Date of Birth: age 14	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Harry C. Latter		Date Issued: July 14, 1965	Date Orig. Entry: -----
	Date of Birth: Apr. 6, 1906	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Mary Marshall	Name of Father: Harry C. Latter	

QUALIFYING INFORMATION

Marriage Record issued by Iosco County, Michigan, George A. Prescott, clerk one March 30, 1961. date of License was July 12, 1930. Marion's age was 24, born in Idaho and parents were Mary Marshall and Harry Latter.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	pw pw Glenda Larson	August 17, 1965

FORM BH 56067

AUG 18 1995

DECLARED CERTIFICATE OF DISCLOSURE

STATE OF IDAHO

Type or print clearly in black ink.

Name of Buyer	Name of Seller
Mailing Address	Mailing Address
Date of Birth	Date of Birth
Social Security Number	Social Security Number
Driver's License Number	Driver's License Number
Name of Corporation, Partnership or Trust	Name of Corporation, Partnership or Trust
Type of Entity	Type of Entity
State of Incorporation	State of Incorporation
Name of Agent	Name of Agent
Agent's Address	Agent's Address
Agent's Social Security Number	Agent's Social Security Number

Property Address:

Legal Description:

Buyer's Initials

Seller's Initials

Buyer's Initials

Seller's Initials

Buyer's Initials

Seller's Initials

169-228-036-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-579

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillian Pearl Johnson		2. Date of Birth (month) May (day) 28 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida; b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: Olof Peter Johnson		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lillie Ameda Young		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillian J. N. Knight	11. Present Address of Registrant: 179 Country Club Dr. Ogden, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 11 1965	12. Signature of Notary: Curtis T. Hislop	13. Notary Commission expires: Apr. 26, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of birth Certificate of own child	By whom issued and signed: Salt Lake, Utah, Vital Statistics	Date Issued: Apr. 3, 1964	Date Orig. Entry: child born Aug. 15, 1931
	Date of Birth: Age 25	Birth Place: Preston, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Photocopy of employment record	By whom issued and signed: War Department, Ogden Ordnance Depot, Utah	Date Issued: ----	Date Orig. Entry: May 25, 1942
	Date of Birth: May 28, 1906	Birth Place: Preston, Idaho	Full Name of Mother: ----	Name of Father: Olaf Johnson
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #269758	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: -----	Date Orig. Entry: Aug. 20, 1945
	Date of Birth: May 28, 1906	Birth Place: Preston, Idaho	Full Name of Mother: Lilly Y. Johnson	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: August 19, 1965

FORM BH 56067

AUG 30 1965

Knight

584 791-22-003-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 65-584

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: SARAH IVY PRATT
2. Date of Birth: (month) 8 (day) 21 (year) 1906
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: BANNOCK; b. City or Town of Birth: DOWNEY IDAHO

FATHER

6. Full Name of Father: SAMUEL EDWIN PRATT
7. State or Country of Father's Birth: Montana

MOTHER

8. Full Maiden Name of Mother: OLIVE LORA HENDERSON
9. State or Country of Mother's Birth: CLIFTON-IDAHO - BANNOCK

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sarah Ivy P. Woodland
11. Present Address of Registrant: Dorkom Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: September 15 1961
12. Signature of Notary: Lavon Pratt
13. Notary Commission expires: Aug. 31 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #255584	-----	Child born June 22, 1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 30	Downey, Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of marriage License	Box Elder County, Utah K. B. Olsen, County Clerk	Jan. 6, 1964	Dec. 18, 1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 22	---	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Birth	L. D. S. Church	May 28 1965	Entered on rec. July 2, 1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 21 1906	Idaho	Lora Henderson	Samuel Pratt

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	Aug 20, 1965

FORM BH 56067

1 copy paid receipt 13853

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

AUG 20 1965
JUN 19 1968

DE 05-254

REGISTRAR'S NO.

1. PLACE OF BIRTH — County: Bingham; City or Town: Firth; Township: ; Village: ; Hospital: ; Street Address: ; Number: ; Rural Route: ; Box: ; Name of Institution: ; Length of Stay: ; Usual Residence: ; Inside City Limits?: ; Mail Address: ; Name of Informant: ; Relationship: ; Mail Address: ; Date Received by Registrar: ; Date Filed: ; Registrar's Signature: ; Date Signed: ; Delayed Registration Number: ; Amended: ; Date Amended: ; Reason for Amending: ; Signature of Person Requesting Amendment: ; Affidavits Attached: ; Court Order: ; Date Order Filed: ; Clerk of Court: ; Amended Certificate Issued: ; Date Issued: ; Registrar: ; Date Filed: ; Remarks: ; Date Received by Local Registrar: ; Date Forwarded to State Office: ; Local Registrar: ; Date Signed: ; Delayed Registration Number: ; Amended: ; Date Amended: ; Reason for Amending: ; Signature of Person Requesting Amendment: ; Affidavits Attached: ; Court Order: ; Date Order Filed: ; Clerk of Court: ; Amended Certificate Issued: ; Date Issued: ; Registrar: ; Date Filed: ; Remarks:

2. USUAL RESIDENCE OF MOTHER (Place where she lives now. If same as birthplace, write "same"): same

3. MAIDEN NAME OF MOTHER: Sarah Woodland

4. BIRTHPLACE OF MOTHER (State or foreign country): Idaho

5. AGE OF MOTHER AT LAST BIRTHDAY: 21

6. NUMBER OF CHILDREN BORN ALIVE TO THIS MOTHER, INCLUDING THIS BIRTH: 1

7. USUAL OCCUPATION OF MOTHER (Kind of work done during most of working life, even if not employed at present): Housewife

8. USUAL OCCUPATION OF FATHER (Kind of work done during most of working life, even if not employed at present): Farmer

9. BIRTHPLACE OF FATHER (State or foreign country): Idaho

10. AGE OF FATHER AT LAST BIRTHDAY: 23

11. DATE OF BIRTH (Month, day, year): Dec. 20, 1922

12. I HEREBY CERTIFY that I attended the birth of the child born alive to the mother named above on the date stated above.

Signature: Florence Courtright

Address: Firth, Idaho

13. DATE SIGNED: Aug 20, 1965

14. NAME OF PHYSICIAN OR OTHER ATTENDANT (If none, so state): W. W. Benson

15. DATE FILED BY REGISTRAR: Aug 20, 1965

16. CERTIFICATE OF BIRTH REGISTERED NUMBER: 1965 — 21

17. I HEREBY CERTIFY that I have supervised the delivery of the child born alive to the mother named above on the date stated above.

Signature: W. W. Benson

Address: Firth, Idaho

18. DATE SIGNED: May 25, 1965

19. DATE RECEIVED BY REGISTRAR: June 2, 1922

20. DATE FILED BY REGISTRAR: Dec. 19, 1922

21. REGISTRAR'S SIGNATURE: Samuel Pratt

correspondence filed under Sarah Woodland.

993-103-023-792

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 65-587

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Johathan Delbert Ricks		2. Date Of Birth (month) August (day) 3 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Gem[illegible] b. City or Town of Birth: Emmett, Idaho
FATHER	6. Full Name of Father: Jonathan E. Ricks		7. State or Country of Father's Birth: Cache County, Utah
MOTHER	8. Full Maiden Name of Mother: Mary Gibbs		9. State or Country of Mother's Birth: Gentile Valley, Bannock Co. Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jonathan Delbert Ricks	11. Present Address of Registrant: R-2, Nyssa, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: August 4 1964	12. Signature of Notary: Ralph S. Lawrence	13. Notary Commission expires: Sept. 3 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt 70 yrs.	By whom issued and signed: Mary Alean Waters	Date Issued: Mar. 4, 1964	Date Orig. Entry: ------
	Date of Birth: Aug. 3, 1906 / Birth Place: Emmett, Idaho	Full Name of Mother: Mary Gibbs	Name of Father: Johathan E. Ricks	
SUPPORTING RECORD 2.	Type of Document: Baptismal Record	By whom issued and signed: L. D. S. Church	Date Issued: July 12 1965	Date Orig. Entry: Baptized Sept. 5, 1914
	Date of Birth: Aug. 3 1906 / Birth Place: Emmett, Idaho	Full Name of Mother: Mary Gibbs	Name of Father: Jonathan E. Ricks	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Appl for Marriage License	By whom issued and signed: State of Nevada - Humboldt G. W. Bell County Clerk	Date Issued: Aug. 16 1965	Date Orig. Entry: Obtained Lic. Oct. 1954
	Date of Birth: Age 48 / Birth Place: Emmett, Idaho	Full Name of Mother: --------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florance Curtright	Aug. 27, 1965

FORM BH 56067

AUG 27 1965

Andrus (sister)

Affidavit by Aunt Julius. Mary Alexander Mar. 4, 1964

Emmett, Idaho Mary Gibbs

Baptismal Record L. D. S. Church July 12 1965 Baptized Sept. 5, 1914

Emmett, Idaho Mary Gibbs Jonathan Bicks

Certified copy of Appl for Marriage License. State of Nevada - Humboldt Aug. 1965 Obtained in Aug. 1965

Age 48 Emmett, Idaho

Florence Cartright Aug. 24, 1965

814-16-025-814

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-603
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Chester Benjiman Hamby
2. Date of Birth (month) (day) (year): December. 16, 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Idaho
b. City or Town of Birth (Kooskia): Kooskie, Idaho

FATHER

6. Full Name of Father: William Virgil Hamby
7. State or Country of Father's Birth: Georgia

MOTHER

8. Full Maiden Name of Mother: Clara Hamby
9. State or Country of Mother's Birth: Minnisota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Chester B. Hamby
11. Present Address of Registrant: 2010 W. Buckeye, Rd.

NOTARY (Seal)

Subscribed and sworn to before me on: 16 August 1965
12. Signature of Notary: Otto Hulsey
13. Notary Commission expires: My Commission Expires Feb. 7, 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certification of Registration voting record	County Recorder's Office Maricopa County, Arizona	July 29, 1965	May 26, 1954
Class*	Date of Birth: Dec. 16, 1906 — Birth Place: Idaho	Full Name of Mother: ------	Name of Father: W. V. Hamby	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Div. Vital Statistics, State of Arizona	Date Issued: July 30, 1965	Date Orig. Entry: child born Aug. 21, 1930
Class	Date of Birth: Age 23 — Birth Place: Kooskii, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Aug. 13, 1965	Date Orig. Entry: April 15, 1910
Class	Date of Birth: Age 3 — Birth Place: Idaho	Full Name of Mother: Clara Hamby	Name of Father: William Hamby	

QUALIFYING INFORMATION

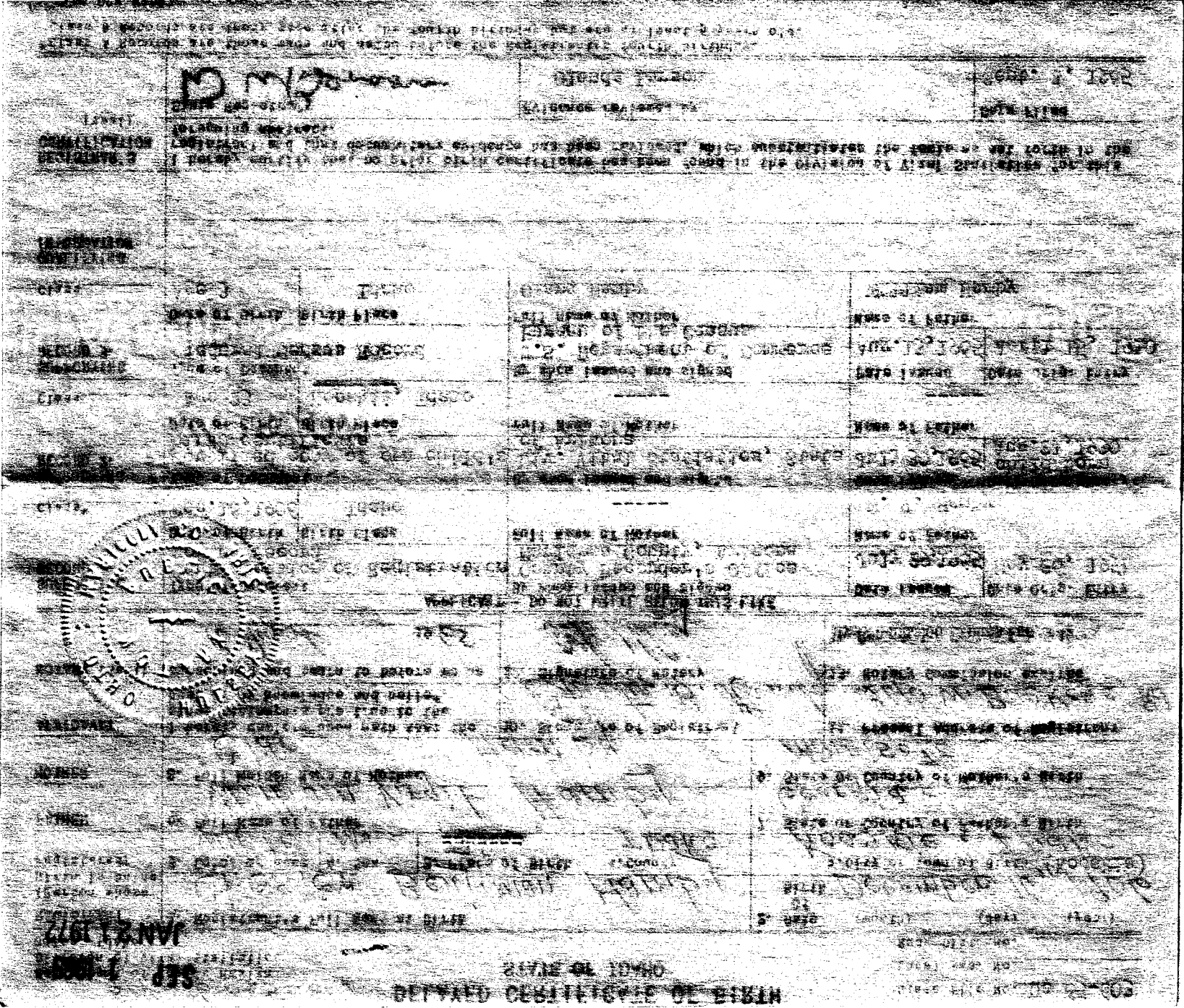
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Sept. 1, 1965

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



395-123-014--313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-606

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth (STEVE) STEPHEN PATRICK TIERNEY			2. Date Of Birth (month) JUNE (day) 23 (year) 1906
	3. Color or Race WHITE	4. Sex MALE	5. Place of Birth a. County CALDWELL IDAHO CANYON	b. City or Town of Birth CALDWELL IDAHO
FATHER	6. Full Name of Father PATRICK J. TIERNEY			7. State or Country of Father's Birth PENNSLYVAINA
MOTHER	8. Full Maiden Name of Mother MINNIE ETTA CALKINS			9. State or Country of Mother's Birth IOWA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant Steve Patrick Tierney		11. Present Address of Registrant P.O. Box 204 TALMAGE CALIF
NOTARY (Seal)	Subscribed and sworn to before me on June 14 1963	12. Signature of Notary M. K. Fenn		13. Notary Commission expires M. K. FENN My Commission Expires October 28, 1966

NOTARY PUBLIC in and for the State of California

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Age 74 Affidavit by half-sister	By whom issued and signed: Grace Opal Shaw	Date Issued: June 14, 1963	Date Orig. Entry: -------
	Date of Birth: June 23, 1906	Birth Place: Caldwell, Idaho	Full Name of Mother: Minnie Etta Calkins	Name of Father: Patrick J. Tierney
SUPPORTING RECORD 2.	Type of Document: Own childs birth certifiaate	By whom issued and signed: on file with state of Idaho # 237532	Date Issued: ----------	Date Orig. Entry: child born Auge 17, 1930
	Date of Birth: Age 24	Birth Place: Caldwell, Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: photocopy of application for examination for employment	By whom issued and signed: California State Personnel Board	Date Issued: ------	Date Orig. Entry: June 21, 1957
	Date of Birth: June 23,1906	Birth Place: Caldwell, Idaho U.S.A.	Full Name of Mother: ------	Name of Father: ------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson fc	Sept. 1, 1965

FORM BH 56067 1cp pd rec # 18568

SEP 1 1965

Pierney

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics

Boise, Idaho

REGISTRANT

1. Registration No. | Name of Birth | 2. Date of Birth (month) (day) (year)

3. Order of Birth | 4. Sex | 5. Place of Birth (county) | 6. City or Town of Birth

FATHER

7. Full Name of Father | 8. State or Country of Father's Birth

MOTHER

9. Full Maiden Name of Mother | 10. State or Country of Mother's Birth

AFFIDAVIT

I, Birth Registrar, upon oath that the Birth Registrar's are true to the Birth Registrar's knowledge and belief.

10. Signature of Registrant | 11. Present Address of Registrant

NOTARY (Seal)

12. Signature of Notary | 13. Notary Commission Expires

SUPPORTING RECORD 1

Type of Document: Affidavit by half-sister | Age 74 | By whom issued and signed: Grace Opal Shaw | Date Issued: June 14, 1965 | Date Orig. Entry: ------

Date of Birth: June 23, 1965 | Birth Place: Caldwell, Idaho | Full Name of Father: Minnie Etta Calkins | Name of Father: Patrick L. Tierney

SUPPORTING RECORD 2

Type of Document: Own childs birth certificate | By whom issued and signed: on file with state of Idaho | Date Issued: ---------- | Date Orig. Entry: child born Aug. 17, 1950

Date of Birth: Age 24 | Birth Place: Caldwell, Idaho | Full Name of Mother: 4 23/532 | Name of Father: ----------

SUPPORTING RECORD 3

Type of Document: Photocopy of application for examination for employment | By whom issued and signed: [illegible] | Date Issued: ----- | Date Orig. Entry: [illegible]

Date of Birth: June 23, 1965 | Birth Place: Caldwell, Idaho | Full Name of Mother: ----- | Name of Father: ----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that accompanying evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [signature] | Evidence reviewed by: Blanda Larsen | Date Filed: Sept. 1, 1965

FORM NO 80041

731-205-935-434

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-628

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elva Doris Glasby		2. Date of Birth (month) (day) (year): Aug. 5, 1906	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho Nez Perce	b. City or Town of Birth: Gifford.
FATHER	6. Full Name of Father: George Samuel Glasby		7. State or Country of Father's Birth: Minnesota, U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Maud McDowell		9. State or Country of Mother's Birth: Minnesota, U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Doris Roberts	11. Present Address of Registrant: McCall, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: August 5 1965	12. Signature of Notary: Gladys A Shelton	13. Notary Commission expires: March 24 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

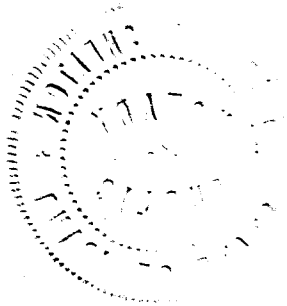
SUPPORTING RECORD 1.	Type of Document: certified photocopy of school record	By whom issued and signed: Northern Idaho College of Education, Lewiston, Idaho	Date Issued: June 28, 1965	Date Orig. Entry: matriculated 1925	
	Date of Birth: Aug. 5, 1906	Birth Place: Gifford, Idaho	Full Name of Mother: ------	Name of Father: George S. Glasby	
SUPPORTING RECORD 2.	Type of Document: Hospital certificate of own child's birth	By whom issued and signed: Deaconess Hospital, Spokane, Washington	Date Issued: -----	Date Orig. Entry: child born Nov. 20, 1940	
	Date of Birth: Aug. 5, 1906	Birth Place: Gifford, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Maude McDowell Glasby	Date Issued: Aug. 19, 1965	Date Orig. Entry: ------	
	Date of Birth: Aug. 5, 1906	Birth Place: Gifford, Idaho	Full Name of Mother: Maude McDowell Glasby	Name of Father: George S. Glasby	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Sept. 2, 1965

FORM BH 56067

2nd form sent to Doris Roberts 8-30-65 gml

SEP 2 1965
JUN 27 1972



614-221-035-152

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-632

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FLORENCE MAY WADE		2. Date of Birth: (month) April (day) 21 (year) 1906
	3. Color or Race: white	4. Sex: Female	5. Place of Birth: a. County: Lewiston Nez Perce; b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: Abner Bruce Wade		7. State or Country of Father's Birth: Sibley County, State of Minnesota
MOTHER	8. Full Maiden Name of Mother: Frances Bernettie Ankrom		9. State or Country of Mother's Birth: Montgomery County, State of Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence Wade Brittson	11. Present Address of Registrant: 252 Mill Street Silverton, Marion County, State of Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 20 19 65	12. Signature of Notary: [signature] My Commission Expires March 11, 1967	13. Notary Commission expires: 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: State of Oregon, Div. Vital Statistics	Date Issued: Aug.13,1965	Date Orig. Entry: child born Oct. 17, 1939	
	Date of Birth: Age 33	Birth Place: Lewiston, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother	By whom issued and signed: Henry S. Wade (15 yrs. older)	Date Issued: Aug.11,1965	Date Orig. Entry: -----	
	Date of Birth: April 21, 1906	Birth Place: Lewiston, Idaho Nez Perce County	Full Name of Mother: Frances Bernetti Ankrom	Name of Father: Abner B. Wade	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records Dist. #110	By whom issued and signed: Garfield County Supt. of schools, A.L.Cabbage, Washington.	Date Issued: Aug.10,1965	Date Orig. Entry: 1914	
	Date of Birth: April 21, 1906	Birth Place: -----	Full Name of Mother: Mrs. Frances Wade	Name of Father: -----	

QUALIFYING INFORMATION: Certified copy of marriage return issued by State of Oregon place of birth as Idaho, age on March 18, 1928 as being 21. Copy issued August 17, 1965. Married 3-18-28

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Sept. 3, 1965

FORM BH 56067

SEP 3 1965

569-202-022-697

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-666

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: **Nettie Alphreda Norris**
2. Date of Birth: (month) Jan (day) 2 (year) 1906
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County: Fremont
b. City or Town of Birth: Egin Idaho

FATHER

6. Full Name of Father: **Edward Norris**
7. State or Country of Father's Birth: **Utah**

MOTHER

8. Full Maiden Name of Mother: **Nettie Orgill**
9. State or Country of Mother's Birth: **Utah**

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nettie Alphreda Norris
11. Present Address of Registrant: **Menan Idaho**

NOTARY (Seal)

Subscribed and sworn to before me on June 10th 19 65

12. Signature of Notary: W B Kennedy
13. Notary Commission expires: February 26th 19 66

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Edward Norris	May 6,1965	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.2,1906	Egin, Idaho	Nettie Orgill	Edward Norris

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #4169936	Modern Woodmen of America	Apr.11,1944	Mar.21,1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.2,1906	Egin, Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	LDS Church, Ira Staley, Clerk	July 18, 1918	baptized Aug.4,1917

Date of Birth	Birth Place *	Full Name of Mother	Name of Father
Jan.2,1906	Parker, Fremont County, Idaho	Nettie Orgill	Edward Norris

QUALIFYING INFORMATION

* registrant was actually born between Parker and Egin. These two towns are close together and both relatively small.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	Sept.24, 1965

FORM BH 56067 4-18-62

7-21-65

SEP 24 [illegible]

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Nettie Alphreda Norris	2. Date (month) (day) (year): Jan 2 1906
	3. Sex: F	4. Place of Birth: Egin Idaho; County: Fremont; Locality or Town of Birth: Egin Idaho
FATHER	5. Full Name of Father: Edward Norris	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Nettie Orgill	9. State or Country of Mother's Birth: Utah
[illegible]	10. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant: [illegible]
	12. Present Address of Registrant: Menan Idaho	
	13. Filed and sworn to before me on: [illegible]	14. Signature of Notary: [illegible]
	15. Notary Commission expires: February 26th [illegible]	

SUPPORTING RECORD 1	Type of Document: Affidavit by Father	By whom issued and signed: Edward Norris	Date Issued: [illegible]	Date Orig. Entry: -----
	Date of Birth: Jan. 2, 1906	Birth Place: Egin, Idaho	Mother's Maiden Name: Nettie Orgill	Mother's Maiden Name: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: Modern Woodmen of America	Date Issued: Apr. 17, 1911	Date Orig. Entry: [illegible]
	Date of Birth: Jan. 2, 1906	Birth Place: Egin, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3	Type of Document: Certificate of Baptism with [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: Jan. 2, 1906	Birth Place: [illegible]	Full Name of Mother: Nettie Orgill	Name of Father: Edward Norris
QUALIFYING INFORMATION	[illegible]			

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documents evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	[illegible]	Sept. 24, 1966

Hand [illegible] certificate OK.

6-15-62

313-101-019-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-667

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Tracy Tallman			2. Date of Birth (month) January (day) 1 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Custer	b. City or Town of Birth: Challis, Idaho
FATHER	6. Full Name of Father: Fred Tallman			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Ella Jennings			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Tracy Tallman		11. Present Address of Registrant: Ridgeway, Wisconsin
NOTARY (Seal)	Subscribed and sworn to before me on: September 1 19 65	12. Signature of Notary: Theodore I. Arneson		13. Notary Commission expires: 6-9 19 68

APPLICANT— DO NOT WRITE BELOW THIS LINE

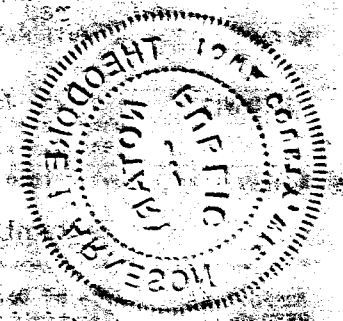
SUPPORTING RECORD 1.	Type of Document: Certified copy of application for marriage license	By whom issued and signed: Iowa County, Wisconsin, Kenneth Palzkill, County Clerk		Date Issued: -----	Date Orig. Entry: Oct. 14, 1936
	Date of Birth: AGE 30	Birth Place: Idaho	Full Name of Mother: Ella Jennings	Name of Father: Fred Tallman	
SUPPORTING RECORD 2.	Type of Document: Statement regarding church records	By whom issued and signed: Barneveld West Blue Mounds Lutheran Parish, Robt. Twiton, Pastor		Date Issued: June 28, 1965	Date Orig. Entry: baptized May 25, 1917
	Date of Birth: Jan. 1, 1906	Birth Place: Idaho	Full Name of Mother: Mrs. Fred Tallman	Name of Father: Mr. Fred Tallman	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle who lived with family at time of birth	By whom issued and signed: Harry Jennings Age 73		Date Issued: Aug. 28, 1965	Date Orig. Entry: -----
	Date of Birth: Jan. 1, 1906	Birth Place: Challis, Idaho Custer County	Full Name of Mother: Ella Jennings Tallman	Name of Father: Fred Tallman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Sept. 24, 1965

FORM BH 56067

Fallman

SEP 24 1965



412-217-026-414

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-709

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verda Margaret Mason			2. Date Of Birth (month) Feb. (day) 17 (year) 1906	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Rigby Idaho, Jefferson	b. City or Town of Birth: Rigby Idaho	
FATHER	6. Full Name of Father: James Samuel Mason			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Serena Kathrine Madsen			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Verda M Cohen	11. Present Address of Registrant: 5215 Sepulveda Blvd Culver City, Calif.	27-c
(Notary Seal) DOROTHY WALDEN NOTARY PUBLIC - CALIFORNIA PRINCIPAL OFFICE IN LOS ANGELES COUNTY	Subscribed and sworn to before me on Sept. 13 19 65		12. Signature of Notary: Dorothy Walden	13. Notary Commission expires: DOROTHY WALDEN My Commission Expires July 6, 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #528-07-9156	By whom issued and signed: Treasury Department, Social Security Administration	Date Issued: -----	Date Orig. Entry: Dec.5,1936	
	Date of Birth: Feb.17,1906	Birth Place: Rigby, Idaho	Full Name of Mother: Serena Madsen	Name of Father: James Samuel Mason	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church Rigby Ward, book 2 line 973 J.J.Chandler,clerk	Date Issued: -----	Date Orig. Entry: baptized Aug.1,1914	
	Date of Birth: Feb.17,1906	Birth Place: Rigby, Jefferson County, Idaho	Full Name of Mother: Serena Madsen	Name of Father: James S. Mason	
SUPPORTING RECORD 3.	Type of Document: application for membership	By whom issued and signed: Society of Daughters of Utah Pioneers	Date Issued: Mar.29,1954	Date Orig. Entry: Feb.16,1954	
	Date of Birth: Feb.17,1906	Birth Place: -----	Full Name of Mother: Serena Kathrine Madsen	Name of Father: James Samuel Mason	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: October 1,1965

FORM BH 56067

STATE BOARD OF HEALTH
Division of Health
Boise

OCT 1 [illegible]

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)
	3. Color or Name	4. Sex
	5. Birth of Birth	6. County
	7. City or Town of Birth	
FATHER	8. Full Name of Father	9. State or Country of Father's Birth
MOTHER	10. Full Maiden Name of Mother	11. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant
	13. Present Address of Registrant	
	14. Signature of Notary	15. Notary Commission Expires

DOROTHY WALDEN
My Commission Expires [illegible]

SUPPORTING RECORD 1	Type of Document: Photocopy of application for Social Security [illegible]	2. Whom issued and signed: Treasury Department, Social Security Administration	Date Issued: -----	Date Orig. Entry: Dec. [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: [illegible]	Date Issued: -----	Date Orig. Entry: Baptized [illegible]
	Date of Birth: Feb. 17, 1906	Birth Place: Ashby, Jefferson County, Idaho	Full Name of Father: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: Application for memorial [illegible]	By whom issued and signed: Society of Daughters of Utah Pioneers	Date Issued: Mar. [illegible]	Date Orig. Entry: Feb. [illegible]
	Date of Birth: Feb. 17, 1906	Birth Place: -----	Full Name of Mother: [illegible]	Name of Father: [illegible]
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that accompanying evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name Registrar	Evidence Reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

FORM 3H [illegible]

255-217-006-557

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-728

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ida Lonida Benson
2. Date Of Birth: (month) March (day) 17, (year) 1906
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County: Moreland, Bingham Co.
b. City or Town of Birth: Moreland

FATHER

6. Full Name of Father: Hans Andrew Benson
7. State or Country of Father's Birth: Bornholm, Denmark

MOTHER

8. Full Maiden Name of Mother: Ida A dalinda England
9. State or Country of Mother's Birth: Plain City, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ida Lonida Benson Randall
11. Present Address of Registrant: 215 N. Shilling, Blackfoot, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: Aug 23 1965
12. Signature of ~~Notary~~ Probate Judge: Winston Benson
13. Notary Commission expires: _____ 19____

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church record statement of Baptism	LDS Church, Lester G. Longmore, Custodian of records	-----	baptized April 4, 1914

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.17,1906	Moreland, Idaho Bingham County	Ida England	Hans Andrew Benson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by parents	Ida England Benson and Hans Andrew Benson	July 26,1961	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.17,1906	Moreland, Idaho Bingham County	Ida England Benson	Hans Andrew Benson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance policy	Beneficial Life Ins. Co.	------	Sept. 22, 1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.17,1906	Moreland, Idaho	-------	H. Andrew Benson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Benson
Evidence reviewed by: gml Glenda Larson
Date Filed: October 14, 1965

FORM BH 56067 N-1

9-2-65

DELAYED CERTIFICATE OF BIRTH

Randall

632-225-031-342

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-729

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Alma Olson			2. Date of Birth: (month) July (day) 25 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Lewis	b. City or Town of Birth: Nez Perce, Idaho	
FATHER	6. Full Name of Father: John Barney Olson			7. State or Country of Father's Birth: Dakota Territory (Now South Dakota)	
MOTHER	8. Full Maiden Name of Mother: Frances Lusk			9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Marie Alma Olson	11. Present Address of Registrant: 3000 Farnam St.-Omaha, Nebr.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 2 19 65		12. Signature of Notary: E. L. Chase	13. Notary Commission expires: December 20 19 69	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy 11-073-675		By whom issued and signed: New York Life Ins. Co.	Date Issued: ----	Date Orig. Entry: April 8, 1930
	Date of Birth: July 25,1906	Birth Place: Nezperce, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Frances Olson	Date Issued: May 19,1965	Date Orig. Entry: -----
	Date of Birth: July 25,1906	Birth Place: Nez Perce, Lewis County, Idaho	Full Name of Mother: Frances Olson	Name of Father: John Barney Olson	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records, Clarkston, Washington		By whom issued and signed: Clarkston Public Schools, Earnest L. Louk, Supt.	Date Issued: Sep.22,1965	Date Orig. Entry: 1921-22
	Date of Birth: July 25,1906	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: October 14, 1965

FORM BH 56067

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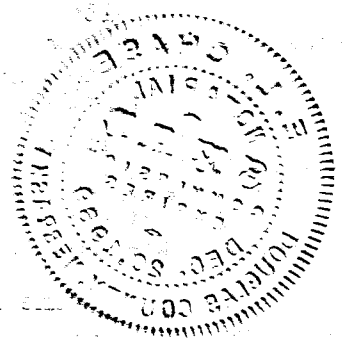
(3) 8-12-65

OCT 14 1965

SEP 18 1968



764-122-010-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-733

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harvey Lafayette Gould			2. Date Of Birth (month) 6/- (day) 22 (year) 1906	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho Falls Bonneville	b. City or Town of Birth: Idaho Falls	
FATHER	6. Full Name of Father: William Lewis Gould			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Martha Etta Whitaker			9. State or Country of Mother's Birth: South Carolina	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harvey Lafayette Gould		11. Present Address of Registrant: 14846 SW 81 Ave Tigard Ore.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 12 1965	12. Signature of Notary: W H Vincent		13. Notary Commission expires: Aug 18 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage records	By whom issued and signed: Multnomah County, Oregon Si Cohn, County Clerk		Date Issued: Mar.24,1965	Date Orig. Entry: Nov.14,1949
	Date of Birth: June 22, 1906	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Martha Gould	Name of Father: William L. Gould	
SUPPORTING RECORD 2.	Type of Document: photocopy of Military discharge paper	By whom issued and signed: Army of the United States		Date Issued: Oct.18,1945	Date Orig. Entry: inducted Dec.3,1942
	Date of Birth: June 22, 1906	Birth Place: Idaho Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Lulu E. Berglund Age 73		Date Issued: Sep.30,1965	Date Orig. Entry: ----
	Date of Birth: June 22, 1906	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Martha E. (Whitaker) Gould	Name of Father: William Lewis Gould	
QUALIFYING INFORMATION					

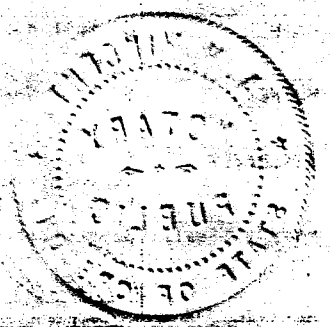
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	October 14,1965

K FORM BH 56067

OCT 14 1965



849-111-009-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-737

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donald Arthur Hurd			2. Date of Birth (month) 6 (day) 11 (year) 06
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Bonner	b. City or Town of Birth: Sand Point
FATHER	6. Full Name of Father: Henry Charles Hurd			7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Alice Mary Dale			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Donald Arthur Hurd	11. Present Address of Registrant: 530 Pleasant Grass Valley Calif
NOTARY (Seal) DORIS V. BIGGERSTAFF Notary Public Nevada County State of California	Subscribed and sworn to before me on September 1 1965		12. Signature of Notary: Doris V. Biggerstaff (Doris V. Biggerstaff)	13. Notary Commission expires: Dec. 9 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of discharge papers from Army (copy made 10-15-64)	By whom issued and signed: Santa Clara County, Calif. county recorder's office	Date Issued: Oct.8,1943	Date Orig. Entry: April 16,1943	
	Date of Birth: Age 36	Birth Place: Sand Point, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age 73	By whom issued and signed: Florice Hurd Cogley	Date Issued: Aug.27,1965	Date Orig. Entry: -----	
	Date of Birth: June 11,1906	Birth Place: Sandpoint, Idaho Bonner County	Full Name of Mother: Alice Mary Dale	Name of Father: Henry Charles Hurd	
SUPPORTING RECORD 3.	Type of Document: Certified copy of registry of marriage	By whom issued and signed: State of California	Date Issued: Sep.13,1960	Date Orig. Entry: Sept.02,1960	
	Date of Birth: June 11,1906	Birth Place: Idaho	Full Name of Mother: Mary Dale	Name of Father: Henry Charles Hurd	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	October 14, 1965

FORM BH 56067 1 copy paid rec. #19734 8-19-65 (G)

GH 9-27-65

Gridley Hurd

OCT 14 [illegible]

419-221-025-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-775

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Violet Martin
2. Date of Birth (month) 3 (day) 21 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Idaho — b. City or Town of Birth: Cottonwood

FATHER

6. Full Name of Father: Fred Leon Martin
7. State or Country of Father's Birth: Washington

MOTHER

8. Full Maiden Name of Mother: Delia Pearl Brunes
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Violet Martin Hafer
11. Present Address of Registrant: Valley Wash

NOTARY (Seal)

Subscribed and sworn to before me on: October 19, 1965
12. Signature of Notary: Phyllys P. Shook
13. Notary Commission expires: Feb. 17, 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of hospital record	Tri-County Community Hospital	discharged Feb.25,1958	admitted Feb.25,1958
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.21,1906 / Cottonwood,Idaho	Delia Martin	Fred Martin	
SUPPORTING RECORD 2.	Statement regarding school records-Jenkins High School	Chewelah Public Schools,Wash. Fred K. Merrill, principal	Sep.23,1965	1924 Census
	Mar.21,1906 / -----	-----	Fred L. Martin	
SUPPORTING RECORD 3.	Own child's birth certificate certified copy #81041	State of Washington, Vital Statistics	July 2,1959	child born Sept.11,1928
	Age 22 / Cottonwood,Idaho	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Glenda Larson
Date Filed: October 27,1965

FORM BH 56067

OCT 27 1965

Hafer

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State Registrar
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible]
	3. Color or Race: [illegible] 4. Sex: [illegible] 5. Place of Birth: [illegible]	6. City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	9. Subscribed and sworn oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible] 11. Present Address of Registrant: [illegible]
NOTARY (Seal)	9. Subscribed and sworn to before me on [illegible] 19 65	12. Signature of Notary: [illegible] 13. Notary Commission expires: Feb. 17, 19 67

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: Tri-County Community Hospital	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible] Birth Place: [illegible]	Name of Mother: [illegible]	Name of Father: Fred [illegible]	
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom issued and signed: Chevelah Public Schools, Wash. Fred L. Merrill, principal	Date Issued: Feb. 23, 1965	Date Orig. Entry: 1928 Consent
	Date of Birth: Mar. 21, 1906 Birth Place: -----	Full Name of Mother: -----	Name of Father: Fred L. Merrill	
SUPPORTING RECORD 3.	Type of Document: [illegible]	By whom issued and signed: State of Washington, Vital Statistics	Date Issued: July 2, 1959	Date Orig. Entry: Child born Sept. 11, 1928
	Date of Birth: [illegible] Birth Place: [illegible]	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing assistant.

State Registrar	Evidence reviewed by	Date filed
[illegible]	Glenda Larson	December 27, 1965

FORM NO. [illegible]

187 613-206-006-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 65-787

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elfonda Mary Watts		2. Date Of Birth (month) (day) (year): January 6 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Woodville
FATHER	6. Full Name of Father: William Joseph Watts		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Leatha Elizabeth Chaffin		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elfonda Mary Watts	11. Present Address of Registrant: Kendall Manor #2 3255 Lincoln Ogden 24
NOTARY (Seal)	Subscribed and sworn to before me on: September 20 1965	12. Signature of Notary: Irene Walters	13. Notary Commission expires: August 14 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record Book		By whom issued and signed: Reference book belonging to father-William Watts	Date Issued: --------	Date Orig. Entry: Obviously old
	Date of Birth: Jan 6 1906	Birth Place: Woodville, Idaho	Full Name of Mother: Leatha Elizabeth Chaffin	Name of Father: William Joseph Watts	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle age 75		By whom issued and signed: Edwin R. Chaffin	Date Issued: Nov. 1 1965	Date Orig. Entry: -------
	Date of Birth: Jan. 6 1906	Birth Place: Woodville, Idaho	Full Name of Mother: Leatha Elizabeth Chaffin	Name of Father: Willima Joseph Watts	
SUPPORTING RECORD 3.	Type of Document: Hospital Record		By whom issued and signed: Thomas D. Dee, Memorial Hosp. Kenneth Knapp, Administrator	Date Issued: Oct. 11 1965	Date Orig. Entry: Admitted Oct. 21, 1949
	Date of Birth: Age 43	Birth Place: Idaho	Full Name of Mother: --------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Nov. 1, 1965

FORM BH 56067 9-20-65 in office no corres. 1 cp pd rec # 168 aml. (K) 10-1-65

Kendall

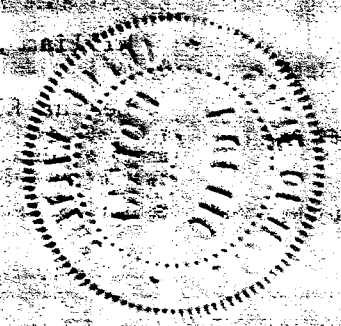
NOV 1 1965

Rhonda Mary Watts — January 6 1906

White Female — Bingham — Woodville

William Joseph Watts — Utah

Leatha Elizabeth Chaffin — Utah



Family Record Book — Reference book belonging to father-William Watts — Obviously old

Jan 6 1906 Woodville, Idaho — Leatha Elizabeth Chaffin — William Joseph Watts

Affidavit by Uncle age 75 — Edwin R. Chaffin — Nov. 1 1965 — -------

Jan. 6 1906 Woodville, Idaho — Leatha Elizabeth Chaffin — William Joseph Watts

Hospital Record — Thomas D. Dee, Memorial Hosp. Kenneth Knapp, Administrator — Oct. 11 1965 Admitted Oct. 21, 1949

Age 43 Idaho — -------- — ----------

W. W. Benson — Florence Cartright — Nov. 1, 1965

9-20-65 in office no corres.

318722 006-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-789

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Owen Albert Taylor		2. Date Of Birth (month) April (day) 22 (year) 1904
	3. Color or Race: white	4. Sex: Male	5. Place of Birth: a. County Riverside (Bingham mail) b. City or Town of Birth: Blackfoot Route 2
FATHER	6. Full Name of Father: Jedediah Taylor		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Margaret Ritchie		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Owen Albert Taylor	11. Present Address of Registrant: Route 2 Blackfoot, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: October 20 1965	12. Signature of Notary: Edden W. Felt	13. Notary Commission expires: February 19 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend of family & neighbor at time of birth	By whom issued and signed: Francis T. Halverson Age 90	Date Issued: Oct.5,1965	Date Orig. Entry: -----
	Date of Birth: Apr.22,1906 / Birth Place: Riverside(3 mi.W. of Blackfoot,Idaho	Full Name of Mother: Margaret Ritchie	Name of Father: Jedediah Tayler	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Mountain States Ins. Co., Ogden, Utah	Date Issued: -----	Date Orig. Entry: June 22,1945
	Date of Birth: Apr.22,1906 / Birth Place: Blackfoot	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage license	By whom issued and signed: Cache Co. Utah, Iver Larsen, clerk	Date Issued: Oct.4,1965	Date Orig. Entry: Dec. 23, 1930
	Date of Birth: Age 24 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: November 2,1965	

FORM BH 56067

Taylor

NOV 2 1965

OCT 23 1997

363-129-003-463

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-802

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Ellis Johnson			2. Date of Birth (month) Dec. (day) 29, (year) 1906	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Lava Hot Springs (Dempsey)	
FATHER	6. Full Name of Father: Lamoni Holbrook Johnson			7. State or Country of Father's Birth: Ogden Utah	
MOTHER	8. Full Maiden Name of Mother: Rozilla Melissa Dalton			9. State or Country of Mother's Birth: Hillard Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Ellis Johnson		11. Present Address of Registrant: 48 Orchard Drive Pocatello	
NOTARY (Seal)	Subscribed and sworn to before me on February 25 1965	12. Signature of Notary: Lynn Hall		13. Notary Commission expires: My Commission Expires Feb. 16, 1966 Notary Public of Idaho, residing at Pocatello, Idaho 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding insurance records	By whom issued and signed: Gem State Mutual Associations, Pocatello, Idaho		Date Issued: Mar.29,1965	Date Orig. Entry: Mar.16,1951
	Date of Birth: Dec. 29, 1906	Birth Place: Lava Hot Springs, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of record of membership	By whom issued and signed: LDS Church, Salt Lake City		Date Issued: June 30,1965	Date Orig. Entry: blessed May 5, 1907
	Date of Birth: Dec.29,1906	Birth Place: Dempsey, Idaho	Full Name of Mother: Rozilla Melissa Dalton	Name of Father: Lamoni Holbrook Tolman	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Rozilla M. Tolman		Date Issued: Mar.3,1965	Date Orig. Entry: -----
	Date of Birth: Dec.29,1906	Birth Place: Lava Hot Springs, (Dempsy), Idaho	Full Name of Mother: Rozilla M. Tolman	Name of Father: Lamoni H. Tolman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: November 5,1965

FORM BH 56067

NOV 5 1965

Tolman

791-230-028-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-839

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Marjorie Granger		2. Date of Birth (month) Nov. (day) 30 (year) 1906	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: ~~Ah Sahka~~ Coeur d'Alene
FATHER	6. Full Name of Father: Foster Oscar Granger		7. State or Country of Father's Birth: New York	
MOTHER	8. Full Maiden Name of Mother: Mary Maud Brown		9. State or Country of Mother's Birth: Kentucky	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred M Gaynor	11. Present Address of Registrant: 717 W. 173rd Place Gardena, Calif 90247	
NOTARY (Seal)	Subscribed and sworn to before me on: January 18 1965	12. Signature of Notary: Mary C. Dyer	13. Notary Commission expires: Sept. 27 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Department of Commerce Bureau of the Census	Date Issued: Jan.4,1965	Date Orig. Entry: April 1,1950	
	Date of Birth: Age 43	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding lodge records	By whom issued and signed: Arcadia Chapter #471, Order of the Eastern Star, Arcadia, Cal.	Date Issued: July 31, 1964	Date Orig. Entry: Oct.10,1950	
	Date of Birth: Nov.30,1906	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for Social Security #558-58-3865	By whom issued and signed: Social Security Administration, Treasury Department	Date Issued: Feb.18,1965	Date Orig. Entry: May 26,1959	
	Date of Birth: Nov.30,1906	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Mary Maude Brown	Name of Father: Foster Oscer Granger	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	November 17,1965

FORM BH 56067

NOV 17 1965

Gaynor

864-212-006-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-866

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLARISSA YOUNG			2. Date Of Birth: (month) 9 (day) 12 (year) 1906	
	3. Color or Race: W	4. Sex: F	5. Place of Birth: RIVERSIDE a. County: BINGHAM IDA.	b. City or Town of Birth: NEAR BLACKFOOT	
FATHER	6. Full Name of Father: LOUIS SHERWOOD YOUNG			7. State or Country of Father's Birth: IOWA	
MOTHER	8. Full Maiden Name of Mother: SUSANNAH FACKRELL			9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Clarissa Young Ashlock	11. Present Address of Registrant: P.O. BOX 503, HOMEDALE	
NOTARY (Seal)	Subscribed and sworn to before me on: NOVEMBER 22, 1965		12. Signature of Notary: Helen Sage	13. Notary Commission expires: 8-20-67 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Susannah Young	Date Issued: Nov.22,1965	Date Orig. Entry: ———
	Date of Birth: Sep.12,1906	Birth Place: Riverside,Idaho	Full Name of Mother: Susannah Fackrell Young	Name of Father: Louis Sherwood Young	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Sarah E. Richards clerk,	Date Issued: Dec.31,1915	Date Orig. Entry: baptized Oct.11,1915
	Date of Birth: Sep.12,1906	Birth Place: Riverside,Idaho	Full Name of Mother: Susanna Fackrell	Name of Father: S. S. Young	
SUPPORTING RECORD 3.	Type of Document: Family records sheet		By whom issued and signed: Family records	Date Issued: ———	Date Orig. Entry: sealed Aug.5,1957
	Date of Birth: Sep.12,1906	Birth Place: Riverside, Idaho	Full Name of Mother: Susannah Fackrell	Name of Father: Louis Sherwood Young	
QUALIFYING INFORMATION	The mailing address for Riverside is Blackfoot.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson		Evidence reviewed by: Glenda Larson	Date Filed: Nov. 30, 1965	

FORM BH 56067 in effect 11-19-65 no other Corr.

NOV 30 1965

168-126-031-943

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-869

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lester Howard Johnston			2. Date Of Birth (month) Oct. (day) 26 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Lewis	b. City or Town of Birth: ~~Nee-Perce~~ Nez Perce
FATHER	6. Full Name of Father: ISAAC Newton Johnston			7. State or Country of Father's Birth: Coshocton, Ohio Johnston Co.
MOTHER	8. Full Maiden Name of Mother: Mary Ann Rutledge			9. State or Country of Mother's Birth: Bolivar, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lester H. Johnston		11. Present Address of Registrant: Route 2, Welch, Okla.
NOTARY (Seal)	Subscribed and sworn to before me on: December 23 1965	12. Signature of Notary: Ruby Dee Whitney		13. Notary Commission expires: April 19 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mary Ann Johnston	Date Issued: Nov.23,1906	Date Orig. Entry: ------
	Date of Birth: Oct.26,1906 / Birth Place: Nec Perce, Idaho	Full Name of Mother: Mary Ann Rutledge	Name of Father: Isaac Newton Johnston	
SUPPORTING RECORD 2.	Type of Document: Photocopy of application for social security #442-18-3751	By whom issued and signed: Treasury Dept.	Date Issued: ------	Date Orig. Entry: Sept.13,1939
	Date of Birth: Oct.26,1906 / Birth Place: Nec Perce, Idaho — Lewis County	Full Name of Mother: Mary Ann Rutledge	Name of Father: Isaac Newton Johnston	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: Craig County, Supt. of Schools Vinita, Oklahoma, Dist.#61	Date Issued: -----	Date Orig. Entry: Jan.27,1925
	Date of Birth: Oct.26,1906 / Birth Place: ------	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Nov. 30, 1965

FORM BH 56067

1 copy paid 12-8-61

NOV 30 1965

866-216-006-383

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-878

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LAURA ADESTA HOWARD
2. Date Of Birth: (month) Nov (day) 16 (year) 1906
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth: a. County BINGHAM; b. City or Town of Birth BLACKFOOT

FATHER

6. Full Name of Father: LESTER B. HOWARD
7. State or Country of Father's Birth: CALIFORNIA

MOTHER

8. Full Maiden Name of Mother: LENA HELEN LYTLE
9. State or Country of Mother's Birth: COLORADO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Laura A. Mitchell
11. Present Address of Registrant: Rt-Box 492 M Chico, Calif.

(Seal) ROBERT E. RAKER NOTARY PUBLIC — CALIFORNIA PRINCIPAL OFFICE IN THE COUNTY OF BUTTE

Subscribed and sworn to before me on November 8 1965

12. Signature of Notary: Robert E. Baker
13. Notary Commission expires: MY COMMISSION EXPIRES MARCH 12, 1968 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of application for Social Security #561-32-4161	Social Security Administration, Treasury Department	-----	Aug.9,1943
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov.16,1906 / Blackfoot, Idaho Bingham County	Lena Helen Lytle	Lester B. Howard	
SUPPORTING RECORD 2.	Certified copy of own child's birth certificate	Butte County, California	Nov.3,1965	child born March 21, 1929
	Age 22 / Idaho	-----	-----	
SUPPORTING RECORD 3.	Insurance Policy #36363150	Metropolitan Life Ins. Co.	May 19,1941	May 19, 1941
	age next bd. 35 / -----	------	------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: gml Glenda Larson
Date Filed: Dec. 1, 1965

FORM BH 56067

11-16-65

Mitchell

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 1 1965

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)	
	3. Color or Race 4. Sex	5. Place of Birth a. County	b. City or Town of Birth
FATHER	7. Full Name of Father	8. State or Country of Father's Birth	
MOTHER	9. Full Maiden Name of Mother	10. State or Country of Mother's Birth	
AFFIDAVIT (Seal)	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant
	Subscribed and sworn to before me on	13. Signature of Notary	14. Notary Commission Expires

ROBERT C. BAKER
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
THE COUNTY OF BUTTE

SUPPORTING RECORD 1	Type of Document: Photocopy of application for Social Security Administration	By whom issued and signed: Social Security Administration, Treasury Department	Date Issued: ----	Date Orig. Entry: Aug. 4, 1965
	Date of Birth: Nov. 1, 1965	Birth Place: Hopkinsville, Idaho Bingham County	Date Issued: Lester S. Fitzgerald	
SUPPORTING RECORD 2	Type of Document: Certified copy of [illegible]	By whom issued and signed: Butte County, California	Date Issued: Nov. 3, 1965	Date Orig. Entry: [illegible]
	Date of Birth: Apr. 22	Birth Place: [illegible]	Name of Father: ----	
SUPPORTING RECORD 3	Type of Document: Insurance Policy [illegible]	By whom issued and signed: [illegible] Ins. Co.	Date Issued: Nov. 19, 1961	Date Orig. Entry: Nov. 19, 1961
	Date of Birth: Apr. 22	Birth Place: ----	Name of Father: ----	
QUALIFYING INFORMATION				

CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that no [illegible] has been [illegible] which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date filed
[signature]	[illegible]	Dec. 1, 1965

435-101-001-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-881

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EVERETT COOPER MC NEIL			2. Date of Birth (month) 11 (day) 1 (year) 1906	
	3. Color or Race: WHITE	4. Sex: M.	5. Place of Birth a. County: ADA	b. City or Town of Birth: BOISE	
FATHER	6. Full Name of Father: WM. JAMES MC ~~NEIL~~ NEIL			7. State or Country of Father's Birth: ONTARIO, CANADA	
MOTHER	8. Full Maiden Name of Mother: MARY WINEFRED COOPER			9. State or Country of Mother's Birth: ST. JOE, MISSOURI	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: E C McNeil		11. Present Address of Registrant: 1021 Marshall St. Boise	
NOTARY (Seal)	Subscribed and sworn to before me on: November 1 1965	12. Signature of Notary: Mildred H Adams		13. Notary Commission expires: April 1 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Equitable Life Assurance Society of the United States		Date Issued: ----	Date Orig. Entry: June 5,1936
	Date of Birth: Nov.1,1906	Birth Place: Boise, Idaho Ada County	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #22329½		Date Issued: ----	Date Orig. Entry: child born June 10,1934
	Date of Birth: Age: 27	Birth Place: Boise, Idaho	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mary W. McNeil		Date Issued: Nov.28,1965	Date Orig. Entry: ------
	Date of Birth: Nov.1,1906	Birth Place: Boise, Idaho	Full Name of Mother: Mary W. McNeil	Name of Father: Williams James McNeil	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	Dec. 1, 1965

FORM BH 56067

DEC 1 1965

JUL 13 1973

813-226-010-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-895

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Matilda Hall		2. Date of Birth (month) (day) (year): August 26 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Falls Bonneville; b. City or Town of Birth
FATHER	6. Full Name of Father: Emery Jay Hall		7. State or Country of Father's Birth: Lemont Athens Co Michigan
MOTHER	8. Full Maiden Name of Mother: Mary Johanna Hoot		9. State or Country of Mother's Birth: Lister Leicestershire England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary H Mair	11. Present Address of Registrant: 475-9th St Idaho Falls
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 2, 1965 19___	12. Signature of Notary: B W. Bandel	13. Notary Commission expires: B. W. BANDEL Notary Public Residing at Idaho Falls, Idaho 19___ My Commission Expires February 12, 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Nov.22,1965	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age 13 / Birth Place: Idaho	Full Name of Mother: Annie S. Hall	Name of Father: Emery J. Hall	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #174687	Date Issued: -----	Date Orig. Entry: child born Sept.15,1929
	Date of Birth: Age 23 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for ins. policy	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: -----	Date Orig. Entry: Aug.27,1951
	Date of Birth: Aug.26,1906 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: D W Benson	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 8, 1965	

FORM BH 56067

Mon

DEC 9 1965

215-216-003-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-916

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Sant			2. Date of Birth (month) Nov. (day) 16th. (year) 1906
	3. Color or Race: White	4. Sex: Girl	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Grace Idaho
FATHER	6. Full Name of Father: David Treasure Sant			7. State or Country of Father's Birth: Clifton, Oneida Co. Idaho
MOTHER	8. Full Maiden Name of Mother: Alice Smith			9. State or Country of Mother's Birth: Clifton, Oneida Co. Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel Sant by marriage Mrs Ethel Molyneux		11. Present Address of Registrant: 869 Fairway Drive Twin Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 8 1965	12. Signature of Notary: Helen C Tulloch		13. Notary Commission expires: February 3 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister (born June 4,1897)	By whom issued and signed: Jane Telford		Date Issued: Dec.8,1965	Date Orig. Entry: -----
	Date of Birth: Nov.16,1906	Birth Place: Grace, Idaho	Full Name of Mother: Alice Smith	Name of Father: David Treasure Sant	
SUPPORTING RECORD 2.	Type of Document: Church certificate of Birth	By whom issued and signed: LDS Church, Salt Lake City, Utah		Date Issued: Nov.19,1965	Date Orig. Entry: Aug.4,1917
	Date of Birth: Nov.16,1906	Birth Place: Grace, Idaho	Full Name of Mother: Alice Smith	Name of Father: David Treasure Sant	
SUPPORTING RECORD 3.	Type of Document: Marriage license and certificate	By whom issued and signed: On file Idaho #12559(1951)		Date Issued: -----	Date Orig. Entry: July 21,1951
	Date of Birth: Age 44	Birth Place: Grace, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Dec. 14, 1965

FORM BH 56067

Molybdenum

DEC 17 1965

364216-007-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-931

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LYDIA COMBE			2. Date Of Birth (month) 12 (day) 16 (year) 1906
	3. Color or Race: WHITE	4. Sex: F.	5. Place of Birth a. County: ARCO BLAINE	b. City or Town of Birth: ARCO IDAHO
FATHER	6. Full Name of Father: BARTHOLOMEW COMBE			7. State or Country of Father's Birth: PIEDMONT ITALY
MOTHER	8. Full Maiden Name of Mother: JOSEPHINE GARDIOL (COMBE)			9. State or Country of Mother's Birth: PIEDMONT ITALY
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lydia Combe Hopla	11. Present Address of Registrant: ARCO, IDAHO 83213
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 3, 1965		12. Signature of Notary: Virginia Storer	13. Notary Commission expires: Feb. 15 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Application for social security #519-22-6908	By whom issued and signed: Social Security Administration Treasury Department	Date Issued: ----	Date Orig. Entry: Oct. 15, 1942
	Date of Birth: Dec.16,1906 / Birth Place: Arco, Idaho Butte County	Full Name of Mother: Josephine Gardiol	Name of Father: Bartholmew Combe	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Butte Co. Public Schools,Arco Idaho,Glenn A.Smith,Principal	Date Issued: Sep.13,1965	Date Orig. Entry: Sept.5,1918
	Date of Birth: Dec.16,1906 / Birth Place: ------	Full Name of Mother: ------	Name of Father: B. Combe	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister (10 years older)	By whom issued and signed: Methilde Combe Shutt	Date Issued: Apr.30,1965	Date Orig. Entry: ------
	Date of Birth: Dec.16,1906 / Birth Place: Arco, Idaho Blaine County	Full Name of Mother: Josephine Gardiol (Combe)	Name of Father: Bartholomew Combe	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	Dec. 23, 1965

FORM BH 56067

S-19

DEC 27 1963

259-104-044-551

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-964

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WARDEN SEID			2. Date of Birth (month) Nov. (day) 4 (year) 1906	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Madison	b. City or Town of Birth: Midvale	
FATHER	6. Full Name of Father: Allen F. Seid			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Emily Belle Evans			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Warden Evans Seid		11. Present Address of Registrant: Midvale	
NOTARY (Seal)	Subscribed and sworn to before me on: December 30 1965	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #3065627	By whom issued and signed: Modern Woodmen of America		Date Issued: Dec.17,1930	Date Orig. Entry: Jan.14,1924
	Date of Birth: Nov.4,1906	Birth Place: Midvale, Idaho Washington County	Full Name of Mother: -----	Name of Father: Allen F. Seid	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father Age 83	By whom issued and signed: Allen F. Seid		Date Issued: Dec.1,1965	Date Orig. Entry: -----
	Date of Birth: Nov.4,1906	Birth Place: Midwale, Idaho	Full Name of Mother: Emily B. Seid	Name of Father: Allen F. Seid	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #211899		Date Issued: ----	Date Orig. Entry: child born November 12,1932
	Date of Birth: Age 26	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Dec. 30, 1965

FORM BH 56067 to office 11-9-65 MM

Seid

MAR 4 1970

456-212-0222-225

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-007

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thelma Dewsnup
2. Date of Birth (month) (day) (year): Feb. 12, 1906
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Idaho — Fremont
b. City or Town of Birth: Rexburg

FATHER

6. Full Name of Father: Ernest Dewsnup
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Sarah Elizabeth Steiner
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thelma Dewsnup (Henry)
11. Present Address of Registrant: 142 46th Street, Sacramento, California 95819

NOTARY (Seal)

Subscribed and sworn to before me on: Nov 20th 1965
12. Signature of Notary: Mildred M. McMains
13. Notary Commission expires: [illegible] 19 68
Notary Public
Butte County
State of California

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Ernest Dewsnup	Nov. 20, 1965	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 12, 1906	Rexburg, Idaho Fremont County	Sarah Elizabeth Steiner	Ernest Dewsnup

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	LDS Church, J. Nielson, Bishop	-----	baptized July 3, 1914

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 12, 1906	Rexburg, Idaho Fremont County	Elizabeth Steiner	Ernest Dewsnup

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for employment	State of California, Dept. of Education	-----	May 18, 1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 12, 1906	Rexburg, Idaho	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Jan. 10, 1966

FORM BH 56067

Henry

JAN 10 1966

815-120-022-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-038

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leslie Levere Hanson
2. Date of Birth: (month) Mar (day) 20 (year) 1906
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Wilford

FATHER

6. Full Name of Father: Chris Hansen
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Sarah A Greenhalgh
9. State or Country of Mother's Birth: Blooming Barr Lake Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leslie Levere Hanson
11. Present Address of Registrant: Teton, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Jan 7, 1966 19___

12. Signature of Notary: La Monte Dauer
13. Notary Commission expires: Elective 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE Clerk of District Court

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #188943	-----	child born Jan. 29, 1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 24	Wilford	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Certificate of Birth	LDS Church, Salt Lake City, Utah	Jan.6,1966	May 6,1906

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.20,1906	Wilford, Idaho Fremont County	Sarah A. Greenhalgh	Chris Hanson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Sarah A. Hansen	Jan.7,1966	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.20,1906	Wilford, Idaho	Sarah A. Greenhalgh Hansen	Chris Hanson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Jan. 14, 1966

FORM BH 56067

JAN 1 4 1966

458-117-032-814

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-053

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marvin Charles Meyers			2. Date of Birth: July 17 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Madison	b. City or Town of Birth: Sugar City
FATHER	6. Full Name of Father: Charles Henry Meyers			7. State or Country of Father's Birth: Utah U.S.A.
MOTHER	8. Full Maiden Name of Mother: Mary Ann Hamilton			9. State or Country of Mother's Birth: Utah U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marvin Charles Meyers		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 11, 1966	12. Signature of Notary: J Kent Dolley		13. Notary Commission expires: [illegible] 1969

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mary Ann Hamilton Meyers	Date Issued: May 1, 1964	Date Orig. Entry: -----
	Date of Birth: July 17, 1906 / Birth Place: Sugar City, Idaho	Full Name of Mother: Mary Ann Hamilton	Name of Father: Charles Henry Meyers	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #297533	Date Issued: -----	Date Orig. Entry: child born June 19,1940
	Date of Birth: Age 35 / Birth Place: Sugar City, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #319397	By whom issued and signed: Kansas City Life Ins. Co.,	Date Issued: Aug.15,1925	Date Orig. Entry: Aug.15,1925
	Date of Birth: July 17,1906 / Birth Place: Idaho	Full Name of Mother: Mary A. Meyers	Name of Father: Charles H. Meyers	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Jan. 17, 1966

FORM BH 56067 (CP) Rev. 11-5002

(m) 1-6-66 gml

Meyers.

JAN 17 1966

JAN 1 - 19

799210-036469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-057

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emma Price			2. Date Of Birth (month) (day) (year): April 10 1906	
	3. Color or Race: While	4. Sex: Female	5. Place of Birth a. County: Samaria Oneida	b. City or Town of Birth: Samaria, Idaho	
FATHER	6. Full Name of Father: John Evan Price			7. State or Country of Father's Birth: Wales	
MOTHER	8. Full Maiden Name of Mother: Emma Morris			9. State or Country of Mother's Birth: Logan, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Emma J. Waldron	11. Present Address of Registrant: Route 1, Malad, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 13 1966		12. Signature of Notary: E Scott	13. Notary Commission expires: May 19 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, William E.Morse, Elder, Samaria Ward	Date Issued: June 23, 1906	Date Orig. Entry: blessed June 23,1906
	Date of Birth: Apr.10,1906	Birth Place: Samaria, Oneida County, Idaho	Full Name of Mother: Emma Morse	Name of Father: John E. Price	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #132990	Date Issued: -----	Date Orig. Entry: child born June 5,1925
	Date of Birth: Age 19	Birth Place: Samaria, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Marriage License		By whom issued and signed: Salt Lake County, Utah Donald Burge, Deputy Clerk	Date Issued: Oct.18,1965	Date Orig. Entry: Sept.2,1924
	Date of Birth: Age 18	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 19, 1966

FORM BH 56067

JAN 19 1966

532-42-1028-289

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-070

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earl Francis Elstone		2. Date of Birth (month) October (day) 27 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootenai; b. City or Town of Birth: Near Rose Lake Idaho
FATHER	6. Full Name of Father: George Francis Elstone		7. State or Country of Father's Birth: Woodstock, Ontario, Canada
MOTHER	8. Full Maiden Name of Mother: Lillian Grace Byrne		9. State or Country of Mother's Birth: Kirksville Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl F. Elstone	11. Present Address of Registrant: West 1220 - 6th. Ave. Spokane Wash 99204
NOTARY (Seal)	Subscribed and sworn to before me on: January 17 1966	12. Signature of Notary: Warren B Myers	13. Notary Commission expires: September 1 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church record booklet		By whom issued and signed: First Methodist Church, Rev. Walter B. Spaulding	Date Issued: ----	Date Orig. Entry: baptized Jan.31,1943
	Date of Birth: Oct.27,1906	Birth Place: Rose Lake, Idaho	Full Name of Mother: Lillian Elstone	Name of Father: G. F. Elstone	
SUPPORTING RECORD 2.	Type of Document: Certificate of Marriage #45056		By whom issued and signed: Spokane County, Washington Frank Glover, Auditor	Date Issued: May 14,1965	Date Orig. Entry: June 12,1931
	Date of Birth: Age 24	Birth Place: Rose Lake, Idaho	Full Name of Mother: Lillian Grace Byrne	Name of Father: Geo. F. Elstone	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records Dist.#35 Rose Lake		By whom issued and signed: Arleda Jakopson Deputy, Kootenai County, Idaho	Date Issued: Oct.18,1965	Date Orig. Entry: Sept.10,1918
	Date of Birth: Age 11	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 24, 1966

FORM BH 56067 NM.

5-7-65 mf

Astone

JAN 24 1966

635-126-006-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-091

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: k Clyde Oler			2. Date Of Birth (month) (day) (year): March 26 1906	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Shelley Bingham	b. City or Town of Birth: Shelley	
FATHER	6. Full Name of Father: Joseph Oler			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Alice Green			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Clyde Oler	11. Present Address of Registrant: Box 423 Shelley Id.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 21 1966		12. Signature of Notary: Mark Harris	13. Notary Commission expires: Oct. 24 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #P 583053		By whom issued and signed: Aetna Life Ins. Co. of Hartford, Connecticut	Date Issued: June 11,1926	Date Orig. Entry: June 11,1926
	Date of Birth: Mar.26,1906	Birth Place: Shelley, Idaho	Full Name of Mother: Alice G. Oler	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: pages from Family Bible		By whom issued and signed: Family Bible records	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Mar.26,1906	Birth Place: Shelley, Idaho	Full Name of Mother: Alice Green Oler	Name of Father: Joseph Oler	
SUPPORTING RECORD 3.	Type of Document: Hospital Certificate of own child's birth		By whom issued and signed: Idaho Falls, L.D.S. Hosp., Idaho Falls, Edwin Cutler, M.D.	Date Issued: -----	Date Orig. Entry: child born Jan.17,1941
	Date of Birth: Mar.26,1906	Birth Place: Shelley, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 28, 1966

FORM BH 56067

1 cp Pdd Rec # 2 3 4

1-18-66

JAN 28 1966

652-127.003-518

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-121

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edmund Layton Webb		2. Date of Birth (month) (day) (year): January 27, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Downey, Idaho
FATHER	6. Full Name of Father: George E. Webb		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ellawease Layton		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edmund K. Webb	11. Present Address of Registrant: Melba, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 12, 1965	12. Signature of Notary: Lon Kinchlow	13. Notary Commission expires: 3-9-1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church, E. L. Webb, Bishop	Date Issued: May 4, 1965	Date Orig. Entry: Blessed May 6, 1906
	Date of Birth: Jan. 27, 1906	Birth Place: Downey, Idaho	Full Name of Mother: Ellawease Layton	Name of Father: George E. Webb
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: on file with state of Idaho # 266004	Date Issued: -----	Date Orig. Entry: child born Mar. 2, 1938
	Date of Birth: Age 32	Birth Place: Downey, Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: Ins. Policy Beneficial Life Ins. Co	By whom issued and signed: Herbert Grant, President	Date Issued: June 15 1926	Date Orig. Entry: June 21 1925
	Date of Birth: JAn. 27, 1906	Birth Place: Downey, Idaho	Full Name of Mother: ----------	Name of Father: George E. Webb
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Beason	fc Florence Curtright	Feb. 10, 1966

FORM BH 56067

1 cp policy # 13175

4-21-65

FEB 10 1966

418-106-016-749

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-142

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Curtis G. Mahoney			2. Date Of Birth (month) March (day) 6 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Albion / Cassia	b. City or Town of Birth: Albion	
FATHER	6. Full Name of Father: STEPHEN MAHONEY			7. State or Country of Father's Birth: IOWA	
MOTHER	8. Full Maiden Name of Mother: FLORANCE GUILES			9. State or Country of Mother's Birth: IDAHO CASSIA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Curtis G. Mahoney		11. Present Address of Registrant: Albion Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 4 1966	12. Signature of Notary: Dorothy E Clark		13. Notary Commission expires: Jan 7 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Equitable Life Assurance Society of the United States		Date Issued: -----	Date Orig. Entry: Nov.17,1943
	Date of Birth: Mar.6,1906	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding marriage records #993	By whom issued and signed: Cassia County, Idaho Frank B. Kearns, recorder		Date Issued: Dec.2,1965	Date Orig. Entry: July 3,1928
	Date of Birth: Age 22	Birth Place: ---- -	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Florence Guiles Mahoney		Date Issued: Feb.4,1966	Date Orig. Entry: -----
	Date of Birth: Mar.6,1906	Birth Place: Albion, Idaho	Full Name of Mother: Florence Guiles Mahoney	Name of Father: Steven Mahoney	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Feb. 14, 1966

FORM BH 56067

4-27-61 1 copy paid

FEB 1 4 1966

219-207-036-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-215

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDNA KERR BAILEY ~~ARBON~~			2. Date Of Birth (month) Sept. (day) 7 (year) 1906
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: ONEIDA	b. City or Town of Birth: SAMARIA
FATHER	6. Full Name of Father: JAMES RICHARD BAILEY			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: ANNIE KERR			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Kerr Bailey Arbon		11. Present Address of Registrant: ARBON, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 21 1961	12. Signature of Notary: Alfred C. Larson residing at Pocatello Idaho		13. Notary Commission expires: Aug 18, 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age 68		By whom issued and signed: Anna Bailey Lusk	Date issued: Oct.11,1961	Date Orig. Entry: -----
	Date of Birth: Sept.7,1906	Birth Place: Samaria, Oneida County, Idaho	Full Name of Mother: Annie Kerr Bailey	Name of Father: James Richard Bailey	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho 296933	Date issued: ----	Date Orig. Entry: child born July 18, 1940
	Date of Birth: Age 33	Birth Place: Samaria, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, D. J. Bowen, Elder	Date issued: ----	Date Orig. Entry: blessed Dec.9,1906
	Date of Birth: Sept.7,1906	Birth Place: Samaria, Idaho Oneida County	Full Name of Mother: Annie Kerr	Name of Father: James R. Bailey	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	March 17, 1966

FORM BH 56067 2nd form 5-10-66 Rec. 3.55 - 1.c.c pd - Rec # 8254

MAR 17 1966

J. N. Arbus
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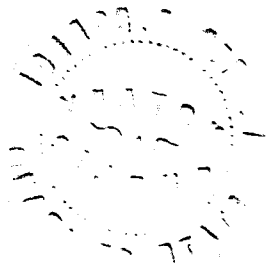


NH OK'd blessing ad.

295-223-037-867

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-222

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Jalina King			2. Date of Birth (month) (day) (year): May 23, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Owyhee	b. City or Town of Birth: Bruneau
FATHER	6. Full Name of Father: Morris King			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Jennie Hogue			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary J. De Forest		11. Present Address of Registrant: Bruneau Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 8 1966	12. Signature of Notary: Sam O. Noble		13. Notary Commission expires: Jan 9, 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy		By whom issued and signed: Montana Life Ins. Co. #48351	Date issued: May 26, 1927	Date Orig. Entry: May 26, 1927
	Date of Birth: May 23, 1906	Birth Place: Bruneau, Idaho	Full Name of Mother: Jennie H. King	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: File #124402	Date issued: August 11, 1924	Date Orig. Entry: August 11, 1924
	Date of Birth: Age 18	Birth Place: Bruneau, Idaho	Full Name of Mother: ---------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother Age 71		By whom issued and signed: Ted H. King	Date issued: Feb.21,1966	Date Orig. Entry: -----
	Date of Birth: May 23,1906	Birth Place: Bruneau, Idaho	Full Name of Mother: Jennie Hogue	Name of Father: Morris King	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	ec gml Glenda Larson	March 17, 1966

FORM BH 56067 1 cp. ppd rec #7777 (D) 3-7-66 gml

MAR 17 1966

De Barest

168-107-001-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-230

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Russell C. Johnson			2. Date of Birth (month) (day) (year): December 7, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise,
FATHER	6. Full Name of Father: John August Johnson			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Agusta Cox			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Russell C. Johnson		11. Present Address of Registrant: 1334 - Pacific Ave Forest Grove Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 8 1965	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record		By whom issued and signed: Family Bible	Date Issued: ------	Date Orig. Entry: Obviously old
	Date of Birth: Dec. 7 1906	Birth Place: Boise, Idaho	Full Name of Mother: Agusta Cox	Name of Father: John August Johnson	
SUPPORTING RECORD 2.	Type of Document: Prudential Life Ins. Policy		By whom issued and signed: Edward D. Griffith President	Date Issued: April 10 1934	Date Orig. Entry: Dec. 29 1933
	Date of Birth: Dec. 7 1906	Birth Place: Boise, Idaho	Full Name of Mother: --------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: 5,609,831 Insuranee Policy		By whom issued and signed: Mutual Life of New York	Date Issued: May 1940	Date Orig. Entry: April 27,1940
	Date of Birth: Dec. 7,1906	Birth Place: Boise, Idaho	Full Name of Mother: --------	Name of Father: ---------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

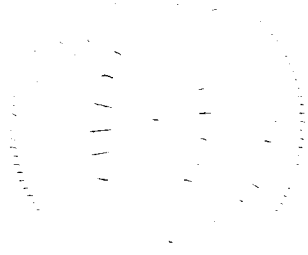
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright fc	March 21,1966

FORM BH 56067

1 cpy pd rec # 199

MAR 2 1 1966



319-223-041-269

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-246

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dora Larsen		2. Date of Birth (month) June (day) 23 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Teton; b. City or Town of Birth: Victor Idaho.
FATHER	6. Full Name of Father: Andrew Christian Larsen		7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Ane Marie Sorensen		9. State or Country of Mother's Birth: Denmark.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: × Zina Hill	11. Present Address of Registrant: Driggs, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 4 1966	12. Signature of Notary: Joseph L. Gordon	13. Notary Commission expires: July 10 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #222230	Date Issued:	Date Orig. Entry:
	Date of Birth: Age 27	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church, Salt Lake City, Utah	Date Issued: Jan. 24, 1966	Date Orig. Entry: March 6, 1927
	Date of Birth: June 23, 1906	Birth Place: Victor, Fremont County, Idaho	Full Name of Mother: Anna M. Sorensen	Name of Father: Andrew C. Larsen
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: The Gem State Mutual Life Association inc. Pocatello	Date Issued: ----	Date Orig. Entry: Feb. 3, 1948
	Date of Birth: June 23, 1906	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: Glenda Larson	Date Filed: March 24, 1966

FORM BH 56067

ICP [illegible] 2-18-66

MAR 25 1966

354-230-026-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-256

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ella Mae ~~[illegible]~~ Lemmon
2. Date of Birth (month) (day) (year): April 30 1906
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: ~~Bonneville~~ Home Jefferson
b. City or Town of Birth: Rigby

FATHER

6. Full Name of Father: Oliver Earnest Lemmon
7. State or Country of Father's Birth: U.S.A. Utah

MOTHER

8. Full Maiden Name of Mother: Pearl Green
9. State or Country of Mother's Birth: Utah U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ella Mae Parker
11. Present Address of Registrant: 570 E. Ave B. Woodland Hts.

NOTARY (Seal)

Subscribed and sworn to before me on: Aug 25 1961
12. Signature of Notary: Jane M. Petersen
13. Notary Commission expires: 10/10/61 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Department	------	Apr.26,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.30,1906	Jefferson Rigby, Idaho	Pearl Green	Oliver E. Lemmon

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own childs birth certificate	Nevada #2961	July 13, 1961	child born Sept.30,1947

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 41	Rigby, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding hospital records	St. Benedict's Hosp. Inc., Jerome, Idaho	Mar.10,1966	Aug.11,1955

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.30,1906	Rigby, Idaho	Pearl Green	O. E. Lemmon

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson pw	March 28, 1966

FORM BH 56067 Applic. # 137

MAR 28 1966

291-202-011-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-277

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Josephine Krause		2. Date Of Birth (month) (day) (year): December 2 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Boundary County; b. City or Town of Birth: Copeland Idaho
FATHER	6. Full Name of Father: Robert Fremont Krause		7. State or Country of Father's Birth: Garwin, Iowa
MOTHER	8. Full Maiden Name of Mother: Mary Conlon		9. State or Country of Mother's Birth: County Sligo Ireland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Josephine Lefebvre	11. Present Address of Registrant: Bonners Ferry Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: MAR 10 1966 19	12. Signature of Notary: Ralph Knills	13. ~~Notary Commission expires~~ PROBATE JUDGE BOUNDARY COUNTY IDAHO 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism Roman Catholic		By whom issued and signed: St.Joseph,Church,Sandpoint Rev. James F. Kelly	Date Issued: Nov.28,1965	Date Orig. Entry: baptized January 27,1907
	Date of Birth: Dec.2,1906	Birth Place: Copeland, Idaho	Full Name of Mother: Mary Conlon	Name of Father: Robert Krause	
SUPPORTING RECORD 2.	Type of Document: Statement by church records regarding marriage		By whom issued and signed: St.Ann's Catholic Church, Rev.F.A.Peterson,Bonners Ferry	Date Issued: Dec.1,1965	Date Orig. Entry: Nov.28,1934
	Date of Birth: 1906	Birth Place: Copeland, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records		By whom issued and signed: School Dist. #101,Bonners Ferry,H.M. Aldridge, Clerk	Date Issued: Feb.16,1966	Date Orig. Entry: Sept.18,1915
	Date of Birth: Age 8	Birth Place: -----	Full Name of Mother: -----	Name of Father: Robert Krause	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	March 30, 1966

FORM BH 56067

11-23-65

MAR 31 1966

915-213-014-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-318

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Judith Mansell		2. Date Of Birth (month) June (day) 13 (year) 06
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Notus
FATHER	6. Full Name of Father: James Billingsley Mansell		7. State or Country of Father's Birth: Penn
MOTHER	8. Full Maiden Name of Mother: Ida Bell Adams		9. State or Country of Mother's Birth: Iowa.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Judith Cochran	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: January 5 1965	12. Signature of Notary: Edward R Allen	13. Notary Commission expires: April 17 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother (ofmother) Age 88	By whom issued and signed: A. W. Andrews	Date Issued: Jan.5,1965	Date Orig. Entry: ----------
	Date of Birth: June 13 1906 / Birth Place: Notus, Idaho	Full Name of Mother: Ida Bell Adams	Name of Father: James Billingsley Mansell	
SUPPORTING RECORD 2.	Type of Document: Child's own birth certificate	By whom issued and signed: on file with state of Idaho # 423797	Date Issued: ------	Date Orig. Entry: child born Aug. 3, 1946
	Date of Birth: Age 40 / Birth Place: Notus, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Glen B. Munn, Personnel Mgr. J. R. Simplot Co.	Date Issued: ---	Date Orig. Entry: Employed Mar.2,1958
	Date of Birth: Jun.13,1906 / Birth Place: Notus, Idaho	Full Name of Mother: --------	Name of Father: ----------	
QUALIFYING INFORMATION				

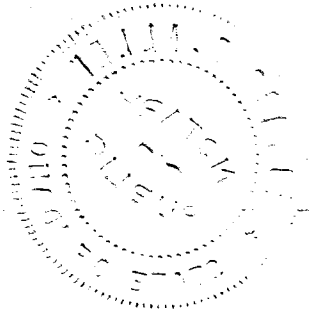
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	April 19,1966

FORM BH 56067

APR 19 1966



499204-041-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-367

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clara Mary Driggs		2. Date of Birth (month) April (day) 4 (year) 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: ~~Do~~ Teton; b. City or Town of Birth: Driggs
FATHER	6. Full Name of Father: Parley Shadrach Driggs		7. State or Country of Father's Birth: Pleasant Grove, Utah, Utah
MOTHER	8. Full Maiden Name of Mother: Rose Kunz		9. State or Country of Mother's Birth: Ovid, Bear Lake, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clara Mary McMurdie	11. Present Address of Registrant: McCall Idaho
NOTARY (Seal)	Subscribed and sworn to before me on December 28 1965	12. Signature of Notary: Elma Hampton	13. Notary Commission expires: 3-30-1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Temple Recommend	By whom issued and signed: LDS Church, Claudius E. Blackburn & J. Raymond Dewey	Date Issued: Sep. 16, 1954	Date Orig. Entry: baptized Sept. 15, 1914
	Date of Birth: Apr. 4, 1906 / Birth Place: Driggs, Idaho Teton County	Full Name of Mother: Rose Kunz	Name of Father: Parley S. Driggs	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #222649	Date Issued: -----	Date Orig. Entry: child born June 10, 1934
	Date of Birth: Age 28 / Birth Place: Driggs, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Rose Driggs	Date Issued: Apr. 2, 1966	Date Orig. Entry: -----
	Date of Birth: Apr. 4, 1906 / Birth Place: Driggs, Teton County, Idaho	Full Name of Mother: Rose Driggs	Name of Father: Parley Driggs	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: April 28, 1966

FORM BH 56067

(M) 3-17-66

APR 29 1966

964-111-007-964

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-374

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verl Anthony Romaine		2. Date of Birth (month) (day) (year): August 11, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Blaine; b. City or Town of Birth: Hailey, Idaho
FATHER	6. Full Name of Father: George Benjamin Romaine		7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Daisey Romine Romaine		9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verl Anthony Romaine	11. Present Address of Registrant: 1403 BARTON EUGENE. OREG
NOTARY (Seal)	Subscribed and sworn to before me on: May 17 1965	12. Signature of Notary: Adams Garrett Jr	13. Notary Commission expires: Oct. 24 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Original notice from newspaper	By whom issued and signed: The Daily Wood River News Hailey, Idaho	Date Issued: 1906 Aug.14,	Date Orig. Entry: Born Aug. 11 1906
	Date of Birth: Aug. 11 1906; Birth Place: Hailey, Idaho	Full Name of Mother: Daisey Romine Romaine	Name of Father: George Benjamin Romaine	
SUPPORTING RECORD 2.	Type of Document: photocopy of marriage records #39767	By whom issued and signed: Multnomah County, Oregon	Date Issued: ----	Date Orig. Entry: Aug.23,1955
	Date of Birth: Aug.11,1906; Birth Place: Hailey, Idaho	Full Name of Mother: Daisy Romaine	Name of Father: Geo. B. Romaine	
SUPPORTING RECORD 3.	Type of Document: federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Sep.30,1964	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age 13; Birth Place: Idaho	Full Name of Mother: -----	Name of Father: George B. Romaine	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	fc Glenda Larson	April 29, 1966

FORM BH 56067

APR 29 1966

296-127-014-439

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-393

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sherman Ausney Brock			2. Date of Birth (month) Sept. (day) 27 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Roswell
FATHER	6. Full Name of Father: Hugh M. Brock			7. State or Country of Father's Birth: Oklahoma
MOTHER	8. Full Maiden Name of Mother: Clara McDougald			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sherman A. Brock		11. Present Address of Registrant: Rt. 1 The Dalles, Oreg.
NOTARY (Seal)	Subscribed and sworn to before me on: May 6 1966	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record		By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: Obviously old
	Date of Birth: Sept. 27, 1906	Birth Place: Roswell, Ida.	Full Name of Mother: Hugh M. Brock	Name of Father: Clara McDougald	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: # 191788 on file with state of Idaho	Date Issued: -------	Date Orig. Entry: child born June 27, 1931
	Date of Birth: Age 24	Birth Place: Roswell, Idaho	Full Name of Mother: ------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle Age 79		By whom issued and signed: Morton Brock	Date Issued: May 6, 1966	Date Orig. Entry: ---------
	Date of Birth: Sep. 27, 1906	Birth Place: Roswell, Idaho	Full Name of Mother: Clara McDougald	Name of Father: Hugh M. Brock	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	May 6, 1966

FORM BH 56067

MAY 6 1966

336-212-001-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-398

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Minnie Grace Lloyd		2. Date Of Birth (month) June (day) 12 (year) 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Boise, Idaho a. County: Ada b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Ernest E. Lloyd		7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Cora Taylor		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Minnie Grace Bruce	11. Present Address of Registrant: Port Orchard, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: May 2 19 66	12. Signature of Notary: Savella L. Leslie	13. Notary Commission expires: September 6 19 67

APPLICANT— DO NOT WRITE BELOW THIS LINE

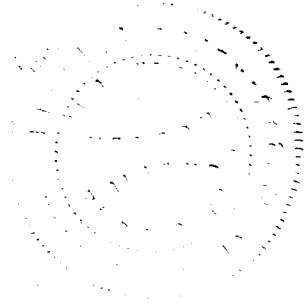
SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate #261		By whom issued and signed: State of Washington, Bureau of Vital Statistics	Date issued: Apr.25,1966	Date Orig. Entry: child born April 30, 1931
	Date of Birth: Age 24	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage return #13897		By whom issued and signed: Yakima County clerk's office, Washington	Date issued: Apr.25,1966	Date Orig. Entry: Apr.10,1930
	Date of Birth: Age 23	Birth Place: Boise, Idaho	Full Name of Mother: Cora Taylor	Name of Father: Ernest E. Lloyd	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Cora Taylor Lloyd	Date issued: Apr.25,1966	Date Orig. Entry: -----
	Date of Birth: June 12, 1906	Birth Place: Boise, Idaho	Full Name of Mother: Cora Taylor Lloyd	Name of Father: Ernest E. Lloyd	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: May 11, 1966

FORM BH 56067

4-6-66

MAY 1 1 1966
OCT 1 3 1969



345-208-003-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-399

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Elizabeth Lund			2. Date Of Birth (month) (day) (year): November 8, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Soda Springs
FATHER	6. Full Name of Father: Peter Lund			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Ellen Simonsen			9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary L. Burnstein		11. Present Address of Registrant: 2525 Arrowhead St North Las Vegas, Nevada
NOTARY (Seal)	Subscribed and sworn to before me on: May 11 1966	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement by attending Dr.	By whom issued and signed: Ellis Kackley, M.D.	Date Issued: July 3 1942	Date Orig. Entry: -----
	Date of Birth: Nov.8,1906 / Birth Place: Soda Springs, Ida	Full Name of Mother: Ellen Simonsen	Name of Father: Peter Lund	
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: -----	Date Orig. Entry: Obviously old
	Date of Birth: Nov.8,1906 / Birth Place: Soda Springs, Ida	Full Name of Mother: Ellen Simonsen	Name of Father: Peter Lund	
SUPPORTING RECORD 3.	Type of Document: Drivers License # 52267	By whom issued and signed: State of Nevada	Date Issued: 1955	Date Orig. Entry: -----
	Date of Birth: Nov.8,1906 / Birth Place: Idaho	Full Name of Mother: ---------	Name of Father: -------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W Benson	Florence Curtright	May 11,1966

FORM BH 56067

MAY 1 1 1966
OCT 4 1976

547223-025-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-449

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nuxoll, Emma Emerentiana (aka Sister Mary Ildephonsa Nuxoll)			2. Date of Birth (month) January (day) 23 (year) 1906	
	3. Color or Race: White	4. Sex: f	5. Place of Birth a. County: Greencreek, Idaho	b. City or Town of Birth: Greencreek	
FATHER	6. Full Name of Father: Nuxoll, John Ferdinand			7. State or Country of Father's Birth: Illinois (Greencreek)	
MOTHER	8. Full Maiden Name of Mother: Beckman, Mary Catherine			9. State or Country of Mother's Birth: Ohio (Cincinnati)	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emma Emerentiana Nuxoll Mary Ildephonsa Nuxoll (Sister)		11. Present Address of Registrant: Cottonwood, Idaho 83522	
NOTARY (Seal)	Subscribed and sworn to before me on: April 19 1966	12. Signature of Notary: L A Luther		13. Notary Commission expires: 11-5- 1969	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: St.Mary's Hospital, Cottonwood Idaho, J.Rasmussen, Med. Rec.		Date Issued: Apr.19,1966	Date Orig. Entry: May 1932
	Date of Birth: Jan.23,1906	Birth Place: Greencreek, Idaho	Full Name of Mother: Mary Beckman	Name of Father: John F. Nuxoll	
SUPPORTING RECORD 2.	Type of Document: Certification of Baptism	By whom issued and signed: St.Anthony's Church, Greencreek, Roman Catholic		Date Issued: Dec.29,1925	Date Orig. Entry: baptized Jan.25,1906
	Date of Birth: Jan.23,1906	Birth Place: -----	Full Name of Mother: M. C. Nuxoll	Name of Father: John F. Nuxoll	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister (13 yrs. old at time of birth)	By whom issued and signed: Mrs. B. A. Baerlocher (nee Catherine Nuxoll)		Date Issued: Apr.19,1966	Date Orig. Entry: -----
	Date of Birth: Jan.23,1906	Birth Place: Greencreek, Idaho	Full Name of Mother: Mary Catherine (Beckman) Nuxoll	Name of Father: John Ferdinand Nuxoll	

QUALIFYING INFORMATION

Affidavit by sister states that her sister was born Emma Emerentiana Nuxoll and that "Emma Made her vows as a Benedictine Sister at St. Gertrude's Convent, Cottonwood, Idaho, and received the name Sister Mary Ildephonsa Nuxoll, O.S.B."

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	May 19, 1966

FORM BH 56067

MAY 19 1966

Nuxoll, Mary Ildephonsa (Sister)

#64 439-109-014-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-466

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRANK ALEXANDER WILLIAM MCINTYRE			2. Date Of Birth: (month) July (day) 9, (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell	
FATHER	6. Full Name of Father: James Franklin McIntyre			7. State or Country of Father's Birth: North Carolina	
MOTHER	8. Full Maiden Name of Mother: Mabel McClean			9. State or Country of Mother's Birth: Canada	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Frank Alexander William McIntyre	11. Present Address of Registrant: R4, #4 Caldwell	
NOTARY (Seal)	Subscribed and sworn to before me on 4-13-1966		12. Signature of Notary	13. Notary Commission expires: 1-12-1970	

APPLICANT—DO NOT WRITE BELOW THIS LINE

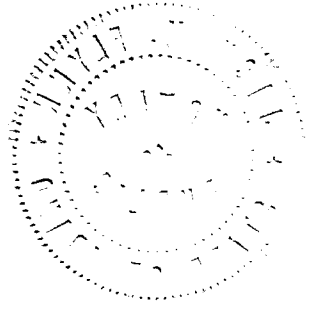
SUPPORTING RECORD 1.	Type of Document: School Census Report		By whom issued and signed: S. S. Foote, Auditor County of Canyon	Date Issued: March 2 1966	Date Orig. Entry: Sept. 1913
	Date of Birth: Age 7	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: J. F. McIntyre	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: # 292745 on file with state of Idaho	Date Issued: ----	Date Orig. Entry: child born Apr. 16, 1940
	Date of Birth: Age 33	Birth Place: Caldwell, Idaho	Full Name of Mother: --------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: copy of original application for Social Security #		By whom issued and signed: 519 22 4570 U. S. Treasury Dept.	Date Issued: Aug. 18 1942	Date Orig. Entry: Aug. 8, 1942
	Date of Birth: July 9, 1906	Birth Place: Caldwell, Idaho	Full Name of Mother: Mabel McClean	Name of Father: James Franklin McIntyre	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Evidence reviewed by: fc	Date Filed

FORM BH 56067

IN office - no corresp 2 cps pa

MAY 25 1966



231-215-029-412

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-480

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Delma Willis Black		2. Date Of Birth (month) Dec. (day) 15 (year) 1906
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Culdasac Ida Latah; b. City or Town of Birth: Culdasac Idaho
FATHER	6. Full Name of Father: William Black		7. State or Country of Father's Birth: Mich.
MOTHER	8. Full Maiden Name of Mother: Della Mason		9. State or Country of Mother's Birth: Western Neb.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Delma Willis Black Williams	11. Present Address of Registrant: 001 15th Washougal Wn.
NOTARY (Seal)	Subscribed and sworn to before me on: MAY 10 1966	12. Signature of Notary: Stanton W Nyston	13. Notary Commission expires: Oct 23 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of Marriage certificate A6296	By whom issued and signed: Clark County, Washington	Date Issued: May 9,1966	Date Orig. Entry: Aug.8,1925
	Date of Birth: Age 18; Birth Place: Idaho	Full Name of Mother: Dela Mason	Name of Father: William Black	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt Age 85	By whom issued and signed: Mina Mason Pickett	Date Issued: Oct.28,1965	Date Orig. Entry: -----
	Date of Birth: Dec.15,1906; Birth Place: Culdasac, Idaho	Full Name of Mother: Della Mason Black	Name of Father: William Black	
SUPPORTING RECORD 3.	Type of Document: federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Apr.25,1966	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age 3; Birth Place: Idaho	Full Name of Mother: Della Black	Name of Father: William J. Black	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	June 1, 1966

FORM BH 56067

JUN 1 1966

556-26-08-557

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-498

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ESTHER LENORA NEWLAND			2. Date Of Birth (month) Oct. (day) 26 (year) 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: CLEARWATER	b. City or Town of Birth: KOOSKIA
FATHER	6. Full Name of Father: Clarence Tilden Newland			7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Lenora Gertrude English			9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esther Lenora Newland Fish		11. Present Address of Registrant: Seattle, Wash
NOTARY (seal)	Subscribed and sworn to before me on: May 6, 1966	12. Signature of Notary: J. M. Keller		13. Notary Commission expires: May 21, 1968

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage return #5775		By whom issued and signed: Chelan County, Washington	Date Issued: May 6,1966	Date Orig. Entry: May 1,1929
	Date of Birth: Age 22	Birth Place: Kooskia, Idaho	Full Name of Mother: Lenore English	Name of Father: Clarence Newland	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Lenora Gertrude Newland	Date Issued: May 6,1966	Date Orig. Entry: -----
	Date of Birth: Oct.26,1906	Birth Place: Kooskia, Idaho Clearwater County	Full Name of Mother: Lenora Gertrude English Newland	Name of Father: Clarence Tilden Newland	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate #147		By whom issued and signed: Vital Statistics, State of Washington	Date Issued: May 13,1966	Date Orig. Entry: child born Mar.27,1930
	Date of Birth: Age 23	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	June 6,1966

FORM BH 56067

5-2-68

JUN 6 1966

195216-003-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-503

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Amanda Arnn		2. Date Of Birth (month) (day) (year): January 16, 1906
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Bannock
			b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: William Franklin Arnn		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Mary Dermott Barker		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant (Baby): Mary Amanda Arnn	11. Present Address of Registrant: 3602 South 5600 W. Salt Lake City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: March 17 1966	12. Signature of Notary: Ronald C. Barker	13. Notary Commission expires: Dec. 26 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of affidavit for marriage license		By whom issued and signed: Oneida County Clerk's Office, Idaho	Date Issued: Jul.31,1958	Date Orig. Entry: Sept.17,1927
	Date of Birth: Age 21	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #180735	Date Issued: ----	Date Orig. Entry: Child born April 5, 1930
	Date of Birth: Age 24	Birth Place: Pocatello, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person who has known registrant since birth		By whom issued and signed: Joseph N. Arbon (born Sept. 25, 1875)	Date Issued: Jan.31,1966	Date Orig. Entry: ------
	Date of Birth: Jan.16,1966	Birth Place: Pocatello, Idaho	Full Name of Mother: Mary Dermot Barker	Name of Father: William Franklin Arnn	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

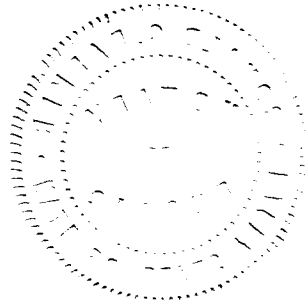
State Registrar	Evidence reviewed by	Date Filed
W. M. Barson	gml Glenda Larson	June 7, 1966

FORM BH 56067

1 Cpy Ad. #9321 (B) 4-28-66 gml 9-1965

Bake

JUN 7 1966



847-130-040-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-539

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Morgan Hughes		2. Date of Birth (month) May (day) 30 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Shoshone; b. City or Town of Birth: Burke
FATHER	6. Full Name of Father: Charles Morgan Hughes		7. State or Country of Father's Birth: U.S.A.
MOTHER	8. Full Maiden Name of Mother: Anna Mary Peterson		9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Chas M Hughes	11. Present Address of Registrant: 612 Main St. Kellogg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 18 1966	12. Signature of Notary: Katherine Brown	13. Notary Commission expires: 2-22 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance policy #1714789		By whom issued and signed: Sun Life Assurance Co. Of Canada, Montreal	Date Issued: Aug. 31, 1944	Date Orig. Entry: Aug. 22, 1944
	Date of Birth: May 30, 1906	Birth Place: Burke, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #223115	Date Issued: -----	Date Orig. Entry: child born June 2, 1934
	Date of Birth: Age 28	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle living with family at time of birth		By whom issued and signed: Raleigh A. Hughes, Sr., (15 yrs. old at time of birth)	Date Issued: May 31, 1966	Date Orig. Entry: ----
	Date of Birth: May 30, 1906	Birth Place: Burke, Idaho	Full Name of Mother: Anna Peterson	Name of Father: Charles Morgan Hughes, Sr.	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	June 17, 1966

FORM BH 56067

Certified Mail 5-16-65 gml

JUN 17 1966

276-209.010-335

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-578

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bessie Storer			2. Date of Birth (month) Nov. (day) 9 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County Bingham now Bonneville	b. City or Town of Birth: Milo
FATHER	6. Full Name of Father: Fredrick John Storer			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Jane Cleverley			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bessie Stover (Holtom)		11. Present Address of Registrant: R.1 Box 311 Idaho Falls, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: June 17th 19 66	12. Signature of Notary: Clara F. Jenkins		13. Notary Commission expires: March 17 19 70

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #373204		Date Issued: -----	Date Orig. Entry: child born May 9, 1943
	Date of Birth: Age 36	Birth Place: Milo, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church, Salt Lake City		Date Issued: June 9,1966	Date Orig. Entry: Nov.30,1906
	Date of Birth: Nov.9,1906	Birth Place: Milo, Idaho	Full Name of Mother: Sarah J. Cleverley	Name of Father: Fred J. Stover	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Sarah Jane Cleverley Storer		Date Issued: May 10,1966	Date Orig. Entry: -----
	Date of Birth: Nov.9,1906	Birth Place: Milo, Idaho	Full Name of Mother: Sarah Jane Cleverley Storer	Name of Father: Fredrick John Storer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Benson	Evidence reviewed by: Glenda Larson	Date Filed: June 23, 1966

FORM BH 56067

JUN 23 1966

847-209-036-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-588

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Hughes			2. Date of Birth (month) (day) (year): May 9 1906	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Malad Oneida Ida	b. City or Town of Birth: Malad	
FATHER	6. Full Name of Father: Homer Hughes			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Mary Edith Bolingbroke			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Edith H Atkinson	11. Present Address of Registrant: Samaria Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 13 1964		12. Signature of Notary: C R Scott	13. Notary Commission expires: May 19 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #176561	Date Issued: -----	Date Orig. Entry: child born Nov. 24, 1929	
	Date of Birth: Age 23	Birth Place: Malad, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage license file #3193	By whom issued and signed: Box Elder County, Utah	Date Issued: Feb. 24, 1966	Date Orig. Entry: Sept. 1, 1926	
	Date of Birth: Age 20	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and confirmation (duplicate)	By whom issued and signed: LDS Church, Samaria Ward Carl A. Evans, Bishop	Date Issued: June 20, 1966	Date Orig. Entry: baptized May 9, 1914	
	Date of Birth: May 9, 1906	Birth Place: Malad, Idaho Oneida County	Full Name of Mother: Mary Edith Bolingbroke	Name of Father: Gomer Hughes	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	June 30, 1966

FORM BH 56067

(A) 6-1-66

JUN 30 1966

363-217-010-796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-594

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: GLADYS ANNETTA TOLLEY ~~DEAN~~
2. Date Of Birth: (month) FEB (day) 17 (year) 1906
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth: HOME IDAHO FALLS BONNEVILLE IDAHO
   b. City or Town of Birth: IDAHO FALLS

FATHER

6. Full Name of Father: LOUIS ROGER TOLLEY
7. State or Country of Father's Birth: NEPHI, UTAH

MOTHER

8. Full Maiden Name of Mother: MARY HENRIETTA CROWLEY
9. State or Country of Mother's Birth: OGDEN UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gladys A Dean
11. Present Address of Registrant: 961- 5th

NOTARY (Seal)

Subscribed and sworn to before me on: May 12 1966

12. Signature of Notary: Sydney D. Irish
13. Notary Commission expires: Jan 8 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Policy #155978	Guaranty Union Life Ins. Co.	Sept.6,1935	Sept.6,1935
	Date of Birth: Age 29 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Certificate of Marriage Record #7 page 277	Morrill County, Nebraska, K.F. Williams, County Judge	May 16,1966	Sept.9,1960
	Date of Birth: Age 54 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	photocopy of certificate of membership	LDS Church	-----	baptized Sept.5,1914
	Date of Birth: Feb.17,1906 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: Mary H. Crowley	Name of Father: Louis R. Tolley	

QUALIFYING INFORMATION

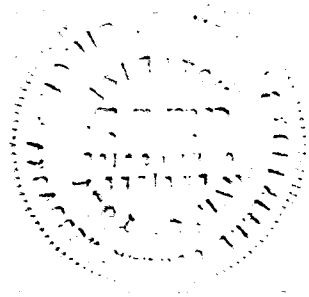
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	June 30, 1966

FORM BH 56067 3-12-63. nm

JUN 30 1966



418-228-016-697

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-609

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Iva Leora Dayley		2. Date Of Birth (month) June (day) 28 (year) 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Basin Idaho a. County: Cassia b. City or Town of Birth: Basin Cassia Idaho
FATHER	6. Full Name of Father: James Nephi Dayley		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Clara Almeda Wixom		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Iva L Doman	11. Present Address of Registrant: 11670 Virginia Ave Lynwood - Calif
NOTARY (Seal)	Subscribed and sworn to before me on July 7 - 1958 ~~Marion A Wixom~~ 1958	12. Signature of Notary: Evelyn B. Vrallet	13. Notary Commission expires: June 8 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #528-10-3971	By whom issued and signed: Social Security Adm.	Date issued: ----	Date Orig. Entry: Nov.5,1936
	Date of Birth: June 28,1906 / Birth Place: Basin, Idaho	Full Name of Mother: Almedia Wixom	Name of Father: James Nephi Dayley	
SUPPORTING RECORD 2.	Type of Document: patriarchal blessing	By whom issued and signed: James England, patriarch	Date issued: Dec.14,1921	Date Orig. Entry: Dec.14,1921
	Date of Birth: June 28,1906 / Birth Place: Basin, Cassia County, Idaho	Full Name of Mother: Clara A. Wixom	Name of Father: James N. Dayley	
SUPPORTING RECORD 3.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church, Salt Lake City	Date issued: June 1,1966	Date Orig. Entry: Sept.2,1906
	Date of Birth: June 28,1906 / Birth Place: Basin, Cassia County, Idaho	Full Name of Mother: Clara Wixom	Name of Father: James N. Dayley	
QUALIFYING INFORMATION				

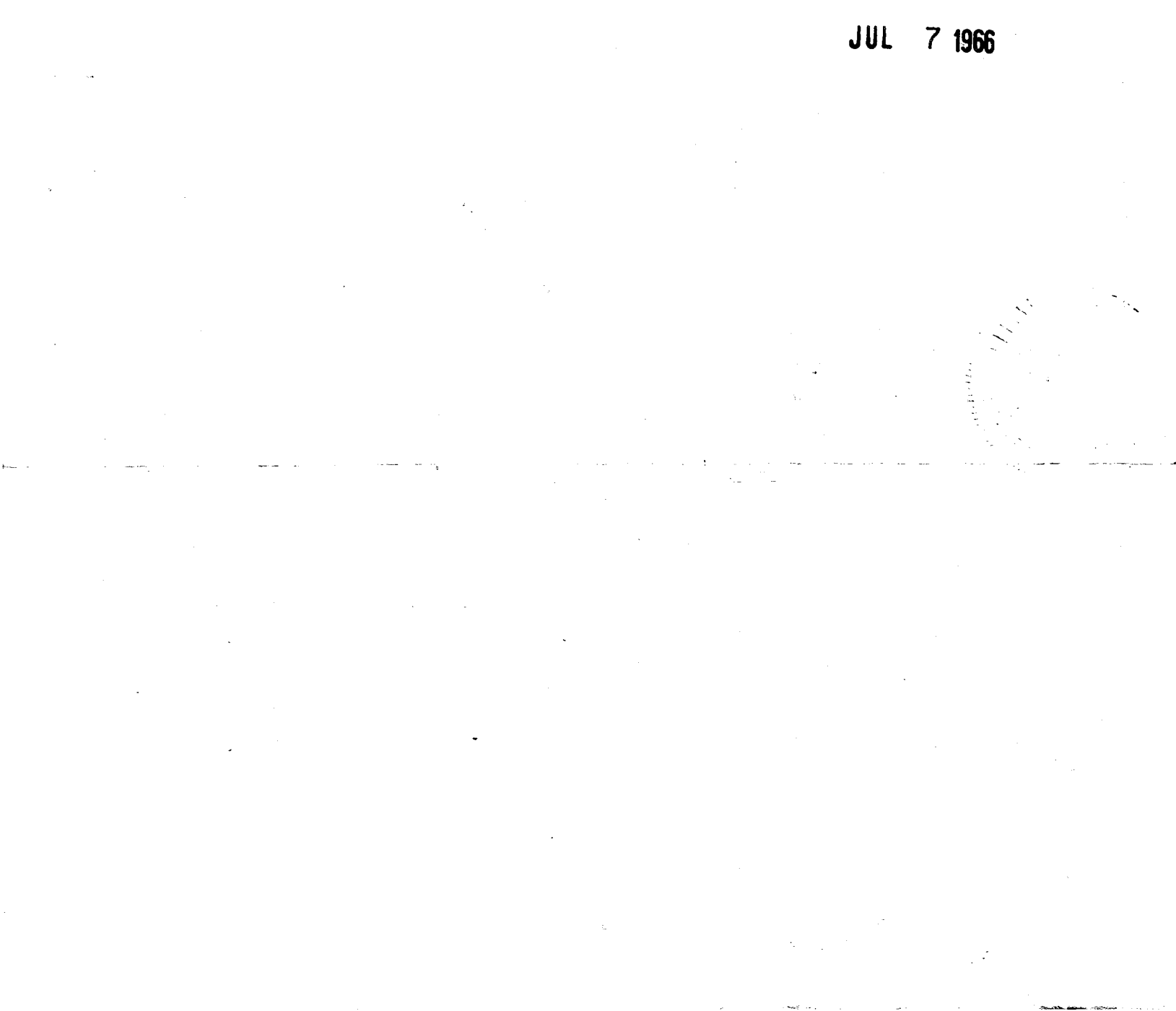
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Glenda Larson	July 7, 1966

FORM BH 56067

JUL 7 1966



319-29-1044-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-648

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gustave Wyatt Alexander Carlson			2. Date Of Birth (month) April (day) 29 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington	b. City or Town of Birth: Weiser, Idaho
FATHER	6. Full Name of Father: Alexander Carlson			7. State or Country of Father's Birth: Vislanda Sweden
MOTHER	8. Full Maiden Name of Mother: Glen Flora Carlson			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gus Carlson		11. Present Address of Registrant: Riggins Idaho 83549
NOTARY (Seal)	Subscribed and sworn to before me on: 18th June 1966	12. Signature of Notary: Keith Congleton		13. Notary Commission expires: 14th November 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: federal census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Mar.19,1966	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age 13	Birth Place: Idaho	Full Name of Mother: Flora Carlson	Name of Father: Alexander Carlson	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family Bible Records	Date Issued: ------	Date Orig. Entry: obviously old
	Date of Birth: Apr.29,1906	Birth Place: ------	Full Name of Mother: Glen Flora Carlson	Name of Father: Alexander Carlson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin (born 10-24-1896)		By whom issued and signed: Agnes A. Kiser	Date Issued: July 12 1966	Date Orig. Entry: ------
	Date of Birth: Apr.29,1906	Birth Place: Washington county Weiser, Idaho	Full Name of Mother: Elen Flora (Kimbrough) Carlson	Name of Father: Alexander Carlson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	July 22, 1966

FORM BH 56067

1-12-65

JUL 22 1966

259-212-029-915

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-653

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vera Lucile Berry
2. Date Of Birth: (month) July (day) 12 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Latah; b. City or Town of Birth: Moscow

FATHER

6. Full Name of Father: Charles Edward Berry
7. State or Country of Father's Birth: ~~Kansas~~ Illinois

MOTHER

8. Full Maiden Name of Mother: Lily May Randolph
9. State or Country of Mother's Birth: ~~Illinois~~ Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. T. B. Hornbrook (Legal Name Vera Lucile Berry)
11. Present Address of Registrant: 1629 Seward Way

DONA WILLIAMS NOTARY PUBLIC (Seal) SAN JOAQUIN CO., CALIFORNIA

Subscribed and sworn to before me on May 27, 1966

12. Signature of Notary: Dona Williams
13. Notary Commission expires: March 10, 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Lily Berry	Date Issued: June 24, 1960	Date Orig. Entry: -----
	Date of Birth: July 12, 1906 / Birth Place: Moscow, Idaho	Full Name of Mother: Lily Berry	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: hospital record of own child's birth	By whom issued and signed: Sibley Memorial Hosp., Washington, District of Columbia	Date Issued: -----	Date Orig. Entry: child born Sept. 21, 1934
	Date of Birth: July 12, 1906 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage Return	By whom issued and signed: Whitman County, Washington	Date Issued: June 23, 1966	Date Orig. Entry: Dec. 18, 1928
	Date of Birth: Age 22 / Birth Place: Moscow, Idaho	Full Name of Mother: Lilly Randolph	Name of Father: C. E. Berry	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Benson
Evidence reviewed by: gml Glenda Larson
Date Filed: July 26, 1966

FORM BH 56067 (H) 6-8-66

JUL 26 1966

613-210-006-868

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-670

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hannah Elizabeth Fackrell
2. Date of Birth: (month) June (day) 10 (year) 1906
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County: Bingham
   b. City or Town of Birth: Thomas

FATHER

6. Full Name of Father: Rodolph Proctor Fackrell
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Nellie Louisa Hoyt
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hannah Elizabeth Douglas
11. Present Address of Registrant: 555 Mueller Raymond, Wn.

NOTARY (Seal)

Subscribed and sworn to before me on: July 1 1966
12. Signature of Notary: Edwin C. Martin
13. Notary Commission expires: November 14 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Statement regarding school records	Raymond School Dist.#116 Washington, Simon Anderson, Principal	June 13, 1966	Sept. 1923
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 17 / ----	-----	-----	
SUPPORTING RECORD 2.	Purple Cross Plan (funeral expense plan.)	Purple Cross Plan, Funeral Service Assoc. inc., Seattle	Oct. 27, 1955	Oct. 27, 1955
	June 10, 1906 / Thomas, Idaho	Nellie Louise Hoyt	Rodolph Fackrell	
SUPPORTING RECORD 3.	Affidavit by mother	Nellie Louisa Fackrell	May 9, 1966	-------
	June 10, 1906 / Thomas, Idaho	Nellie Louisa Fackrell	Rodolph Proctor Fackrell	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	July 27, 1966

FORM BH 56067

(D)

7-8-66 gml

Douglas

JUL 28 1966

269-228-004-345

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-740

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lois Sorenson			2. Date Of Birth (month) November (day) 28 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Paris, Idaho	b. City or Town of Birth: Paris, Idaho
FATHER	6. Full Name of Father: John Peter Sorenson			7. State or Country of Father's Birth: St. Charles, Idaho
MOTHER	8. Full Maiden Name of Mother: Olga Amelia Lundahl			9. State or Country of Mother's Birth: Logan, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lois S. George		11. Present Address of Registrant: 522 No. Monroe Blvd. Ogden, Ut.
NOTARY (Seal)	Subscribed and sworn to before me on: August 4, 19 66	12. Signature of Notary: [illegible]		13. Notary Commission expires: April 2, 19 68

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: patriarchal blessing	By whom issued and signed: Charles W. Dunn, Patriarch		Date Issued: Feb.20,1947	Date Orig. Entry: Feb.20,1947
	Date of Birth: Nov.28,1906	Birth Place: Paris, Idaho	Full Name of Mother: Olga A. Lundahl	Name of Father: John P. Sorensen	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital record	By whom issued and signed: Thomas D. Dee Memorial Hosp. LDS Ogden, Utah		Date Issued: Jun.10,1966	Date Orig. Entry: Aug.30,1960
	Date of Birth: Nov.28,1906	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for employment	By whom issued and signed: W.T. Grant Co.		Date Issued: Jun.24,1966	Date Orig. Entry: Aug.23,1957
	Date of Birth: Nov.28,1906	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

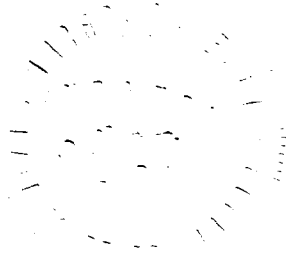
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Aug.19,1966

FORM BH 56067

6-9-66

AUG 23 1966



843-119-010-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-750

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: TILLMAN LEONARD HILL (JR)			2. Date Of Birth (month) NOV (day) 19 (year) 1906	
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth a. County: BONNEVILLE	b. City or Town of Birth: IDAHO FALLS	
FATHER	6. Full Name of Father: TILLMAN LEONARD HILL SR.			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: LABRUM			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Tillman Leonard Hill	11. Present Address of Registrant: 615-Cleveland Idaho Falls Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: April 10 1965		12. Signature of Notary: L J Jacoby	13. Notary Commission expires: May 12 1966	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding church records		By whom issued and signed: LDS Church, Marvin E. Metcalf 9th Ward, Idaho Falls Stake	Date Issued: ----	Date Orig. Entry: baptized July 1,1916
	Date of Birth: Nov.19,1906	Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Ida F. Labrum	Name of Father: Tilman L. Hill	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother Age 80		By whom issued and signed: Ida Phidella Hill	Date Issued: Aug.2,1966	Date Orig. Entry: ------
	Date of Birth: Nov.19,1906	Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Ida Phidella (Labrum) Hill	Name of Father: Tillman Leonard Hill	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage license affidavit #194022		By whom issued and signed: Bonneville County, Idaho	Date Issued: June 14, 1966	Date Orig. Entry: Sept.3,1949
	Date of Birth: Age 42	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Aug. 23, 1966

FORM BH 56067

(H) 4-2-65. one copy pd. rec. #10666.

AUG 24 1966

512-119-021-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-756

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Victor Paul Nash		2. Date Of Birth (month) (day) (year): November, 19, 1906
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Franklin; b. City or Town of Birth: Franklin, Idaho
FATHER	6. Full Name of Father: David Holland Nash		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ida Larsen		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Victor Paul Nash	11. Present Address of Registrant: Preston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 22nd april 1966	12. Signature of Notary: Ted B Larsen	13. Notary Commission expires: may 12 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Weston Ward, I. D. Kofoed, clerk	Date Issued: ----	Date Orig. Entry: baptized Jan.26,1915
	Date of Birth: Nov.19,1906 / Birth Place: Franklin, Idaho	Full Name of Mother: Ida Larsen	Name of Father: David Nash	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt Age 87	By whom issued and signed: Estelle N. Wright	Date Issued: Apr.22,1966	Date Orig. Entry: ----
	Date of Birth: Nov.19,1906 / Birth Place: Franklin, Idaho Franklin County	Full Name of Mother: Ida Larsen	Name of Father: David Holland Nash	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #518-36-3629	By whom issued and signed: Social Security Adm.	Date Issued: ------	Date Orig. Entry: Jan.23,1951
	Date of Birth: Nov.19,1906 / Birth Place: Franklin, Idaho Franklin County	Full Name of Mother: Ida Larsen	Name of Father: David H. Nash	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: August 24, 1966

FORM BH 56067

IND 5-16-66

AUG 24 1966

2928726-036-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-767

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bishoff, Fred Ray		2. Date Of Birth (month) (day) (year): October 26 1906
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho Onieda; b. City or Town of Birth: Malad
FATHER	6. Full Name of Father: Bishoff, John (Bischoff John)		7. State or Country of Father's Birth: Bern Co. Moss Farm Switzerland
MOTHER	8. Full Maiden Name of Mother: Stalder, Rose		9. State or Country of Mother's Birth: Bern Co. Lutzelfluh, Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fred A Bishoff	11. Present Address of Registrant: McCammon Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 12th 1966	12. Signature of Notary: Mildred E. Lindenschmidt	13. Notary Commission expires: Nov-4th 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #210553	Date issued: -----	Date Orig. Entry: child born Feb.27,1933
	Date of Birth: Age 26	Birth Place: Malad, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Church certificate of birth		By whom issued and signed: LDS Church	Date issued: July 14,1966	Date Orig. Entry: June 6,1915
	Date of Birth: Oct.26,1906	Birth Place: Malad, Oneida County, Idaho	Full Name of Mother: Rose Stalder	Name of Father: John Bishoff	
SUPPORTING RECORD 3.	Type of Document: certified copy of affidavit for marriage license		By whom issued and signed: Bannock County, Idaho	Date issued: June 29,1966	Date Orig. Entry: Apr.27,1931
	Date of Birth: Age 24	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	August 26, 1966

FORM BH 56067

1 cpp'd rec # 4841

1-7-66

AUG 26 1966

652-230-022-114

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66- 773

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucille Maryann West		2. Date Of Birth (month) Nov. (day) 30, (year) 1906
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Fremont; b. City or Town of Birth: St. Anthony, Idaho
FATHER	6. Full Name of Father: Arthur Alfred West		7. State or Country of Father's Birth: West Dulwich, Surrey, England
MOTHER	8. Full Maiden Name of Mother: Alice Eliza James		9. State or Country of Mother's Birth: Bury, Lancashire, England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucille M. Pack	11. Present Address of Registrant: 312 So Birch, Blackfoot, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: 29th day August 66	12. Signature of Notary: W W Benson	13. Notary Commission expires: Aug 1 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Nov.30,1906	Birth Place: St. Anthony, Idaho	Full Name of Mother: Alice Eliza James	Name of Father: Arthur Alfred West
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Beneficial life Ins. Co. 79216	Date Issued: Feb. 7,1928	Date Orig. Entry: Jan.27,1928
	Date of Birth: Nov.30,1906	Birth Place: St. Anthony, Idaho	Full Name of Mother: Alice E. James West	Name of Father: -------
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file with state of Idaho # 242888	Date Issued: ----	Date Orig. Entry: child born May 3, 1936
	Date of Birth: Age 29	Birth Place: St. Anthony	Full Name of Mother: ------	Name of Father: ---------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Aug 29, 1966

FORM BH 56067

AUG 29 1966

773

915-217-008-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-784

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Louise Ranft.		2. Date of Birth (month) March (day) 17 (year) 1906	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Boise Co.	b. City or Town of Birth: Placerville, Idaho
FATHER	6. Full Name of Father: Frank Ranft		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Mary Louise Gribben		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X	10. Signature of Registrant: Mary Louise Ranft Diddock	11. Present Address of Registrant: Foster, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 17 1966	12. Signature of Notary: Barbara B Musgrove	13. Notary Commission expires: 12/10/67 19	

APPLICANT — (DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend of family at time of birth	By whom issued and signed: Edna Ashcroft Gallupe Age 94	Date Issued: Aug.5,1966	Date Orig. Entry: -----
	Date of Birth: Mar.17,1906 / Birth Place: Placerville,Idaho	Full Name of Mother: Mary Gribbon Ranft	Name of Father: Frank Ranft	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate 53-30951	By whom issued and signed: State of Oregon	Date Issued: Aug.15,1957	Date Orig. Entry: child born Oct. 9, 1953
	Date of Birth: Age 47 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: St. John's Cathedral,Boise, Idaho, Rev. J.P. O'Toole	Date Issued: Jan.2,1942	Date Orig. Entry: baptized May 13, 1906
	Date of Birth: March 17, 1906 / Birth Place: -----	Full Name of Mother: Mary Gribben	Name of Father: Frank Ranft	
QUALIFYING INFORMATION				

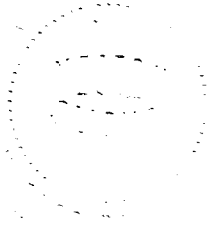
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Glenda Larson	Date Filed: Sept. 1, 1966

FORM BH 56067 1 copy paid rec. 9768 (C) 7-29-66 gml

Charters

(Marie Louise Ranft)

SEP 1 1966



214-122-025-563

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-793

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alfred Bauer		2. Date Of Birth (month) May (day) 22 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Harpster
FATHER	6. Full Name of Father: Max Bauer		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Lillian Nolen		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alfred Bauer	11. Present Address of Registrant: Vista Calif. PO-Box 854
NOTARY (Seal)	Subscribed and sworn to before me on: August 31 19 66	12. Signature of Notary: Edna A. Bakken	13. Notary Commission expires: EDNA A. BAKKEN My Commission Expires Jan. 30, 1968

OFFICIAL SEAL EDNA A. BAKKEN NOTARY PUBLIC - CALIFORNIA PRINCIPAL OFFICE SAN DIEGO COUNTY

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Max Bauer	Date Issued: Nov.29,1951	Date Orig. Entry: -----
	Date of Birth: May 22,1906	Birth Place: Harpster, Idaho	Full Name of Mother: -----	Name of Father: Max Bauer	
SUPPORTING RECORD 2.	Type of Document: Marriage License and Certificate		By whom issued and signed: Yuma County, Arizona, Opal Chesney, Deputy Clerk	Date Issued: May 18,1932	Date Orig. Entry: May 18,1932
	Date of Birth: Age 25	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #552-46-4145		By whom issued and signed: Social Security Adm.	Date Issued: -----	Date Orig. Entry: April 4, 1952
	Date of Birth: May 22,1906	Birth Place: Harpster, Idaho	Full Name of Mother: Lillian Nolen	Name of Father: Max Bauer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Sept. 8, 1966

FORM BH 56067 nm. 7-27-66 (B) gml

SEP 8 1966

Bauer,
(Alfred Bauer)

689-205-022-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-815

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROSA LA RUE WHITE		2. Date of Birth (month) July (day) 5 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Wilford
FATHER	6. Full Name of Father: Stephen Albert White		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Rosana Moore White		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rosa LaRue White Taylor	11. Present Address of Registrant: 288 So. 2nd East Kaysville, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on September 1 1966	12. Signature of Notary: Ernest R Little	13. Notary Commission expires: Oct 13 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: La Monte Bauer, Fremont, Co., Idaho	Date Issued: Sep.29,1965	Date Orig. Entry: 1921-22	
	Date of Birth: Age 15	Birth Place: -----	Full Name of Mother: -----	Name of Father: Stephen (Steven) White	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Rosana White	Date Issued: Sep.29,1965	Date Orig. Entry: -----	
	Date of Birth: July 5,1906	Birth Place: Wilford, Idaho Fremont County	Full Name of Mother: Rosana White	Name of Father: Stephen Albert White	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #224468	Date Issued: -----	Date Orig. Entry: child born Aug.15,1934	
	Date of Birth: Age 28	Birth Place: Wilford, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION	certified copy of affidavit for marriage license #115682, Fremont County, Idaho gives age as 27 on November 3, 1933.				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: Sept. 9, 1966

FORM BH 56067

10-25-65

OCT 6 1966

653-206-018-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-821

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Gertrude Welch		2. Date Of Birth (month) Sept. (day) 6 (year) 1906
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Idaho, Clearwater; b. City or Town of Birth: Weippe
FATHER	6. Full Name of Father: W illiam W elch		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Mary Alice McKinney		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: (Welch) Eva Gertrude Remore	11. Present Address of Registrant: P.C. BOx 216, Leggett, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 7 1966	12. Signature of Notary: Holton Hornbeck	13. Notary Commission expires: HOLTON HORNBECK My Commission Expires Feb. 18, 1969 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of lodge records		By whom issued and signed: Rebekah Lodge #159, Molalla, Ore. Jessie Goude, Secty.	Date Issued: Aug.2,1966	Date Orig. Entry: Oct.24,1939
	Date of Birth: Sept.6,1906	Birth Place: Weippi, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Aug.10,1966	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age 13	Birth Place: Idaho	Full Name of Mother: Mary A. Welch	Name of Father: William Welch	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage record		By whom issued and signed: Mendocino County, California B. Mattern, Dep. recorder	Date Issued: Aug.23,1966	Date Orig. Entry: July 8, 1958
	Date of Birth: Age 51	Birth Place: Idaho	Full Name of Mother: Maryalice Mc Kinney	Name of Father: William Welch	

QUALIFYING INFORMATION

Affidavit signed by two uncles, John A. McKinney, Age 77 and James B. McKinney, Age 79 signed April 21, 1966 gives birthdate as September 6, 1906 at Weippe, Idaho to William and Mary Alice (McKinney) Welch.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Beman	Glenda Larson	Sept. 12, 1966

FORM BH 56067

June 20, 1966 MP

Armore

SEP 12 1966

719-220-029-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-824

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Annetta Parmeter		2. Date Of Birth (month) Oct. (day) 20 (year) 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Moscow a. County: Latah b. City or Town of Birth: Moscow Idaho
FATHER	6. Full Name of Father: Melvin Silas Parmeter		7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Mamie (Marietta) Grace Kellom		9. State or Country of Mother's Birth: ~~Mo~~ Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith P. Tomkins	11. Present Address of Registrant: 245 NE 105th Ave Portland, Ore. 97220
NOTARY (Seal)	Subscribed and sworn to before me on: September 7 1966	12. Signature of Notary: Anita Macdonald	13. Notary Commission expires: March 1 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of personal history		By whom issued and signed: employment application Harvey K. Meyer Supt.	Date issued: Jan.8,1927	Date Orig. Entry: Jan.8,1927
	Date of Birth: Oct.20,1906	Birth Place: Moscow, Idaho	Full Name of Mother: -----	Name of Father: Melvin S. Parmeter	
SUPPORTING RECORD 2.	Type of Document: photocopy of pages from Bible		By whom issued and signed: Family Bible record	Date issued: Sept.7,1966	Date Orig. Entry: obviously old
	Date of Birth: Oct.20,1906	Birth Place: -----	Full Name of Mother: Mariette G. Kellom	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Mamie Kellom Parmeter	Date issued: Aug.24,1966	Date Orig. Entry: -----
	Date of Birth: Oct.20,1906	Birth Place: Moscow, Latah County, Idaho	Full Name of Mother: Mamie Grace Kellom Parmeter	Name of Father: Melvin Silas Parmeter	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

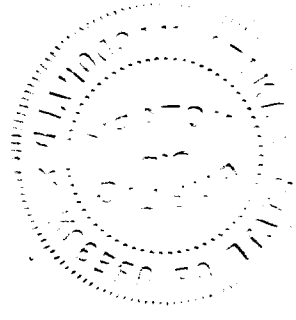
State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Sept.12,1966

FORM BH 56067

[illegible] 17675

8-17-66

SEP 12 1966



859-214-028-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-837

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kathryn Beatrice Heideman		2. Date of Birth (month) (day) (year): August 14 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootenai; b. City or Town of Birth: Bonners Ferry, Idaho
FATHER	6. Full Name of Father: William Henry Heideman		7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Katie Belga Brocken		9. State or Country of Mother's Birth: Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kathryn Beatrice Heideman Blondeau	11. Present Address of Registrant: P. O. Box 965, Grants Pass, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: September 3, 1966 19	12. Signature of Notary: Alice L. Kruegel	13. Notary Commission expires: May 18, 1969 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Driver's License #431538	By whom issued and signed: Oregon Motor Vehicle Driver's	Date Issued: Sep.20,1948	Date Orig. Entry: Sept.20,1948
	Date of Birth: Aug.14,1906	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Inter-Ocean Ins. Co., Cinncinati, Ohio	Date Issued: -----	Date Orig. Entry: July 24, 1953
	Date of Birth: Aug.14,1906	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Affidavit by half-brother at home at time of birth	By whom issued and signed: Ira E. Shea Age 71	Date Issued: Sept.3,1966	Date Orig. Entry: -----
	Date of Birth: Aug.14,1906	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: Katie Belga Brocken Heideman	Name of Father: William Henry Heideman
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Glenda Larson	Sept. 19, 1966

FORM BH 56067

2-17-65

SEP 19 1966

551-218-014-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-848

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rena Lovia Evans		2. Date Of Birth (month) July (day) 18 (year) 1906
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Rural Nampa
FATHER	6. Full Name of Father: Thomas Evans		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Lucy Charlotte Ball		9. State or Country of Mother's Birth: Rural Nampa, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rena C. Cavard	11. Present Address of Registrant: 1203 So. Kimball Caldwell Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 23 1966	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of page from Bible	By whom issued and signed: Family Bible	Date Issued: Aug. 11, 1965	Date Orig. Entry: original obviously old
	Date of Birth: July 18, 1906	Birth Place: Nampa, Idaho	Full Name of Mother: -----	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Employment Record	By whom issued and signed: State of Idaho Merit System Council	Date Issued: Nov. 30, 1964	Date Orig. Entry: Application April 4, 1957
	Date of Birth: July 18, 1906	Birth Place: Nampa, Idaho	Full Name of Mother: --------	Name of Father: --------
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother Age 80	By whom issued and signed: Lucy C. Evans	Date Issued: Aug 15, 1966	Date Orig. Entry: ------
	Date of Birth: July 18, 1906	Birth Place: Nampa, Idaho	Full Name of Mother: Lucy Charlotte Ball	Name of Father: Thomas Evans
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Sept. 23, 1966

FORM BH 56067

SEP 26 1966

815-223-014-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-877

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELLA LOIS HANSON ~~(Stuart)~~			2. Date Of Birth (month) (day) (year): August 23, 1906
	3. Color or Race: White	4. Sex: girl	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell, Idaho
FATHER	6. Full Name of Father: Charles Herman Hanson			7. State or Country of Father's Birth: ~~Sweden~~ Copenhagen, Denmark
MOTHER	8. Full Maiden Name of Mother: Lucretia Jane Smith,			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ella Lois Hanson Stuart		11. Present Address of Registrant: 112 Chesnut, Nampa
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 1st 1956	12. Signature of Notary: E. D. Hyslop		13. Notary Commission expires: Nov. 22nd 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 80	By whom issued and signed: Mary E. Smith	Date Issued: Dec.1,1956	Date Orig. Entry: ---------
	Date of Birth: Aug.23,1906 / Birth Place: Caldwell,Idaho	Full Name of Mother: Lucretia Jane Smith	Name of Father: Charles Herman Hanson	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: Mercy Hospital, Nampa, Idaho Sharon Blaser, Med. Rec. Lib.	Date Issued: July 7,1966	Date Orig. Entry: Jan.25,1959
	Date of Birth: Aug.23,1906 / Birth Place: -----	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Sep.28,1966	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age 3 / Birth Place: Idaho	Full Name of Mother: Lucretia J. Hanson	Name of Father: Charles H. Hanson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	gml fc Glenda Larson	Oct. 5, 1966

FORM BH 56067

(S) 7 28 66

Stuart

OCT 5 1966

d69 493211-023-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-889

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Della Eliza Mitton
2. Date of Birth: May 11 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Gem; b. City or Town of Birth: Emmett

FATHER

6. Full Name of Father: John William Mitton
7. State or Country of Father's Birth: Utah, Cache

MOTHER

8. Full Maiden Name of Mother: Sophia Marie Breinholt
9. State or Country of Mother's Birth: Utah, Sandpete

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Della Eliza Mitton Peterson
11. Present Address of Registrant: Oakley, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 9th 1963
12. Signature of Notary: Wallace A Hale
13. Notary Commission expires: May 20th 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
ownchhild's birth certificate	Idaho State File #268306,	----	child born June 12, 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 32	Emmett, Idaho	---	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Notorized statement regarding marriage records	(Recorder) Frank B. Kearns, Cassia Co.	Sept. 3 1963	married July 15,1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 18	Idaho	-------	- --------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Brother Age 68	Otto L. Mitton	Sept.9,1963	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 11,1906	Emmett, Idaho	Sophia Marie Breinholt	John William Mitton

QUALIFYING INFORMATION

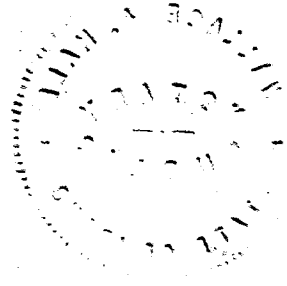
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Florence Curtright	Oct. 11,1966

FORM BH 56067

OCT 1 1 1966



DECEASED

864-102-028-254

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-902

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDWIN GARLAND HODGE		2. Date of Birth (month) MAY (day) 2 (year) 1906
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth a. County: IDAHO Kootenai; b. City or Town of Birth: COEUR d'ALENE
FATHER	6. Full Name of Father: WILLIAM LOWE HODGE		7. State or Country of Father's Birth: MISSOURI
MOTHER	8. Full Maiden Name of Mother: ETHEL MAUDE KEMP		9. State or Country of Mother's Birth: ILLINOIS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edwin Garland Hodge	11. Present Address of Registrant: 965 N. MAIN VIDOR, TEXAS
NOTARY (Seal)	Subscribed and sworn to before me on: 15th Day Sept 1966	12. Signature of Notary: Lola L. Walker	13. Notary Commission expires: June 30 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Chauffeur's License #69093		By whom issued and signed: Department of Public Safety State of Texas	Date Issued: Mar.10,1941	Date Orig. Entry: Mar.10,1941
	Date of Birth: May 1906	Birth Place: ------	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Ethel Maude Kemp Hodge	Date Issued: Sep.15,1966	Date Orig. Entry: ------
	Date of Birth: May 2,1906	Birth Place: Coeur d'Alene,Ida.	Full Name of Mother: Ethel Maude Kemp	Name of Father: William Lowe Hodge	
SUPPORTING RECORD 3.	Type of Document: Poll Tax Receipt #13		By whom issued and signed: Orange County, Texas precinct #10	Date Issued: Oct.28,1952	Date Orig. Entry: Oct.28,1952
	Date of Birth: Age 46	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Oct. 25, 1966

FORM BH 56067 nm. 7-27-66 (H) 1 cp pd rec. #435 (H) 9-29-66 gml

Hodge

(Edwin Garland Hodge)

OCT 25 1966

225-215-033-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-907

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Genevieve Skelton			2. Date Of Birth (month) Oct. (day) 15, (year) 1906	
	3. Color or Race: Caucasian	4. Sex: f	5. Place of Birth: Rexburg, Ida (at home) a. County: Madison	b. City or Town of Birth: Rexburg, Idaho	
FATHER	6. Full Name of Father: Stephen James Skelton			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Elenora Jacobs			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Genevieve Chipman		11. Present Address of Registrant: 601 -13th Ave. N, Buhl, Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: October 11 1966	12. Signature of Notary: Mary Smith		13. Notary Commission expires: June 25 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #196537		Date Issued: -----	Date Orig. Entry: child born Nov.22,1931
	Date of Birth: AGE: 25	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by parents	By whom issued and signed: Elnora Jacobs Skelton & James Stephen Skelton		Date Issued: May 10,1966	Date Orig. Entry: -----
	Date of Birth: Oct.15,1906	Birth Place: Rexburg, Idaho Madison County	Full Name of Mother: Elnora Jacobs Skelton	Name of Father: James Stephen Skelton	
SUPPORTING RECORD 3.	Type of Document: Affidavit by nurse in attendance at birth	By whom issued and signed: Mrs. Lorin F. Rich		Date Issued: Oct.11,1966	Date Orig. Entry: -----
	Date of Birth: Oct.15,1906	Birth Place: Rexburg, Idaho	Full Name of Mother: Elenora Jabobs Skelton	Name of Father: Stephen James Skelton	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Oct. 25, 1966

FORM BH 56067

6-17-66

OCT 26 1966

168-215-026-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-911

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Blanche Ann Johnson		2. Date of Birth (month) July (day) 15 (year) 1906
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Jefferson; b. City or Town of Birth: Rigby,
FATHER	6. Full Name of Father: Charles A. Johnson		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Christina Adamson		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Blanche Ann Johnson	11. Present Address of Registrant: Route # 1 Box 62 Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 8 October 1966	12. Signature of Notary: Vera Kowallis	13. Notary Commission expires: VERA KOWALLIS NOTARY PUBLIC IDAHO FALLS, IDAHO MY COMM. EXPS. 3-24-68 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

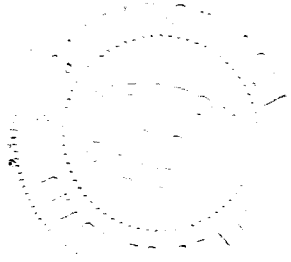
SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #410030		Date Issued: -----	Date Orig. Entry: child born Aug. 16, 1945
	Date of Birth: Age: 39	Birth Place: Rigby, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend of mother	By whom issued and signed: W. L. Adamson Age 77		Date Issued: June 27, 1966	Date Orig. Entry: -----
	Date of Birth: July 15, 1906	Birth Place: Rigby, Idaho	Full Name of Mother: Christina Adamson Johnson	Name of Father: Charles A. Johnson	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #243754	By whom issued and signed: Beneficial Life Ins. Co.		Date Issued: -----	Date Orig. Entry: Aug. 1943
	Date of Birth: July 15, 1906	Birth Place: Rigby, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 26, 1966

FORM BH 56067

In office — No Corrects.

OCT 26 1966



133-131-009-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-915

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elton Roland Allison			2. Date of Birth (month) July (day) 31 (year) 1906	
	3. Color or Race: White	4. Sex	5. Place of Birth a. County: near Sandpoint, Bonner County, Idaho	b. City or Town of Birth: Bonner County, Idaho	
FATHER	6. Full Name of Father: Oscar H. Allison			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Susie Copple Allison			9. State or Country of Mother's Birth: Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: √Elton Roland Allison	11. Present Address of Registrant: Walla Walla, 135 Brock, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 8 1966		12. Signature of Notary: Dale M Ireen	13. Notary Commission expires: 12-15 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Passport #149289 U.S.A.		By whom issued and signed: Dept. of State, USA	Date Issued: Oct.2,1934	Date Orig. Entry: Oct.2,1934
	Date of Birth: July 31,1906	Birth Place: near Sandpoint, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of school record		By whom issued and signed: Centralia Senior High School Washington,Marie Hopkins.Sec.	Date Issued: June 27,1966	Date Orig. Entry: 1920
	Date of Birth: July 31,1906	Birth Place: Bonner County, Idaho	Full Name of Mother: -----	Name of Father: Oscar Allison	
SUPPORTING RECORD 3.	Type of Document: notarized photocopy of pages from family Bible		By whom issued and signed: Family Bible/ Cameron Sherwood Walla Walla, Notary Public	Date Issued: Oct.18,1966	Date Orig. Entry: obviously old
	Date of Birth: July 31, 1906	Birth Place: -----	Full Name of Mother: Susie Coppel	Name of Father: Oscar H. Allison	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	gml Glenda Larson	Oct. 26, 1966

FORM BH 56067 2 CC's rec'd # 14095 & 15 (5) 9-19-66 gml

OCT 27 1966

795-128-016-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-929

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Kenneth Pierson		2. Date Of Birth (month) April (day) 28 (year) 1906
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho Cassia; b. City or Town of Birth: Albion
FATHER	6. Full Name of Father: William Lester Pierson		7. State or Country of Father's Birth: Utah Box Elder Co.
MOTHER	8. Full Maiden Name of Mother: Theda Estelle Howell		9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Kenneth Pierson	11. Present Address of Registrant: 8109 Washington La Grande Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: June 20th 1966	12. Signature of Notary: W E Williams	13. Notary Commission expires: May 23 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records		By whom issued and signed: La Grande Public Schools, Ore.	Date issued: June 22, 1966	Date Orig. Entry: Nov.25,1916
	Date of Birth: Age: 10	Birth Place: ------	Full Name of Mother: Theda Pierson	Name of Father: William Pierson	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age 77		By whom issued and signed: Belva Pierson Salladay	Date issued: June 20, 1966	Date Orig. Entry: -----
	Date of Birth: Apr.28,1906	Birth Place: Albion, Idaho	Full Name of Mother: Theda Estelle Howell	Name of Father: William Lester Pierson	
SUPPORTING RECORD 3.	Type of Document: certified copy of return of marriage #1737		By whom issued and signed: County Clerk's Office, Union County, Oregon	Date issued: Oct.20,1966	Date Orig. Entry: May 19,1927
	Date of Birth: Age 21	Birth Place: Albion, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Nov. 1, 1966

FORM BH 56067 1 cp pd file #257 (p) 9-29-66 gml

NOV 1 1966

249-213-016-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-931

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Emma Burch (Birch)			2. Date Of Birth (month) Nov. (day) 13 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Oakley a. County: Cassia Ida.	b. City or Town of Birth: Oakley Idaho
FATHER	6. Full Name of Father: Thomas Francis Burch (Birch)			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mabel Sanford			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel E Hult		11. Present Address of Registrant: 1156 DeLacy Street Martinez, California
NOTARY (Seal)	Subscribed and sworn to before me on: October 20 1966	12. Signature of Notary: Margaret G. Fletcher MARGARET G. FLETCHER		13. Notary Commission expires: Feby. 11 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #235692		Date Issued: -----	Date Orig. Entry: child born June 21,1935
	Date of Birth: Age 28	Birth Place: Oakley, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Mabel Sanford Burch		Date Issued: Aug.16,1966	Date Orig. Entry: -----
	Date of Birth: Nov.13,1906	Birth Place: Oakley, Idaho	Full Name of Mother: Mabel Sanford Burch	Name of Father: Thomas Francis Burch	
SUPPORTING RECORD 3.	Type of Document: Duplicate Certificate of Baptism and Confirmaion	By whom issued and signed: LDS Church, Andrew H. Easton Clerk		Date Issued: Oct.10,1966	Date Orig. Entry: baptized Nov.13,1914
	Date of Birth: Nov.13,1914	Birth Place: Oakley, Idaho Cassia County	Full Name of Mother: Mabel Sanford	Name of Father: Thomas F. Burch	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: Nov. 1, 1966

FORM BH 56067

1-21-66

NOV 1 1966

753-225-022-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-933

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Annie Josephine Peterson			2. Date of Birth (month) October (day) 25, (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Soren Peterson or (Petersen)			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Annie Elizabeth Scarborough			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ann P. Maughan		11. Present Address of Registrant: 2009 E. 13th South Salt Lake City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: October 13 1966	12. Signature of Notary: Mona L. Shepherd		13. Notary Commission expires: September 28 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

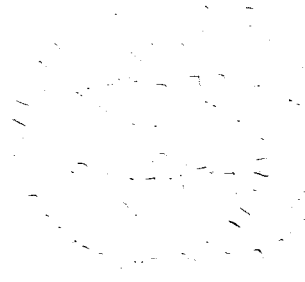
SUPPORTING RECORD 1.	Type of Document: Pedigree chart		By whom issued and signed: family records pedigree chart	Date Issued: Dec.1,1952	Date Orig. Entry: Dec.1,1952
	Date of Birth: Oct.25,1906	Birth Place: Rexburg, Idaho	Full Name of Mother: Annie Elizabeth Scarborough	Name of Father: Soren Petersen	
SUPPORTING RECORD 2.	Type of Document: photocopy of patriarchal blessing		By whom issued and signed: Gaskell Romney, Patriarch LDS Church	Date Issued: ----	Date Orig. Entry: jan.24,1951
	Date of Birth: Oct.25,1906	Birth Place: Rexburg, Idaho Fremont County	Full Name of Mother: Annie Elizabeth Scorborough	Name of Father: Soren Petersen	
SUPPORTING RECORD 3.	Type of Document: application for membership #27244		By whom issued and signed: The Society of Daughters of Utah Pioneers	Date Issued: Apr.2,1956	Date Orig. Entry: Nov.16,1955
	Date of Birth: Oct.25,1906	Birth Place: Rexburg, Idaho	Full Name of Mother: Annie Elizabeth Scarborough	Name of Father: Soren Petersen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: Glenda Larson	Date Filed: Nov. 1, 1966

FORM BH 56067

10-7-66

NOV 1 1966



689-06-006-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-938

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Orrin Tracy Whitehead		2. Date of Birth (month) April (day) 6 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Iona Idaho
FATHER	6. Full Name of Father: John William Whitehead		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Ruth Meriam Tracy		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: O. T. Whitehead	11. Present Address of Registrant: 1010 Rose Ave. Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 12 1966	12. Signature of Notary: John Ferebauer	13. Notary Commission expires: JOHN FEREBAUER NOTARY PUBLIC IDAHO FALLS, IDAHO MY COMM. EXPS. 9-1-66 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church	Date Issued: Apr. 14, 1966	Date Orig. Entry: June 10, 1906
	Date of Birth: Apr. 6, 1906 / Birth Place: Iona, Bingham County, Idaho	Full Name of Mother: Minnie Tracy	Name of Father: John Whitehead	
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital record	By whom issued and signed: Lelia Garland, R.R.L., Med. Rec. Lib. Idaho Falls LDS Hosp.	Date Issued: Oct. 20, 1966	Date Orig. Entry: Aug. 15, 1955
	Date of Birth: Age 49 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding employment records	By whom issued and signed: Fall Creek Basin Cattlemen's Assoc., Idaho Falls, Idaho	Date Issued: Oct. 8, 1966	Date Orig. Entry: 1955
	Date of Birth: Apr. 6, 1906 / Birth Place: Iona, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which subtantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Nov. 1, 1966

FORM BH 56067

3-2-66

NOV 7 1956

415-30-036-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-947

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elizabeth Merle Daniels
2. Date of Birth (month) (day) (year): January 30 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Malad, Idaho Oneida
b. City or Town of Birth: Malad, Idaho

FATHER

6. Full Name of Father: George Daniels
7. State or Country of Father's Birth: Malad Idaho

MOTHER

8. Full Maiden Name of Mother: Mary May Bolingbroke
9. State or Country of Mother's Birth: Malad Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Merle D. Hughes
11. Present Address of Registrant: 224 N. Shilling Blvd. Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 17th May 1966
12. Signature of Notary: Ruth Lystrom
13. Notary Commission expires: 10 Oct. 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	George Daniels	June 29,1966	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.30,1906	Malad, Idaho	Mary Mae Daniels	George Daniels

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #189345	-----	child born Mar.6,1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 25	Malad	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
insurance policy #510 184 176M	Metropolitan Life Ins. Co.	Jan.1,1951	Jan.1,1951

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age next b.d. 45	-----	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	Nov. 7, 1966

FORM BH 56067

(H) 10-27-66 gml

NOV. 7 1966

463-215-001-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-951

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Norma Sophia Moller	2. Date of Birth (month) May (day) 15 (year) 1906
	3. Color or Race: White; 4. Sex: female; 5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Niels A. Moller	7. State or Country of Father's Birth: Aarhus, Denmark
MOTHER	8. Full Maiden Name of Mother: Martine Olsen	9. State or Country of Mother's Birth: Samsa, Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Norma Sophia Nelson; 11. Present Address of Registrant: 109 F. No. Rupert, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: July 22 1966	12. Signature of Notary: [signature]; 13. Notary Commission expires: March 27 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: Rev. Howard Rudisill, Trinity Memorial Episcopal Church	Date issued: ----	Date Orig. Entry: baptized Feb. 12, 1950
	Date of Birth: May 15, 1906	Birth Place: Boise, Idaho	Full Name of Mother: Marthine (Olsen) Moller	Name of Father: Niels A. Moller	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #316485	Date issued: ----	Date Orig. Entry: child born Apr. 22, 1941
	Date of Birth: Age 34	Birth Place: Boise, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: copy of credit registration #00733		By whom issued and signed: Brigham Young University, Adult Education & Extension Services	Date issued: ----	Date Orig. Entry: Oct. 26, 1959
	Date of Birth: May 15, 1906	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Nov. 7, 1966

FORM BH 56067 1 cp pd rec #15488 (N) 10-26-66 gml

NOV 7 1966

893-221-026-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-964

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: AFTON HILL		2. Date of Birth (month) AUG (day) 21 (year) 1906
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: JEFFERSON " b. City or Town of Birth: RIGBY, IDAHO
FATHER	6. Full Name of Father: GEORGE ELBRIDGE HILL		7. State or Country of Father's Birth: SALT LAKE
MOTHER	8. Full Maiden Name of Mother: MAUDE SARAH Johnson		9. State or Country of Mother's Birth: GRIMESTHORPE, SHEFFIELD, ENGLAND
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Afton Hill Weaver	11. Present Address of Registrant: 5502 E. University Dr. Mesa, Arizona
NOTARY (Seal)	Subscribed and sworn to before me on: November 3 1966	12. Signature of Notary: Raymond J. Miles	13. Notary Commission expires: December 14 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt Age 70	By whom issued and signed: Rose H. Olsen	Date issued: Oct.13,1966	Date Orig. Entry: ------
	Date of Birth: Aug.21,1906 / Birth Place: Rigby, Idaho Jefferson County	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: copy of temple recommend	By whom issued and signed: LDS Church, Stanley Robins, Stake President	Date issued: June 9,1946	Date Orig. Entry: June 9,1946
	Date of Birth: Aug.21,1906 / Birth Place: Rigby, Idaho Jefferson County	Full Name of Mother: Sarah Maud Johnson	Name of Father: Geo. Elbridge Hill	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Rigby Ward, J.J. Chandler, Ward Clerk	Date issued: ------	Date Orig. Entry: baptized Sept. 6, 1914
	Date of Birth: Aug.21,1906 / Birth Place: Rigby, Idaho	Full Name of Mother: Maud S. Johnson	Name of Father: Geo. E. Hill	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Nov. 8, 1966

FORM BH 56067 1 cp pd rec #19937 9-16-66

NOV 8 1966
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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-966

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rilla Gertrude Bullard		2. Date of Birth (month) (day) (year): April 7, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Gem; b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: Charles Jackson Bullard		7. State or Country of Father's Birth: Massachusetts
MOTHER	8. Full Maiden Name of Mother: Lillie Luella Marler		9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rilla Gertrude Bullard (Johnson)	11. Present Address of Registrant: 775 Gentry Way #69, Reno Nevada
NOTARY (Seal)	Subscribed and sworn to before me on: November 4 1966	12. Signature of Notary: Florence Dy	13. Notary Commission expires: FLORENCE DAY, Notary Public — State of Nevada, Washoe County, 19 ___, My Commission Expires Feb. 7, 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: -----	Date Orig. Entry: Obviously old
	Date of Birth: April 7,1906 / Birth Place: Idaho	Full Name of Mother: Lillie Luella Marler	Name of Father: Charles Jackson Bullard	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: # 141838 on file with state of Idaho	Date Issued: -----	Date Orig. Entry: child born June 1,1926
	Date of Birth: Age 20 / Birth Place: Idaho	Full Name of Mother: --------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age 72	By whom issued and signed: Anna L. Sanders	Date Issued: Nov.8,1966	Date Orig. Entry: -------
	Date of Birth: Apr.7,1906 / Birth Place: Emmett, Idaho	Full Name of Mother: Lillie Luella Marler	Name of Father: Charles Jackson Bullard	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Nov. 8,1966

FORM BH 56067

NOV 8 1966

219-218-015-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-1004

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Orpha Elizabeth Barney		2. Date of Birth (month) (day) (year): September 18 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Caribou; b. City or Town of Birth: Henry
FATHER	6. Full Name of Father: Grant Edwin Barney		7. State or Country of Father's Birth: Youngstown, Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Matilda Hansen		9. State or Country of Mother's Birth: Soda Springs, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Orpha E Lennard	11. Present Address of Registrant: N 4620 Ferry St
NOTARY (Seal)	Subscribed and sworn to before me on: October 21 1966	12. Signature of Notary: Peddy Wright	13. Notary Commission expires: 9-1 1968

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

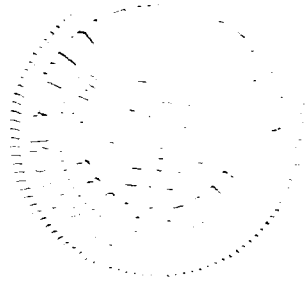
SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Portland Public Schools, Oregon Mt. Tabor School	Date Issued: Aug. 1, 1966	Date Orig. Entry: 1919-1920
	Date of Birth: Sep. 18, 1906 / Birth Place: Henry, Idaho	Full Name of Mother: Matilda Barney	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school census records	By whom issued and signed: Clackamas Co., Oregon, Dist. No. 27	Date Issued: July 26, 1966	Date Orig. Entry: Nov. 25, 1911
	Date of Birth: Age 5 / Birth Place: -----	Full Name of Mother: M. Barney	Name of Father: G. E. Barney	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child*s birth certificate #86	By whom issued and signed: State Of Oregon, Vital Statistics Section, Health Dept.	Date Issued: Nov. 15, 1966	Date Orig. Entry: child born Mar. 10, 1935
	Date of Birth: Age 28 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Jenson	Evidence reviewed by: gml Glenda Larson	Date Filed: Nov. 23, 1966

FORM BH 56067 [illegible] #2253 (1) 11-7-66

NOV 23 1966

OCT 13 1972



165-207-036-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-1010

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ada Jones			2. Date Of Birth (month) (day) (year): February 7 1906	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Malad, Idaho Oneida	b. City or Town of Birth: Malad, Idaho	
FATHER	6. Full Name of Father: Frank Morgan Jones			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Dora Jones			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ada Jones Janssen		11. Present Address of Registrant: 630 East C Street Moscow, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: November 22 1966	12. Signature of Notary: O. L. Espe		13. Notary Commission expires: May 13 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school records	By whom issued and signed: University of Idaho		Date Issued: Aug.16,1950	Date Orig. Entry: matriculated Sept.16,1927
	Date of Birth: Feb.7,1906	Birth Place: Malad, Idaho	Full Name of Mother: -----	Name of Father: Frank M. Jones	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Malad 2nd Ward		Date Issued: Sep.5,1946	Date Orig. Entry: baptized Oct.31,1914
	Date of Birth: Feb.7,1906	Birth Place: Malad, Oneida County, Idaho	Full Name of Mother: Dora Jones	Name of Father: Franklin M. Jones	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Dora Jones		Date Issued: Nov.7,1966	Date Orig. Entry: ------
	Date of Birth: Feb.7,1906	Birth Place: Malad City, Idaho	Full Name of Mother: Dora Jones	Name of Father: Frank M. Jones	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	Nov. 28, 1966

FORM BH 56067

NOV 28 1966

753-207-029-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-1022

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Austrid Evelyn Peterson		2. Date Of Birth (month) March (day) 7 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah; b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: Charles John Peterson		7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Emelia Charlotte Peterson		9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X	10. Signature of Registrant: Austrid P. Trunk	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: November 28 1966	12. Signature of Notary: Alta A Moore	13. Notary Commission expires: 3-25 1969

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #540-07-7956	By whom issued and signed: Social Security Adm.	Date issued: -----	Date Orig. Entry: Aug.6,1951
	Date of Birth: Mar.7,1906; Birth Place: Moscow, Idaho Latah County	Full Name of Mother: Emelia Charlotte Peterson	Name of Father: Charles John Peterson	
SUPPORTING RECORD 2.	Type of Document: photocopy of marriage application	By whom issued and signed: County Clerk's Office, Yamhill County, Oregon	Date issued: Oct.28,1966	Date Orig. Entry: July 7,1951
	Date of Birth: Mar.7,1906; Birth Place: Moscow, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #15 251 328	By whom issued and signed: New York Life Ins. Co.	Date issued: Oct.3,1933	Date Orig. Entry: Sept.23,1933
	Date of Birth: Mar.7,1906; Birth Place: Moscow, Idaho	Full Name of Mother: -----	Name of Father: Charles J. Peterson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Nov. 30, 1966

FORM BH 56067 nm. (T)

11-23-66 p. 6

DEC 1 1966

843-205-033-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-1042

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Enice Ellen (Hulse) ~~Finn~~		2. Date of Birth (month) January (day) 5 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Archer, Madison; b. City or Town of Birth
FATHER	6. Full Name of Father: Arthur Pierce Hulse		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Ermina Burt		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eunice Ellen Finn	11. Present Address of Registrant: Council, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 18 1966	12. Signature of Notary: [signature]	13. Notary Commission expires: April 13 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mary Ermina Hulse	Date Issued: May 18,1966	Date Orig. Entry: -----
	Date of Birth: Jan.5,1906 / Birth Place: Archer, Idaho	Full Name of Mother: Mary Ermina Burt Hulse	Name of Father: Arther Pierce Hulse	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #158380	Date Issued: -----	Date Orig. Entry: child born Jan.11,1928
	Date of Birth: Age 22 / Birth Place: Archer, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: statement regarding school records	By whom issued and signed: Adams County, Idaho School Dist. #34, Fruitvale, Idaho	Date Issued: May 5,1966	Date Orig. Entry: Sept.19,1921
	Date of Birth: Age 15 / Birth Place: -----	Full Name of Mother: -----	Name of Father: Arthur P. Hulse	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Berson	Glenda Larson	Dec. 6, 1966

FORM BH 56067 1 CW PN Rec # 1088 2 5-2-66

DEC 6 1966

962-131-029-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-1047

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PAUL KENNETH ROBERTS	2. Date of Birth (month) (day) (year): DEC. 31 1906
	3. Color or Race: WHITE; 4. Sex: MALE; 5. Place of Birth a. County: Near KENDRICK LATAH IDAHO	b. City or Town of Birth: ~~MISSOURI~~ AMERICAN RIDGE, NEAR KENDRICK IDAHO
FATHER	6. Full Name of Father: AARON HENRY ROBERTS	7. State or Country of Father's Birth: ~~NORTH PLAINS OREGON~~ Iowa
MOTHER	8. Full Maiden Name of Mother: MALINDA VIRGINIA HICKENBOTTOM	9. State or Country of Mother's Birth: NORTH PLAINS, OREGON
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Paul K Roberts; 11. Present Address of Registrant: 5723 S.E. CARLTON St.
NOTARY (Seal)	Subscribed and sworn to before me on: Apr 1st 1966	12. Signature of Notary For Oregon: Frank W Kerr; 13. Notary Commission expires: 1-3-1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage return	By whom issued and signed: Vital Statistics Section, State of Oregon	Date issued: Mar.15,1966	Date Orig. Entry: Oct.11,1934
	Date of Birth: Age 27 yrs. 10 mos.8Da.	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: employment record	By whom issued and signed: Bradley's Home Style Pies, Portland Oregon	Date issued: Apr.12,1966	Date Orig. Entry: Aug.11,1958
	Date of Birth: Dec.31,1906	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #9 991 979	By whom issued and signed: New York Life Ins. Co.	Date issued: Sept.22,1927	Date Orig. Entry: Sept.16,1927
	Date of Birth: Dec.31,1906	Birth Place: Kendrick, Idaho	Full Name of Mother: Malinda V. Roberts	Name of Father: -----

QUALIFYING INFORMATION: federal census record issued November 21, 1966. The census of April 15,1910 shows age as 3 years old and birthplace as Idaho. Parents' names as Henry A. and Mullinda Roberts

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Dec. 7, 1966

FORM BH 56067 [illegible] # 7712 [illegible] 8-24-66 gml

DEC 7 1966

412-105-022-795

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-001
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Truman Edmund Mason			2. Date of Birth (month) (day) (year): August 5 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Shoshone Lincoln	b. City or Town of Birth: Shoshone
FATHER	6. Full Name of Father: Edmund Mason			7. State or Country of Father's Birth: Hazelton Missouri
MOTHER	8. Full Maiden Name of Mother: Mary Ann Pinkston (Mason)			9. State or Country of Mother's Birth: Roubidoux, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Truman Edmund Mason		11. Present Address of Registrant: Crow Agency Mont.
NOTARY (Seal)	Subscribed and sworn to before me on: 23rd day Dec. 1956	12. Signature of Notary: William Wood		13. Notary Commission expires: Jul 6 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: age 77 Affidavit by Aunt		By whom issued and signed: Mrs. Jennie Mason	Date Issued: 12-27-56	Date Orig. Entry:
Class* B	Date of Birth: Aug. 5, 1906	Birth Place: Shoshone, Idaho	Full Name of Mother: Mary Ann Pinkston Mason	Name of Father: Edmund Mason	
SUPPORTING RECORD 2.	Type of Document: School Record		By whom issued and signed: Joint Class A School Dist. No. 261, Jerome, Idaho	Date Issued: 2-27-57	Date Orig. Entry: Sept. 7, 1920
Class B	Date of Birth: age 14	Birth Place: ---	Full Name of Mother: ---	Name of Father: Edmund D. Mason	
SUPPORTING RECORD 3.	Type of Document: federal census record		By whom issued and signed: U.S. Department of Commerce Bureau of the census	Date Issued: Oct.25,1966	Date Orig. Entry: Jan.1,1920
Class	Date of Birth: Age 13	Birth Place: Idaho	Full Name of Mother: Mary A. Mason	Name of Father: Edmund Mason	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: ss nr Glenda Larson	Date Filed: Jan. 3, 1967

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 1 0 1967

993-208-022-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-004

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Ricks
2. Date of Birth (month) June (day) 8 (year) 1906
3. Color or Race: White
4. Sex: female
5. Place of Birth: a. County: Idaho, was Fremont, now Teton Co.
b. City or Town of Birth: Clawson (near Driggs)

FATHER

6. Full Name of Father: Wallace Ricks
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Helen Irene Crandall
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret Ricks Weeks
11. Present Address of Registrant: 480 Gladstone #4 Idaho Falls Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 1/24 1966
12. Signature of Notary: Betty R. May.
13. Notary Commission expires: November 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding church records	LDS Church, Marie Metcalf, Ward Clerk	-----	baptized Aug. 1, 1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 8,1906	Clawson, Idaho	Helen Irene Crandall	Wallace Ricks

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of page from family Bible	Family Bible Record	Dec.20,1966	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 8,1906	Clawson, Teton County, Idaho	Helen Irene Crandall	Wallace Ricks

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Wallace Ricks	Sep.13,1966	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 8,1906	Clawson, Idaho	Helen Irene Crandall Ricks	Wallace Ricks

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	Jan. 3, 1967

FORM BH 56067 (W) 10-29-65. nm

(W) 3-8-66

Weeks

JAN 5 1967

APR 24 2002

DECEASED

619-223-014-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-007

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLARA IRENE FAIRMAN			2. Date of Birth (month) (day) (year): September 23 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon (then)	b. City or Town of Birth: New Plymouth
FATHER	6. Full Name of Father: Fred Fairman			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Eva Blanche Bower			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clara Irene Fairman Kruger		11. Present Address of Registrant: 456 Heyburn Ave. West Twin Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 20, 1966	12. Signature of Notary: M. A. Johnston		13. Notary Commission expires: Aug. 13 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor Age 76		By whom issued and signed: Ora Grace Currie	Date Issued: Dec.20,1966	Date Orig. Entry: -----
	Date of Birth: Sept.23,1906	Birth Place: New Plymouth	Full Name of Mother: Eva Blanche Bower	Name of Father: Fred Fairman	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: on file-Idaho # 147172	Date Issued: ----	Date Orig. Entry: child born Nov.16,1926
	Date of Birth: Age 20	Birth Place: Idaho	Full Name of Mother: --------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #222403		By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: ----	Date Orig. Entry: Feb.4,1942
	Date of Birth: Sep.23,1906	Birth Place: New Plymouth,Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Glenda Larson	Date Filed: Jan. 3, 1967

FORM BH 56067

JAN 4 1967

291-129-001-437

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-008

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sidney Ervin Brashears			2. Date of Birth (month) (day) (year): August 29 1906	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Boise	b. City or Town of Birth: Boise	
FATHER	6. Full Name of Father: William Frederick Brashears			7. State or Country of Father's Birth: Arkansas	
MOTHER	8. Full Maiden Name of Mother: Flora Anna McGrath			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Sidney Ervin Brashears	11. Present Address of Registrant: Box 67, Parker, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: December 19, 1966		12. Signature of Notary: [signature]	13. Notary Commission expires: 12/29 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #179287	Date Issued: -----	Date Orig. Entry: child born Mar.9,1930
	Date of Birth: Age 23	Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #1546362		By whom issued and signed: The Maccabees, Detroit, Michigan	Date Issued: -----	Date Orig. Entry: oct. 7, 1940
	Date of Birth: Aug.29,1906	Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #518-09-4866		By whom issued and signed: Social Security Adm.	Date Issued: -----	Date Orig. Entry: Nov.5,1936
	Date of Birth: Aug.29,1906	Birth Place: Boise	Full Name of Mother: Flora Anna McGrath	Name of Father: William Fredrick Brashears	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Jan. 3, 1967

FORM BH 56067

12-28-59 one copy paid #18696

JAN 4 1967

795-126-035-335

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-013

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JAMES C. GREGORY			2. Date Of Birth (month) (day) (year): MARCH 26 1906	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: CULDESAC, IDAHO NEZ PERCE	b. City or Town of Birth: CULDESAC, IDAHO	
FATHER	6. Full Name of Father: AUSTIN DAVID GREGORY			7. State or Country of Father's Birth: MICHIGAN, U.S.A.	
MOTHER	8. Full Maiden Name of Mother: HELEN M. CLEAR			9. State or Country of Mother's Birth: MINNESOTA, U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: James C. Gregory	11. Present Address of Registrant: 3247-37 S.W. Seattle	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 30 1966		12. Signature of Notary: Edward P. Good	13. Notary Commission expires: aug. 8 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #218-382		By whom issued and signed: Northern Life Ins. Co. Seattle, Washington	Date Issued: Oct.4,1938	Date Orig. Entry: Sep.29,1938
	Date of Birth: Mar.26,1906	Birth Place: Culdesac, Idaho	Full Name of Mother: Helen M. Gregory	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge		By whom issued and signed: United States Marine Corps King Moss, Major, U.S. MCR	Date Issued: Nov.1,1945	Date Orig. Entry: indurted July 15,1943
	Date of Birth: Mar.26,1906	Birth Place: Culdesac, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt (b.d.July 27,1882)		By whom issued and signed: Frances P.(Clear)Richville	Date Issued: Dec.23,1966	Date Orig. Entry: ------
	Date of Birth: Mar.26,1906	Birth Place: Culdesac, Idaho	Full Name of Mother: Helen M. Clear Gregory	Name of Father: Austin David Gregory	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 4, 1967

FORM BH 56067

9-21-66

JAN 4 1967

393-222-014-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-030

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Reta Ellen Lilly		2. Date Of Birth (month) 6 (day) 22 (year) 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth: IDAHO a. County: Canyon b. City or Town of Birth: Parma
FATHER	6. Full Name of Father: John Irvin Lilly		7. State or Country of Father's Birth: Penn.
MOTHER	8. Full Maiden Name of Mother: Cynthia Ann Lent		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Reta Ellen Frederiksen	11. Present Address of Registrant: Box 163 Orofino, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 28 19 66	12. Signature of ~~Notary~~: Gayle Hayden Clerk of the District Court Clearwater County Idaho	13. Notary Commission expires: _____ 19__

APPLICANT (DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Insurance policy #826449	By whom issued and signed: Supreme Forest Woodmen Circle	Date Issued: July 1,1957	Date Orig. Entry: June 21,1957
	Date of Birth: June 22, 1906 / Birth Place: Parma, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Canyon County, Idaho Dist. #40	Date Issued: Mar.29,1966	Date Orig. Entry: Sept.1912
	Date of Birth: Age 6 / Birth Place: -----	Full Name of Mother: -----	Name of Father: J. I. Lilly	
SUPPORTING RECORD 3.	Type of Document: federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Jan.6,1967	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age 3 / Birth Place: Idaho	Full Name of Mother: Cynthia Lily	Name of Father: John I. Lily	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Jan. 16, 1967

FORM BH 56067 [illegible] # 10288 (F) 6-9-66 gml

JAN 16 1967

646-228-043-526

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-032
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Viena Edita Wuokila			2. Date Of Birth (month) Jan (day) 28 (year) 1906
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: McCall Ida. Valley	b. City or Town of Birth: McCall Idaho
FATHER	6. Full Name of Father: Evert Wuokila			7. State or Country of Father's Birth: Kemi Finland
MOTHER	8. Full Maiden Name of Mother: Mary Katharine Eko			9. State or Country of Mother's Birth: Yuli Harma Finland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Viena Edita Rae		11. Present Address of Registrant: Rt 1. Bx 229 Woodland Wash
NOTARY (Seal)	Subscribed and sworn to before me on: 6th October 1952	12. Signature of Notary: A. E. Martin		13. Notary Commission expires: 20 July 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by father	Ernest Wuokila	Oct. 6, 1952	
Class* B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan. 28, 1906, McCall, Idaho	Mary Katherine Eko	Evert Wuokila	
SUPPORTING RECORD 2.	Baptismal Record	Luthern Church Elo, Idaho	May 13, 1906	Baptized May 13, 1906
Class	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan. 28, 1906 McCall, Idaho	Mary Katharine Eko	Evert Wuokila	
SUPPORTING RECORD 3.	Own childs birth certificate	on file- Idaho # 144441	----	child born July 20, 1926
Class	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 20 McCall, Idaho	----	------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

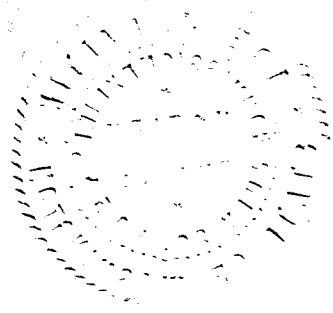
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Jan. 17, 1967

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 17 1967



454207-003-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-036

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Esther May Underwood			2. Date of Birth (month) May (day) 3 (year) 1906
	3. Color or Race: white	4. Sex: f	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Downey
FATHER	6. Full Name of Father: William Milo Underwood			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Esther Elizabeth Larson			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esther May Underwood		11. Present Address of Registrant: Rt. 1, Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 6, 1967	12. Signature of Notary: Ray W. Rigby		13. Notary Commission expires: January 26, 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: federal census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Jan.3,1967	Date Orig. Entry: Apr. 15,1910
	Date of Birth: Age 3	Birth Place: Idaho	Full Name of Mother: Esther Underwood	Name of Father: William Underwood	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person with personal knowledge of birth		By whom issued and signed: Ray Underwood Age 74	Date Issued: Nov.23,1966	Date Orig. Entry: -----
	Date of Birth: May 3,1906	Birth Place: Downey, Idaho Bannock County	Full Name of Mother: Esther Elizabeth Larson	Name of Father: William Milo Underwood	
SUPPORTING RECORD 3.	Type of Document: photocopy of school record		By whom issued and signed: Downey High School	Date Issued: -----	Date Orig. Entry: 1920-21
	Date of Birth: May 3,1906	Birth Place: ------	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Jan. 20, 1967

FORM BH 56067

9-28-66

JAN 23 1967

279-22-036-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-039

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frank Spillett		2. Date of Birth (month) (day) (year): November 22, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida; b. City or Town of Birth: Rockland, Idaho
FATHER	6. Full Name of Father: James Edward Spillett		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Rose White Lasley		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frank Spillett	11. Present Address of Registrant: 1138 E. Bonneville, Pocatell
NOTARY (Seal)	Subscribed and sworn to before me on: January 5, 19 67	12. Signature of Notary: Glen Lusk	13. Notary Commission expires: May 1 19 70

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for employment	By whom issued and signed: State of Idaho, Dept. of Highways	Date Issued: ------	Date Orig. Entry: Aug.19,1959
	Date of Birth: Nov.22,1906	Birth Place: Rockland, Idaho	Full Name of Mother: -------	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of ordination as a teacher	By whom issued and signed: LDS Church, Rockland Ward, Andrew May, Bishop	Date Issued: Feb.7,1923	Date Orig. Entry: Feb.7,1923
	Date of Birth: Nov.22,1906	Birth Place: Rockland, Idaho	Full Name of Mother: Rose W. Lasley	Name of Father: Edward Spillett
SUPPORTING RECORD 3.	Type of Document: certified copy of affidavit for marriage license	By whom issued and signed: Bannock,County, Idaho County Recorder's Office	Date Issued: Dec.29,1966	Date Orig. Entry: June 19,1930
	Date of Birth: Age 23	Birth Place: -----	Full Name of Mother: - ---	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Jan.20,1967

FORM BH 56067

JAN 2 4 1967

319-107-021-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-060

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Herman Doris Larsen		2. Date of Birth (month) Jan. (day) 7 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Preston Idaho. Franklin Co.
FATHER	6. Full Name of Father: Nels Larsen		7. State or Country of Father's Birth: Aalborg Denmark	
MOTHER	8. Full Maiden Name of Mother: Sarah Selvenia Davis		9. State or Country of Mother's Birth: Utah. Core Coache Co.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Herman Doris Larsen	11. Present Address of Registrant: McCammon Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov-16th 1966	12. Signature of Notary: Mildred E. Ludenschmidt	13. Notary Commission expires: Nov-4 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for employment	By whom issued and signed: Union Pacific Railroad	Date Issued: -----	Date Orig. Entry: Dec. 20, 1949	
	Date of Birth: Jan.7,1906	Birth Place: Preston, Idaho Franklin County	Full Name of Mother: Sarah Larsen	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #18277D0	By whom issued and signed: Gem State Mutual Life Assoc.	Date Issued: Mar.23,1940	Date Orig. Entry: Mar.23,1940	
	Date of Birth: Jan.7,1906	Birth Place: Preston, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Statement regarding church records of membership	By whom issued and signed: LDS Church, McCammon, Idaho (made at time of his birth)	Date Issued: Jan.23,1967	Date Orig. Entry: at birth and baptismal date Nov.1,1914	
	Date of Birth: Jan.7,1906	Birth Place: Preston, Franklin County, Idaho	Full Name of Mother: Sarah Davis	Name of Father: Nels Larsen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Jan. 31, 1967

FORM BH 56067

1 Cy Photo. # 3459

(2) 11-25-69

JAN 31 1967

495-211-038-659

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-073

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LEONA HELEN DIEDERICHSEN
2. Date of Birth (month) Nov. (day) 11 (year) 1906
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Payette
b. City or Town of Birth: PAYETTE

FATHER

6. Full Name of Father: ANTON DIEDERICHSEN
7. State or Country of Father's Birth: GERMANY

MOTHER

8. Full Maiden Name of Mother: EMILY FERBER
9. State or Country of Mother's Birth: WISCONSIN

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leona D. Anderson
11. Present Address of Registrant: PAYETTE, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: December 2 19 66

12. Signature of Notary: Justice of Peace Celia D. Settle
13. Notary Commission expires: January 9, 1967 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of school record	Payette High School, Payette, Idaho	-----	1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.11,1906	-----	-----	A. Deiderichsen

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance	Metropolitan Life Ins. Co. cert. #71791 Contract #3323g	-----	June 11,1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.11,1906	-----	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by neighbor at time of birth	Mrs. Anna B. Dick Age 85	Dec.2,1966	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.11,1906	Payette, Idaho	Emily Ferber Diederichsen	Anton Diederichsen

QUALIFYING INFORMATION

Own child's birth certificate on file Idaho #237427 child born September 26, 1935 gives mother's age at time as 28 and her birthplace as Payette, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Feb. 14, 1967

FORM BH 56067

FEB 27 1967

OCT 4 1971

414-213-029-414

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-078

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elnora Marion Madison			2. Date Of Birth (month) 4 (day) 13 (year) 1906	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho Latah	b. City or Town of Birth: Moscow	
FATHER	6. Full Name of Father: Martin Madison			7. State or Country of Father's Birth: Norway	
MOTHER	8. Full Maiden Name of Mother: Etta J. Madison			9. State or Country of Mother's Birth: South Dakota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mrs Elnora M. Dick	11. Present Address of Registrant: 405 Columbia Pullman Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 5th 1967		12. Signature of Notary: W. H. Merritt	13. Notary Commission expires: January 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: federal census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Dec.15,1966	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age 4	Birth Place: Idaho	Full Name of Mother: Etta J. Madison	Name of Father: Martin Madison	
SUPPORTING RECORD 2.	Type of Document: Statement regarding insurance records		By whom issued and signed: The Prudential Ins. Co. of America #M 3 759 842	Date Issued: Dec.6,1966	Date Orig. Entry: June 24,1935
	Date of Birth: Apr.13,1906	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records		By whom issued and signed: Eastern Washington State College, Cheney, Washington	Date Issued: Jan.30,1967	Date Orig. Entry: June 1924
	Date of Birth: Apr.13,1906	Birth Place: Moscow, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Feb. 14, 1967

FORM BH 56067

(D) 1-20-67

FEB 1 4 1967
FEB 2 0 1970

791-208-008-563

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-093

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Meriam Gray			2. Date of Birth (month) November (day) 8 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Boise	b. City or Town of Birth: Sweet, Idaho
FATHER	6. Full Name of Father: Henry Newton Gray			7. State or Country of Father's Birth: Wisconsin, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Grace Emma Noland			9. State or Country of Mother's Birth: Kansas, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Gray Eaglison		11. Present Address of Registrant: 5815 Woodland Road, Des Moines, Iowa
NOTARY (Seal)	Subscribed and sworn to before me on: January 30 1967	12. Signature of Notary: Elaine M. Brighton		13. Notary Commission expires: July 4, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of application for insurance policy	By whom issued and signed: Yeomen Mutual Life Ins. Co.		Date Issued: -----	Date Orig. Entry: Sept.29,1937
	Date of Birth: Nov.8,1906	Birth Place: Sweet, Idaho	Full Name of Mother: Grace Gray	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: Jan.20,1964	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age 13	Birth Place: Idaho	Full Name of Mother: Grace Gray	Name of Father: Henry Gray	
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin Age 72	By whom issued and signed: Lynn M. Noland		Date Issued: July,13,1966	Date Orig. Entry: ----
	Date of Birth: Nov.8,1906	Birth Place: Sweet, Idaho	Full Name of Mother: Grace Emma Noland Gray	Name of Father: Henry Newton Gray	
QUALIFYING INFORMATION					

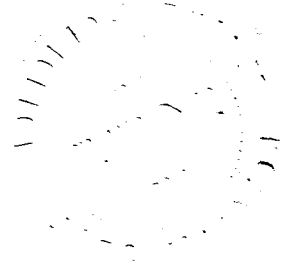
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Feb. 15, 1967

FORM BH 56067

FEB 15 1967



293-201-040-342

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-105

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Georgie Killian		2. Date Of Birth (month) 8 (day) 1 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone; b. City or Town of Birth: Wallace
FATHER	6. Full Name of Father: Ace Killian		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Agnes Bustard		9. State or Country of Mother's Birth: Nova Scotia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie Georgie Caruso	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: January 25th 1967	12. Signature of Notary: Donald J. Franck	13. Notary Commission expires: November 23 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

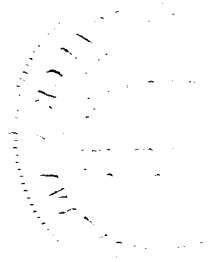
SUPPORTING RECORD 1.	Type of Document: certified copy of voting record		By whom issued and signed: Park County, Montana, County Clerk's Office	Date Issued: Jan.3,1967	Date Orig. Entry: Sept.1,1948
	Date of Birth: Age 42	Birth Place: Wallace, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage license #567 Book 3, Page 567		By whom issued and signed: Clerk's office, Sweet Grass County, Montana	Date Issued: Jan.11,1967	Date Orig. Entry: Sept.5,1931
	Date of Birth: Age 25	Birth Place: Wallace, Idaho	Full Name of Mother: Agnes Bustard	Name of Father: Ace Killian	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Baptism		By whom issued and signed: St.Francis Xavier Church,Missoula,Montana,Roman Catholic	Date Issued: Nov.30,1966	Date Orig. Entry: Baptized June 28,1908
	Date of Birth: Aug.1,1906	Birth Place: Wallace, Idaho	Full Name of Mother: Agnes Bustard	Name of Father: Asa Killian	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 16, 1967

FORM BH 56067

In office - No record - no carrack

FEB 16 1967



719-221-001-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-128

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fay Louise Paris			2. Date Of Birth (month) July (day) 21 (year) 1906
	3. Color or Race: W	4. Sex: F	5. Place of Birth: Boise a. County: Ada	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: John Dillard Paris			7. State or Country of Father's Birth: Tennessee
MOTHER	8. Full Maiden Name of Mother: Margaret Nancy Blades			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fay Louise Emerson		11. Present Address of Registrant: Idaho City, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 7th February 1967	12. Signature of Notary: Katherine M. Brogan. Clerk District Court for Boise Co.		13. Notary Commission expires: 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 130310	Date issued: ---	Date Orig. Entry: child born April 1,1925
	Date of Birth: Age 18	Birth Place: Boise, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Copy of Appl for S. S. #		By whom issued and signed: Treasury Dept. # 519-10-0562	Date issued: Dec.10,1938	Date Orig. Entry: Dec.10,1938
	Date of Birth: Jul.21,1906	Birth Place: Boise, Idaho	Full Name of Mother: Margaret Nancy Ann Blades	Name of Father: John Dillard Paris	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age 70		By whom issued and signed: Flossie Nielsen	Date issued: Feb.15,1967	Date Orig. Entry: -------
	Date of Birth: July 21,1906	Birth Place: Boise, Idaho	Full Name of Mother: Margaret Nancy Blades	Name of Father: John Dillard Paris	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Feb.23,1967

FORM BH 56067

130310

FEB 23 1967

713-210-003-289

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-131

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Estor Jace Palmer		2. Date Of Birth (month) March (day) 10 (year) 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Idaho a. County: Bannock b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Samuel Jason Palmer		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Nora Isabell Byington (Palmer)		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Lavern C. Johnson	11. Present Address of Registrant: 356 South 8th Avenue, Pocatello, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: 1-20 19 67	12. Signature of Notary: Edna R. Hansen	13. Notary Commission expires: My Commission Expires March 10, 1967 Notary Public of Idaho, Residing at Pocatello, Id. 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #167746	Date issued: -----	Date Orig. Entry: child born Dec.22,1928
	Date of Birth: Age 22	Birth Place: Pocatello, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister (bd. Apr.27,1895)		By whom issued and signed: Daisy Palmer Beals	Date issued: Jan.11,1967	Date Orig. Entry: -----
	Date of Birth: Mar.10,1906	Birth Place: Pocatello, Idaho Bannock County	Full Name of Mother: Nora Isabell Byington	Name of Father: Samuel Jason Palmer	
SUPPORTING RECORD 3.	Type of Document: Record of Membership		By whom issued and signed: LDS Church	Date issued: -----	Date Orig. Entry: baptized July 5,1919
	Date of Birth: Mar.10,1906	Birth Place: Pocatello, Idaho Bannock County	Full Name of Mother: Nora Byington	Name of Father: Samuel J. Palmer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	March 1, 1967

FORM BH 56067 1 pd rec #5917 RUSH (J) 2-16-67

MAR 1 1967
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JAN 15 1976

294-115(010-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-140

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gabriel Marion Simpson			2. Date Of Birth (month) May (day) 15 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Iona, Idaho	
FATHER	6. Full Name of Father: Chancy Wallace Simpson			7. State or Country of Father's Birth: Montpeller, Idaho	
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Crofts			9. State or Country of Mother's Birth: Monroe, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Gabriel M. Simpson	11. Present Address of Registrant: Box 13 Iona, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 4 1966		12. Signature of Notary: Leon Anderson	13. Notary Commission expires: July 16 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #360756	Date Issued: -----	Date Orig. Entry: child born Sept.29,1942
	Date of Birth: Age 36	Birth Place: Iona, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: certified copy of Marriage License		By whom issued and signed: Weber County, Utah, Wendell Hansen, county clerk	Date Issued: June 19, 1964	Date Orig. Entry: June 23, 1938
	Date of Birth: Age 32	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend and neighbor at time of birth		By whom issued and signed: Sarah Adell Denning Westergard Age 80	Date Issued: Oct.29,1965	Date Orig. Entry: -----
	Date of Birth: May 15,1906	Birth Place: Iona, Idaho	Full Name of Mother: Mary Ellen Harris Crofts	Name of Father: Chancy Wallace Simpson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: March 7, 1967

FORM BH 56067

1-14-65

MAR 7 1967
DEC 6 1967

666226-021-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-143

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Buna Margaret Woolf			2. Date of Birth (month) November (day) 26 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Riverdale Ward near Preston
FATHER	6. Full Name of Father: James Woolf, Jr.			7. State or Country of Father's Birth: Cache County, Utah
MOTHER	8. Full Maiden Name of Mother: Bertha Levernia Packer			9. State or Country of Mother's Birth: Franklin County, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: + Buna Margaret Woolf Tate		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: February 28 19 67	12. Signature of Notary: Connie W. Watson		13. Notary Commission expires: July 1 19 71

APPLICANT — DO NOT WRITE BELOW THIS LINE

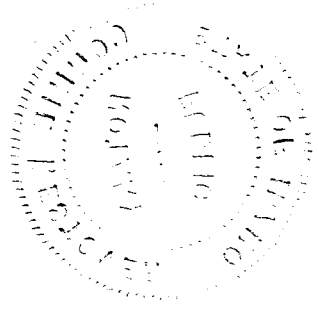
SUPPORTING RECORD 1.	Type of Document: sheet of family records	By whom issued and signed: Family Records		Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Nov.26,1906	Birth Place: Riverdale	Full Name of Mother: Bertha Leverina Woolf (Packer)	Name of Father: James Woolf, Jr.	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Riverdale Ward, David Evans, Bishop		Date Issued: Dec.29,1914	Date Orig. Entry: baptized Nov.26,1914
	Date of Birth: Nov.26,1906	Birth Place: Riverdale, Idaho	Full Name of Mother: Bertha L. Packer	Name of Father: Jas. Woolf, Jr.	
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend and neighbor at time of birth	By whom issued and signed: Eli S. Forsgren-Age 76		Date Issued: Feb.28,1967	Date Orig. Entry: -----
	Date of Birth: Nov.26,1906	Birth Place: Riverdale, Idaho (near Preston)	Full Name of Mother: Bertha Levernia Packer	Name of Father: James Woolf, Jr.	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: March 7, 1967

FORM BH 56067 Rev.(T) 2-24-67gml

Tate

MAR 8 1967



695-12X-622-412

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-169

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALVIN WESLEY WINEGAR			2. Date Of Birth (month) May (day) 24 (year) 1906	
	3. Color or Race: white	4. Sex: male	5. Place of Birth: Egin a. County: Fremont	b. City or Town of Birth: Egin (mail St. Anthony)	
FATHER	6. Full Name of Father: Gideon Winegar			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Mason			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Alvin W. Winegar	11. Present Address of Registrant: R # 2, St. Anthony, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 1 19 67		12. Signature of Notary: La Monte Farner, Clerk by Rose G. Jenkins Deputy	13. Notary Commission expires: Elective 19	

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho 355976	Date Issued: -----	Date Orig. Entry: child born June 17,1937	
	Date of Birth: Age 31	Birth Place: St.Anthony, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #229310	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: -----	Date Orig. Entry: July 16,1942	
	Date of Birth: May 24,1906	Birth Place: St.Anthony, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Egin Ward, W.R. Rhodehouse, Bishop	Date Issued: ------	Date Orig. Entry: baptized June 7,1914	
	Date of Birth: May 24,1906	Birth Place: Egin, Fremont County, Idaho	Full Name of Mother: Mary Ellen Mason	Name of Father: Gideon Winegar	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	March 9, 1967

FORM BH 56067

3-67

MAR 1 0 1967

653-129-001-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-183

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roger William Wells.		2. Date Of Birth (month) (day) (year): November 29, 1906
	3. Color or Race: White	4. Sex: M.	5. Place of Birth a. County: Boise, Idaho. b. City or Town of Birth:
FATHER	6. Full Name of Father: Ralph Grant Wells		7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Hattie A. Crooks.		9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roger Williams Wells	11. Present Address of Registrant: 337 North Cottage Street, Porterville, California.
NOTARY (Seal)	Subscribed and sworn to before me on: 16th day of Sept. 1967	12. Signature of Notary: [illegible]	13. Notary Commission expires: My Commission Expires Oct. 28 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Life Insurance Application. Metropolitan Life Ins. Co.	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Dec.1942	Date Orig. Entry: Dec.12,1942
	Date of Birth: 11-29-1906 / Birth Place: Boise Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: certified copy of Marriage License	By whom issued and signed: Kern County, State of California.	Date Issued: Jan.23,1962	Date Orig. Entry: Dec.7,1932
	Date of Birth: Age 26 / Birth Place: Idaho	Full Name of Mother: Hattie Crooks	Name of Father: Ralph G. Wells	
SUPPORTING RECORD 3.	Type of Document: Affidavit of date of birth on application to lodge.	By whom issued and signed: Porterville Lodge No 303 F.& A.M. Louis Hunt,Sec'y	Date Issued: Feb.4,1967	Date Orig. Entry: Feb.11,1954
	Date of Birth: Nov.29,1906 / Birth Place: Boise,Idaho.	Full Name of Mother: ------	Name of Father: -------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: March 10, 1967

FORM BH 56067

8-3-67

MAR 1 0 1967

556-22-0147-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-184

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Belle Norman		2. Date of Birth (month) (day) (year): Oct. 22 1906
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Caldwell, Idaho
FATHER	6. Full Name of Father: Levi Joshua Norman		7. State or Country of Father's Birth: New York State
MOTHER	8. Full Maiden Name of Mother: Jessie Cynthia Clark		9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth B. Fuller	11. Present Address of Registrant: 1616 Garrity, Nampa, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 8 1967	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 146970	Date Issued: ---	Date Orig. Entry: child born Oct. 23, 1926	
	Date of Birth: Age 20	Birth Place: Caldwell, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy # 402,510A	By whom issued and signed: Fireman's Fund Ins. Co.	Date Issued: Jul.1,1961	Date Orig. Entry: July 1, 1961	
	Date of Birth: Oct.22,1906	Birth Place: Idaho	Full Name of Mother: - ------	Name of Father: - ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Brother Age 70	By whom issued and signed: Harold P. Norman	Date Issued: Feb.21,1967	Date Orig. Entry: -----	
	Date of Birth: Oct.22,1906	Birth Place: Caldwell,Idaho	Full Name of Mother: Jessie Cynthia Clark	Name of Father: Levi Joshua Norman	

QUALIFYING INFORMATION: Verification of school record by S.S. Foote,Recorder of Wilder Dist.# 34 lists age of Ruth Norman as 8 years old in 1914.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 10,1967

FORM BH 56067

2nd [illegible] 1 C.C. paid-Rec.# 8284

MAR 1 0 1967

719-131-035-814

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-204

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Homer Ansel Parks		2. Date of Birth (month) July (day) 31 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Nez Perce; b. City or Town of Birth: Cameron
FATHER	6. Full Name of Father: Rutherford B. Parks		7. State or Country of Father's Birth: Ontario, Canada
MOTHER	8. Full Maiden Name of Mother: Leona Hamilton		9. State or Country of Mother's Birth: State of Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Homer Ansel Parks	11. Present Address of Registrant: Kendrick, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 8 1967	12. Signature of Notary: Frank Barton	13. Notary Commission expires: November 16 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of hospital admission card	By whom issued and signed: St. Joseph's Hospital, Lewiston, Idaho	Date Issued: Jan.27,1967	Date Orig. Entry: July 23,1954	
	Date of Birth: July 31,1906	Birth Place: Cameron, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy 2184658	By whom issued and signed: The Northwestern Mutual Life Ins. Co.	Date Issued: Jul.24,1929	Date Orig. Entry: Jul.24,1929	
	Date of Birth: July 31,1906	Birth Place: Cameron, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt Age 83	By whom issued and signed: Elenora Glunk	Date Issued: Feb.16,1967	Date Orig. Entry: -----	
	Date of Birth: July 31,1906	Birth Place: Cameron, Nez Perce Co.,Idaho	Full Name of Mother: Leona Parks (Hamilton)	Name of Father: Rutherford B. Parks	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Glenda Larson	Mar. 21, 1967

FORM BH 56067

3-16-67

MAR 2 1 1967

546-215-036-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-224

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ida Eva Nuffer		2. Date of Birth (month) June (day) 15 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida; b. City or Town of Birth: Mapleton
FATHER	6. Full Name of Father: Charles August Nuffer		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Christena Warner		9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ida N. Cafferty	11. Present Address of Registrant: Rt.6 Caldwell Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 7 1966	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: September 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 156831	Date Issued: -----	Date Orig. Entry: Child born Nov.13,1927
	Date of Birth: Age 21 / Birth Place: Idaho	Full Name of Mother: -------	Name of Father: ---------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L.D.S.Church-Lorenzo Bishop Johnson	Date Issued:	Date Orig. Entry: Baptized June15,1914
	Date of Birth: Jun.15,1906 / Birth Place: Mapleton, Idaho	Full Name of Mother: Christena Warner	Name of Father: Charles A. Nuffer	
SUPPORTING RECORD 3.	Type of Document: Certificate of Birth	By whom issued and signed: L. D. S. Church	Date Issued: Jan.13,1967	Date Orig. Entry: Recorded July 5,1914
	Date of Birth: June 15, 1906 / Birth Place: Mapleton, Idaho	Full Name of Mother: Christina Warner	Name of Father: Charles A. Nuffer	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: March 28, 1967

FORM BH 56067

MAR 28 1967

693-220-019-361

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-268

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Laura Virginia Wilson			2. Date of Birth: (month) June (day) 20 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Custer	b. City or Town of Birth: Chilly, Idaho	
FATHER	6. Full Name of Father: Robert Henry Wilson			7. State or Country of Father's Birth: Moroni, Sanpete Co., Utah	
MOTHER	8. Full Maiden Name of Mother: Ann Marion Coates			9. State or Country of Mother's Birth: Mt. Pleasant, Sanpete Co., Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Laura Virginia Brown	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: 13th day of April 1967		12. Signature of Notary: Elsa R. Branson	13. Notary Commission expires: December 11 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Ann Marion Coates Wilson	Date Issued: 3-6-42	Date Orig. Entry:
	Date of Birth: June 20, 1906	Birth Place: Custer Co. Chilly, Idaho	Full Name of Mother: Ann Marion Coates	Name of Father: Robert Henry Wilson	
SUPPORTING RECORD 2.	Type of Document: Church Record of Membership		By whom issued and signed: Dallis J. Christensen, records L. D. S. Church	Date Issued: Nov.9,1966	Date Orig. Entry: Baptized Dec.6, 1914
	Date of Birth: Jun.20,1906	Birth Place: Chilly, Idaho	Full Name of Mother: Ann Marion Coates	Name of Father: Robert Henry Wilson	
SUPPORTING RECORD 3.	Type of Document: copy or original application for Social Securtiy #		By whom issued and signed: Treasury Dept. # 539-18-7394	Date Issued: May 26, 1942	Date Orig. Entry: May 26, 1942
	Date of Birth: Jun.20,1906	Birth Place: Chilly, Idaho	Full Name of Mother: Ann Marion Coates	Name of Father: Robert Henry Wilson	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which subatantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson		Evidence reviewed by: nr Florence Curtright	Date Filed: April 17, 1967	

FORM BH 56067

2 copies paid

APR 19 1967
AUG 3 1971

413-102-028-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-281

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Walter Mack			2. Date Of Birth (month) November (day) 7, (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Cataldo
FATHER	6. Full Name of Father: Samuel Mack			7. State or Country of Father's Birth: Finnland
MOTHER	8. Full Maiden Name of Mother: Pauline Linquist			9. State or Country of Mother's Birth: Finnland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Walter Mack		11. Present Address of Registrant: Cataldo, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 1, 1967	12. Signature of Notary: Wendell W. Schutt		13. Notary Commission expires: Sept. 6, 1968

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: photocopy of social security application for #518-03-1251		By whom issued and signed: Social Security Adm.	Date Issued: -----	Date Orig. Entry: Nov. 27, 1936
	Date of Birth: Nov.7,1906	Birth Place: Cataldo, Idaho	Full Name of Mother: Pauline Linquist	Name of Father: Sam Mack	
SUPPORTING RECORD 2.	Type of Document: Statement regarding medical records		By whom issued and signed: Robert E. Staley, M.D., Doctor's Clinic, Kellogg, Idaho	Date Issued: Mar.11,1967	Date Orig. Entry: June 25,1946
	Date of Birth: Age 39	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #316590	Date Issued: -----	Date Orig. Entry: child born June 6, 1941
	Date of Birth: Age 34	Birth Place: Cataldo, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

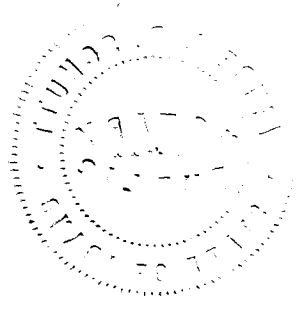
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	May 1, 1967

FORM BH 56067 192 phone #8497 (M) 323 6791

MAY 1 1967



449-206-033-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-325

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruby Beatrice Muir		2. Date Of Birth (month) June (day) 6 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Madison b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: George Fredrick Muir		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Myrtle Parker		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby Beatrice Muir	11. Present Address of Registrant: Kimberly Ida
NOTARY (Seal)	Subscribed and sworn to before me on: November 18 1966	12. Signature of Notary: Susan Albertson	13. Notary Commission expires: Sept. 13, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License and Certificate		By whom issued and signed: On file Idaho #61-6562	Date Issued: ------	Date Orig. Entry: Aug.28,1961
	Date of Birth: Age 55	Birth Place: Rexburg, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #3-9-19892		By whom issued and signed: Beneficial Protective Association, Pocatello, Idaho	Date Issued: Mar.9,1942	Date Orig. Entry: Mar.6,1942
	Date of Birth: June 6,1906	Birth Place: Rexburg	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father		By whom issued and signed: Fredrick George Muir	Date Issued: Mar.30,1967	Date Orig. Entry: ------
	Date of Birth: June 6,1906	Birth Place: Rexburg, Idaho	Full Name of Mother: Myrtle Rhoda Parker	Name of Father: Fredrick George Muir	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	May 10, 1967

FORM BH 56067

(C) 2-21-67

MAY 1 0 1967

319-126-038-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-348

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lloyd Albert Carpenter			2. Date Of Birth (month) March (day) 26 (year) 1906
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Payette County	b. City or Town of Birth: New Plymouth, Idaho
FATHER	6. Full Name of Father: Winfred Albert Carpenter			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Lovie Inez Lowe			9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lloyd A. Carpenter	11. Present Address of Registrant: Pittville Rt. McArthur, Calif.
	Subscribed and sworn to before me on Jan. 27 19 67		12. Signature of Notary: D. Almont St. John	13. Notary Commission expires: May 24 19 70

OFFICIAL SEAL
D. ALMONT ST. JOHN
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SHASTA COUNTY

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: CERTIFIED copy of own child's birth certificate		By whom issued and signed: State of California Vital Statistics	Date Issued: Nov.8,1946	Date Orig. Entry: child born May 20,1940
	Date of Birth: Age 34	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Lovie Inez Carpenter	Date Issued: Jan.27,1967	Date Orig. Entry: -----
	Date of Birth: Mar.26,1906	Birth Place: New Plymouth, Ida.	Full Name of Mother: Lovie Inez (Lowe) Carpenter	Name of Father: Winfred Albert Carpenter	
SUPPORTING RECORD 3.	Type of Document: certified copy of State Employee's retirement form		By whom issued and signed: employed by Lassen County, California	Date Issued: Apr.21,1967	Date Orig. Entry: Mar.24,1953
	Date of Birth: Mar.26,1906	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	May 12,1967

FORM BH 56067

1 cp ff no. #7392

(C) 3-10-67 gml

MAY 1 2 1967

296-204-022-697

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-365

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melba Phyllis Brown			2. Date of Birth (month) January (day) 4 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Parker, Idaho - Fremont	b. City or Town of Birth: Parker
FATHER	6. Full Name of Father: Charles William Brown			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Martha Letitia Orgill			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melba Phyllis Brown Andrus		11. Present Address of Registrant: Ucon, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 30 1967	12. Signature of Notary: N. H. Hanson		13. Notary Commission expires: March 1 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file #197044 in Idaho	Date issued: ------	Date Orig. Entry: child born Dec.15,1931
	Date of Birth: Age 25	Birth Place: Parker, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend & Neighbor at time of birth		By whom issued and signed: Willis R. Humphreys	Date issued: Mar.22,1967	Date Orig. Entry: ------
	Date of Birth: Jan.4,1906	Birth Place: Parker, Idaho (at home)	Full Name of Mother: Martha Letitia (Orgill)Brown	Name of Father: Charles William Brown	
SUPPORTING RECORD 3.	Type of Document: Statement regarding church records		By whom issued and signed: LDS Church, Raymond Hill, Bishop	Date issued: ------	Date Orig. Entry: blessed May 27,1906
	Date of Birth: Jan.4,1906	Birth Place: Parker, Idaho	Full Name of Mother: Martha L. Orgill	Name of Father: Charles W. Brown	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	May 16, 1967

FORM BH 56067 NR 1 [illegible] #9558 (A) 4-12 67

MAY 16 1967

819-124-025-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De67-377

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wyeth Maynard Harris			2. Date of Birth (month) October (day) 24 (year) 1906	
	3. Color or Race: White	4. Sex	5. Place of Birth: a. County: Idaho	b. City or Town of Birth: Harrisburg	
FATHER	6. Full Name of Father: Frank Edward Harris			7. State or Country of Father's Birth: Oregon	
MOTHER	8. Full Maiden Name of Mother: Eva Cynthia White			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Wyeth Jno. Harris	11. Present Address of Registrant: Kamiah, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 2, 19 67		12. Signature of Notary: Fanny L. Blais	13. Notary Commission expires: February 1, 19 70	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of age for Navy records signed by mother		By whom issued and signed: A.L.James,CTM,USN and statement signed by Eva C.Harris.	Date Issued: Dec.10,1941	Date Orig. Entry: Dec.11,1941
	Date of Birth: Oct.24,1906	Birth Place: Harrisburg,Idaho	Full Name of Mother: Eva C. Harris	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Family Record s listing		By whom issued and signed: Family Records	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Oct.24,1906	Birth Place: -----	Full Name of Mother: Eva C. White Harris	Name of Father: F. E. Harris	
SUPPORTING RECORD 3.	Type of Document: Marriage License #59089		By whom issued and signed: Baltimore, Maryland, John H. Gardner,Pastor,1st Pres. church	Date Issued: Apr.26,1945	Date Orig. Entry: Apr. 26,1945
	Date of Birth: Age 38	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	May 17, 1967

FORM BH 56067

4-21-67

MAY 17 1967

335-111-010-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-406

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Darreld Leslie Clegg			2. Date of Birth (month) Feb. (day) 11 (year) 1906
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Taylor Bonneville	b. City or Town of Birth: Taylor Idaho
FATHER	6. Full Name of Father: Thomas Sessions Clegg			7. State or Country of Father's Birth: Heber City Utah
MOTHER	8. Full Maiden Name of Mother: Mary Edith Fowles			9. State or Country of Mother's Birth: Ogden Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Darreld Leslie Clegg		11. Present Address of Registrant: 213 Andrew Rd. Vallejo Cal.
NOTARY (Seal)	Subscribed and sworn to before me on: May 5 1967	12. Signature of Notary: Stanley F. Pittier		13. Notary Commission expires: STANLEY F. PITTIER My Commission Expires Nov. 3, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: copy of designation of beneficiary	By whom issued and signed: U.S. Civil Service Commission	Date Issued: -----	Date Orig. Entry: Feb.24,1948	
	Date of Birth: Feb.11,1906	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: employment record	By whom issued and signed: Navy Dept. Mare Island Naval Shipyard, Vallejo, Calif.	Date Issued: Mar.12,1946	Date Orig. Entry: Mar.12,1946	
	Date of Birth: Feb.11,1906	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Declaration of Appointee	By whom issued and signed: U.S. Civil Service Commission	Date Issued: -----	Date Orig. Entry: Nov.19,1940	
	Date of Birth: Feb.11,1906	Birth Place: Taylor, Idaho	Full Name of Mother: -----	Name of Father: Thos. S. Clegg	

QUALIFYING INFORMATION

Affidavit by uncle, Leslie Richard Clegg, signed June 6, 1967 shows that registrant was born Feb. 11, 1906 at Taylor, Bonneville, County, Idaho Parents names: Thomas Sessions Clegg and Mary Edith (Fowles) Clegg. Uncle was 81 years old.

REGISTRAR'S CERTIFICATION (seal)

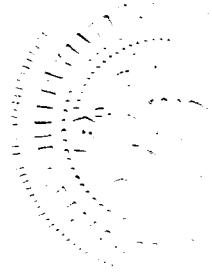
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	June 8, 1967

FORM BH 56067

1st add'l cert #11138 USH (C) 5-19-67 pl

JUN 8 1967



413-228-043-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-411

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Evangeline Matthews		2. Date of Birth (month) (day) (year): March 28 1906
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Roseberry, Valley
			b. City or Town of Birth: Roseberry, Idaho
FATHER	6. Full Name of Father: Clyde Lee Matthews		7. State or Country of Father's Birth: Wright Co. Missouri
MOTHER	8. Full Maiden Name of Mother: Hester Alma Young		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace E. Montgomery	11. Present Address of Registrant: 2116 S. Eagleson Rd.
NOTARY (Seal)	Subscribed and sworn to before me on: June 6 1967	12. Signature of Notary: Anita Schaff	13. Notary Commission expires: 9-14 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Hester A. Wood	Date Issued: June 6, 1967	Date Orig. Entry: -----
	Date of Birth: Mar. 28, 1906 / Birth Place: Roseberry, Idaho	Full Name of Mother: Hester Alma Young	Name of Father: Clyde Lee Matthews	
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: Obviously Old
	Date of Birth: Mar. 28, 1906 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 144472	Date Issued: ----	Date Orig. Entry: child born Sept. 15, 1926
	Date of Birth: Age 20	Birth Place: Boise, Idaho	Full Name of Mother: ------	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	June 8, 1967

FORM BH 56067

Child's [illegible] #164281 or #144472

JUN 16 1967

7/7

145-225-032-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-413

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ella Alberta Dunn			2. Date Of Birth (month) June (day) 25 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Shoshone
FATHER	6. Full Name of Father: Oliver Cowdry Dunn			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ilda Bates			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Ella Alberta Kennedy		11. Present Address of Registrant: 210 W. Cota Santa Barbara, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: April 26 1967	12. Signature of Notary: Anne Gray		13. Notary Commission expires: ANNE GRAY My Commission Expires May 19, 1968

→APPLICANT—DO NOT WRITE BELOW THIS LINE←

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 176018	Date Issued: ----	Date Orig. Entry: child born Nov. 4, 1929
	Date of Birth: Age 23	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother-in-law		By whom issued and signed: Lambert N. Erpelding Age 73	Date Issued: Apr.17,1967	Date Orig. Entry: ------
	Date of Birth: June 25,1906	Birth Place: Shoshone, Idaho	Full Name of Mother: Ilda Bates	Name of Father: Oliver Cowdry Dunn	
SUPPORTING RECORD 3.	Type of Document: Application for S.S. Acct.#		By whom issued and signed: Treasury Dept. Internal Rev.	Date Issued: Aug 12,1942	Date Orig. Entry: Aug 12,1942
	Date of Birth: Jun.25,1906	Birth Place: Shoshone, Idaho	Full Name of Mother: Ilda Bates	Name of Father: Oliver Cowdry Dunn	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	fc Florence Curtright	June 9,1967

FORM BH 56067

In office - no corresp

JUN 1 6 1967

466-226-040-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-417

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Reta Grace Mooers
2. Date of Birth (month) (day) (year): March 26 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Shoshone
b. City or Town of Birth: Orofino Idaho

FATHER

6. Full Name of Father: Frank Albert Mooers
7. State or Country of Father's Birth: California

MOTHER

8. Full Maiden Name of Mother: Bessie Olive Sanders
9. State or Country of Mother's Birth: Washington (Dixie)

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Reta Grace Nielsen
11. Present Address of Registrant: R#3 Box 67 Stanwood Wash 98292

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 14 1965
12. Signature of Notary:
13. Notary Commission expires: 12/20 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Bessie Olive Mooers	July 31,1962	-----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.26,1906 / Orofino, Idaho	Bessie Olive Sanders	Frank Albert Mooers	
SUPPORTING RECORD 2.	Statement regarding church records	Our Saviour's Lutheran Church Theol S. Hoiland, Pastor	Aug.8,1962	baptized Sept.23,1928
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.26,1906 / Orofino, Idaho	Bessie Olive Mooers	Frank A. Mooers.	
SUPPORTING RECORD 3.	Statement of records by physician	R.C. Fisher, M.D., Stanwood, Washington	Oct.1,1965	July 29,1948
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.26,1906 / -----	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson gml	June 12, 1967

FORM BH 56067 7-25-62

JUN 12 1967

214-220-031-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-426

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Tressie Marie Samsel	2. Date of Birth (month) May (day) 20 (year) 1906
	3. Color or Race: White; 4. Sex: female; 5. Place of Birth: a. County: Kamiah Lewis	b. City or Town of Birth: Kamiah, Idaho
FATHER	6. Full Name of Father: Henry Austin Samsel	7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Nellie Lee Kirkpatrick	9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Tressie Marie Samsel; 11. Present Address of Registrant: Fleisher Hangcat Ore
NOTARY (Seal)	Subscribed and sworn to before me on: 5/24 1966	12. Signature of Notary: Lloyd Lindenmund; 13. Notary Commission expires: July 15 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother (12 years old at time of birth)	By whom issued and signed: Lawrence H. Samsel	Date issued: Oct.12,1965	Date Orig. Entry: -----
	Date of Birth: May 20,1906; Birth Place: Farm near Kamiah, Idaho.	Full Name of Mother: Mrs. Henry A. Samsel	Name of Father: Mr. Henry A. Samsel	
SUPPORTING RECORD 2.	Type of Document: federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: May 1,1967	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age 13; Birth Place: Idaho	Full Name of Mother: Nellie Samsel	Name of Father: Henry A Samsel	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for Social Security #537-28-2754	By whom issued and signed: Social Security Adm.	Date issued: ----	Date Orig. Entry: May 27,1948
	Date of Birth: May 20,1906; Birth Place: Kamiah, Lewis County, Idaho	Full Name of Mother: Nellie L. Kirkpatrick	Name of Father: Henry A. Samsel	
QUALIFYING INFORMATION				

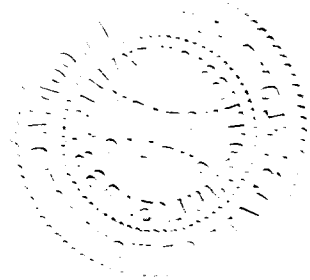
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	June 12, 1967

FORM BH 56067 1 cp pd rec # 13531 (F) 6-9-66 gml

JUN 13 1967



814224-029-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-447

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Henrietta Pearl Hamey		2. Date Of Birth (month) 10 (day) 24 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Potlatch Latah; b. City or Town of Birth
FATHER	6. Full Name of Father: John Henry Hamey		7. State or Country of Father's Birth: Morgan County & Illinois
MOTHER	8. Full Maiden Name of Mother: Amanda Lillian Granger		9. State or Country of Mother's Birth: Seward Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Henrietta Pearl Moar	11. Present Address of Registrant: 435 Garfield Port Townsend Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: May - 9 - 1967	12. Signature of Notary: H. C. Lunnin Jr.	13. Notary Commission expires: 12 - 9 - 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage return #1387		By whom issued and signed: Skamania County, Washington	Date Issued: July 6,1966	Date Orig. Entry: Mar.16,1928
	Date of Birth: Age 21	Birth Place: Potlatch, Idaho	Full Name of Mother: Lillian Granger	Name of Father: Henry Hamey	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Lillie A. Hamey	Date Issued: Aug.21,1942	Date Orig. Entry: ------
	Date of Birth: Oct.24,1906	Birth Place: Potlatch, Idaho Latah County	Full Name of Mother: Amanda Lillian Granger	Name of Father: John Henry Hamey	
SUPPORTING RECORD 3.	Type of Document: Statement regarding medical records		By whom issued and signed: Harry G. Plut, M.D. Medical Bldg. Port Townsend, Wash.	Date Issued: Feb.6,1967	Date Orig. Entry: Oct.2,1929
	Date of Birth: Age 22	Birth Place: ------	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

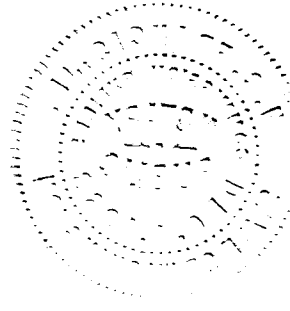
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	June 16, 1967

FORM BH 56067 NR

JUN 1 6 1967



318-212-2016-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-459

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PEARL RUTH TAYLOR			2. Date of Birth (month) January (day) 12 (year) 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Almo, (Idaho)
FATHER	6. Full Name of Father: Harry Taylor			7. State or Country of Father's Birth: Bountiful, Utah
MOTHER	8. Full Maiden Name of Mother: Gertrude Louisa Yost			9. State or Country of Mother's Birth: Yost, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl Ruth Taylor Gwin		11. Present Address of Registrant: Box 361 Rigby, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 12, 1967	12. Signature of Notary: Thomas R. Tucker		13. Notary Commission expires: October 20, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified statement from marriage record	By whom issued and signed: Twin Falls County, Idaho Book 7, Page 191	Date Issued: Apr.20,1967	Date Orig. Entry: June 6,1927
	Date of Birth: Age:21	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Statement by notary from family Bible record	By whom issued and signed: Thomas R.Tucker,Notary,Rigby Idaho, from Family Bible	Date Issued: Mayl2,1967	Date Orig. Entry: obviously old
	Date of Birth: Jan.12,1906	Birth Place: Almo, Idaho	Full Name of Mother: Gertrude Louisa Yost	Name of Father: Harry Taylor
SUPPORTING RECORD 3.	Type of Document: photocopy of application for ins. policy #1-20-38085	By whom issued and signed: Beneficial Protective Assoc. Inc., Pocatello, Idaho	Date Issued: Oct.20,1959	Date Orig. Entry: Oct.3,1959
	Date of Birth: Jan.12,1906	Birth Place: Almo,Cassia Co., Idaho	Full Name of Mother: -----	Name of Father: -----

QUALIFYING INFORMATION

Affidavit by sister, Clara M. Allred Age:70, dated April 20, 1967 states that Pearl Ruth Taylor Gwin was born January 12, 1906 to Harry Taylor and Gertrude Louisa Yost in Almo, Cassia County, Idaho.

REGISTRAR'S CERTIFICATION (seal)

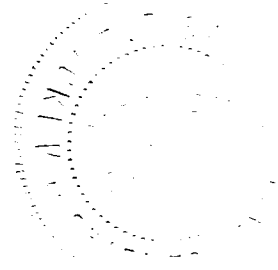
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	June 16, 1967

FORM BH 56067

5-5-67

JUN 19 1967



864-126-001-316

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-472

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nevel Harrold Young		2. Date of Birth (month) Aug (day) 26 (year) 1906	
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth a. County: STAR / ADA	b. City or Town of Birth: STar
FATHER	6. Full Name of Father: Newton Erastus Young		7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Lula Nora Lawler		9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harold N Young	11. Present Address of Registrant: 118 E Williams Meridian Idaho 83642	
NOTARY (Seal)	Subscribed and sworn to before me on: May 25 1967	12. Signature of Notary: W W Godfrey	13. Notary Commission expires: Jan. 4 1969	

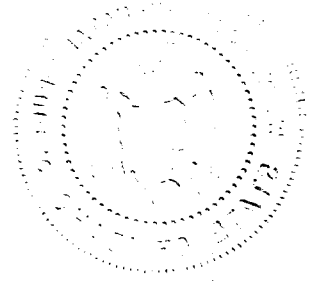
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #56-13597	Date Issued: -----	Date Orig. Entry: child born Nov. 13, 1956
	Date of Birth: Age: 50 / Birth Place: Star, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Marriage ~~Certificate~~	By whom issued and signed: On file Idaho #55-7411	Date Issued: Nov. 18, 1955	Date Orig. Entry: Nov. 18, 1955
	Date of Birth: Age: 49 / Birth Place: Star, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of family record from Bible	By whom issued and signed: Family Bible Record	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Aug. 26, 1906 / Birth Place: -----	Full Name of Mother: Lula N. Young	Name of Father: Newton E. Young	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: June 19, 1967

FORM BH 56067

JUN 1 9 1967



875 899-104-004-254

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DBD67-475

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harry Michael Hirschi			2. Date Of Birth (month) March (day) 4 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Montpelier
FATHER	6. Full Name of Father: Jacob Johon Hirschi			7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Rosina Knutti			9. State or Country of Mother's Birth: Switzerland
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harry M. Hirschi		11. Present Address of Registrant: 228 Washington, Pocatello, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: May 24, 1967	12. Signature of Notary: [illegible]		13. Notary Commission expires: June 21, 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age 73		By whom issued and signed: Maude Hirschi Standley	Date Issued: May 22,1967	Date Orig. Entry: ----
	Date of Birth: Mar.4,1906	Birth Place: Montpelier, Idaho	Full Name of Mother: Rosina Knutti	Name of Father: Jacob Johon Hirschi	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy # 5290187		By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Aug 25,1943	Date Orig. Entry: ---
	Date of Birth: Mar.4,1906	Birth Place: Montpelier, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Certificate of Membership		By whom issued and signed: L.D.S.Church - S.L.C.,Utah	Date Issued: May 1967	Date Orig. Entry: Blessed May 8,1906
	Date of Birth: Mar.4,1906	Birth Place: Montpelier,Ida.	Full Name of Mother: Rose Knutti	Name of Father: Jacob J. Hirschi	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	June 19, 1967

FORM BH 56067

JUN 22 1967

165-22-016-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-492

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Etta Viola Jones			2. Date of Birth (month) (day) (year): Nov. 22 1906
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Almo, Cassia Co. Idaho	b. City or Town of Birth: ~~Kilburn~~
FATHER	6. Full Name of Father: Ernest Dennis Jones			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lucy Jane Bronson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Etta V. Taylor		11. Present Address of Registrant: Almo, Idaho 83312
NOTARY (Seal)	Subscribed and sworn to before me on: May 26, 1967	12. Signature of Notary: Gene Baxter		13. Notary Commission expires: May 3, 1971

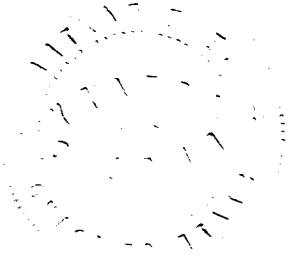
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of church certificate of birth	By whom issued and signed: LDS Church	Date Issued: May 18,1967	Date Orig. Entry: Apr.7,1907
	Date of Birth: Nov.22,1906 / Birth Place: Almo, Cassia County, Idaho	Full Name of Mother: Lucy Jane Bronson	Name of Father: Ernest Dennis Jones	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #220938	Date Issued: -----	Date Orig. Entry: child born Mar.6,1934
	Date of Birth: Age 27 / Birth Place: Almo, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of transcript of college record	By whom issued and signed: Southern Idaho College of Education, Albion, Idaho	Date Issued: 1949 Feb 2	Date Orig. Entry: 1925-26
	Date of Birth: Nov.22,1906 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: June 28, 1967	

FORM BH 56067

3-22-67

JUN 28 1967



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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-513

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Margaret Carrigan		2. Date Of Birth (month) Dec. (day) 17 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Boise	b. City or Town of Birth: Idaho City, Idaho
FATHER	6. Full Name of Father: Thomas Michael Carrigan		7. State or Country of Father's Birth: Ireland	
MOTHER	8. Full Maiden Name of Mother: Mary Isobel Carroll		9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy C Marshall	11. Present Address of Registrant: 4812 Edson St., Boise, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: 12th day Dec. 1965	12. Signature of Notary: E. Simmons	13. Notary Commission expires: January 1967	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school record	By whom issued and signed: St. Francis Academy, Baker, Oregon, Sr.M. Bertilla, Superior	Date Issued: Aug.11,1965	Date Orig. Entry: Sept.1,1919	
	Date of Birth: Age 12	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin (ten years older)	By whom issued and signed: Thomas D. Quinn	Date Issued: Mar.10,1967	Date Orig. Entry: -----	
	Date of Birth: Dec.17,1906	Birth Place: Idaho City, Idaho	Full Name of Mother: Mary Isabel Carrigan	Name of Father: Thomas Michael Carrigan	
SUPPORTING RECORD 3.	Type of Document: photocopy of certificate of Baptism Roman Catholic	By whom issued and signed: St.John's Cathedral, Boise, Idaho, Rev.K.F.Rowe	Date Issued: Sep.27,1963	Date Orig. Entry: baptized Mar.15,1907	
	Date of Birth: Dec.17,1906	Birth Place: -----	Full Name of Mother: Isabel Carroll	Name of Father: Thomas Carrigan	

QUALIFYING INFORMATION

Federal Census Record, U.S. Dept. of Commerce, Bureau of the Census issued June 26, 1967 gives her age as 3years as of the census taken April 15,1910 birthplace: Idaho
Parents: Thomas M. and Mary I. Carrigan

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	July 10, 1967

FORM BH 56067

M 12-7-65

JUL 10 1967

962-229-014-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-517

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lasca Ellen Robertson		2. Date Of Birth (month) Dec. (day) 29 (year) 1906
	3. Color or Race: White	4. Sex: F.	5. Place of Birth: a. County: Caldwell, Ida. Canyon; b. City or Town of Birth: Caldwell Idaho
FATHER	6. Full Name of Father: Arthur D. Robertson		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Minnie Jensen ~~Robertson~~		9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lasca Robertson Edmunds	11. Present Address of Registrant: 561 Filmore, Pocatello, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: February 20, 1967	12. Signature of Notary: [signature]	13. Notary Commission expires: June 1, 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of hospital record	By whom issued and signed: St. Patrick Hospital, Missoula Montana, Rose Voth, RRL Med. Rec.	Date issued: Mar. 16, 1967	Date Orig. Entry: Mar. 10, 1953
	Date of Birth: Dec. 29, 1906	Birth Place: Colwell, Idaho	Full Name of Mother: Minnie Jensen	Name of Father: Arthur D. Robertson
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Dept. of Commerce Bureau of the Census	Date issued: Mar. 24, 1967	Date Orig. Entry: Apr. 15, 1910
	Date of Birth: Age 3	Birth Place: Idaho	Full Name of Mother: Minnie Robertson	Name of Father: Arthur D. Robertson
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt who was present at birth	By whom issued and signed: Lena Jensen Walters (bd. 3-15-1879)	Date issued: June. 12, 1967	Date Orig. Entry: ------
	Date of Birth: Dec. 29, 1906	Birth Place: Caldwell, Idaho Canyon County	Full Name of Mother: Minnie Jensen Robertson	Name of Father: Arthur Robertson
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: July 13, 1967	

FORM BH 56067 1 cp pd rec # 7463 (E) 3-9-67 [illegible]

JUL 13 1967

239-21-0035-437

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-523

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: IRENE GLADYS STICKNEY		2. Date of Birth (month) 12 (day) 17 (year) 06
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: LEWISTON, IDAHO — b. City or Town of Birth: →
FATHER	6. Full Name of Father: ROBERT LEONARD STICKNEY		7. State or Country of Father's Birth: OHIO
MOTHER	8. Full Maiden Name of Mother: Belle McGREGOR (STICKNEY)		9. State or Country of Mother's Birth: HAMMOND, NEW YORK
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Irene G Scott	11. Present Address of Registrant: 8022 19th AVE. N.W.
NOTARY (seal)	Subscribed and sworn to before me on APR 14 1966 19	12. Signature of Notary: [illegible]	13. Notary Commission expires: Nov. 7, 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security history record (Inland Casket)	By whom issued and signed: Social Security history record 532-10-1767	Date Issued: ----	Date Orig. Entry: 1937
	Date of Birth: Dec.17,1906 — Birth Place: Lewiston,Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: insurance policy #10242825	By whom issued and signed: Metropolitan Life Insurance Co.	Date Issued: July 1,1939	Date Orig. Entry: Apr.26,1939
	Date of Birth: Dec.17,1906 — Birth Place: Lewiston, Idaho	Full Name of Mother: Belle Stickney	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: insurance policy #32468487	By whom issued and signed: Metropolitan Life In. Co.	Date Issued: Jul.21,1924	Date Orig. Entry: July 21, 1924
	Date of Birth: age next bd. 18 — Birth Place: ------	Full Name of Mother: -----	Name of Father: -----	

QUALIFYING INFORMATION: photocopy of original application for social security #532-10-1767 dated Nov. 25,1936 gives parents" names as Robert Leonard Stickney and Beulah Belle McGregor birthplace: Lewiston, Idaho Birthdate: December 17, 1906

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	July 14, 1967

FORM BH 56067 (5) 4-14-67

JUL 14 1967

694-119-026-963

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-527

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Willard Clyde Ormond		2. Date of Birth (month) March (day) 19 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Rigby, Idaho Jefferson; b. City or Town of Birth: Rigby, Idaho
FATHER	6. Full Name of Father: Enos Ormond		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Nellie Gilzettie Rolfe		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clyde Ormond	11. Present Address of Registrant: RFD #2, Box 70A, Rigby Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 7, 1967	12. Signature of Notary: Glenn Long	13. Notary Commission expires: Sept. 19 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #242387	Date Issued: -----	Date Orig. Entry: child born Apr.12,1936
	Date of Birth: Age 30 / Birth Place: Rigby, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from book of family history	By whom issued and signed: Decendants of Abijah Perry (family records)	Date Issued: printed in 1955	Date Orig. Entry: -----
	Date of Birth: Mar.19,1906 / Birth Place: Rigby, Idaho	Full Name of Mother: Nellie Rolfe	Name of Father: Enos Ormond	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Business Men's Assurance Co. of America	Date Issued: -----	Date Orig. Entry: May 23,1935
	Date of Birth: Mar.19,1906 / Birth Place: Rigby, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	July 17, 1967

FORM BH 56067

JUL 17 1967

613-126-026-857

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-549

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mayor W. Walker			2. Date of Birth (month) (day) (year): February 26, 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lewisville, Jefferson	b. City or Town of Birth: Lewisville	
FATHER	6. Full Name of Father: Welby Holmes Walker			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Sarah Hegsted			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant	11. Present Address of Registrant: 100 W. Main, St Rigby, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: August 13, 1965		12. Signature of Notary: Leonard E Graham	13. Notary Commission expires: January 5 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Dorcy Shurtliff, Clerk, Lewisville Ward	Date Issued: -----	Date Orig. Entry: baptized July 6,1918
	Date of Birth: Feb.26,1906	Birth Place: Lewisville,Idaho	Full Name of Mother: Sarah Hegsted	Name of Father: Welby H. Walker	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #262145	Date Issued: -----	Date Orig. Entry: child born Dec.12,1937
	Date of Birth: Age 31	Birth Place: Lewisville,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by half-brother		By whom issued and signed: Elmer Taylor Age 79	Date Issued: Apr.4,1967	Date Orig. Entry: -----
	Date of Birth: Feb.26,1906	Birth Place: Lewisville,Idaho	Full Name of Mother: Sarah Hegstead Walker	Name of Father: Welby H. Walker	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: July 19, 1967

FORM BH 56067

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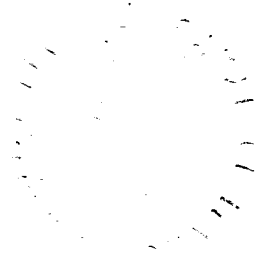

799-229-020-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-550

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gwendolyn Griffith
2. Date Of Birth (month) (day) (year): September, 29, 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Elmore; b. City or Town of Birth: Mountain Home

FATHER

6. Full Name of Father: Clarence James Griffith
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Edna Pearl Kinne
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. Gwendolyn D. Andrus
11. Present Address of Registrant: 109 Kellogg Ave. Kellogg, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: May 26 1967
12. Signature of Notary: Vera Jones
13. Notary Commission expires: June 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Pearl K. Griffith	Feb.9,1960	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.29,1906	Mountain Home, Idaho	Edna Pearl Kinne Griffith	Clarence James Griffith

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #262108	------	child born Dec.23,1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 31	Mountain Home, Idaho	------	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
transcript of school records	University of Idaho	May 5,1967	Sept.17,1925

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.29,1906	Mountain Home, Idaho	------	C. J. Griffith

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	July 19, 1967

FORM BH 56067

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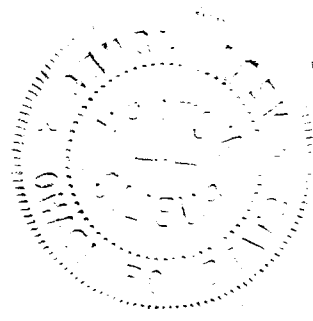

251-212-041-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-555

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Flora Kearsley			2. Date Of Birth (month) (day) (year): April 12, 1906
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Teton	b. City or Town of Birth: Victor
FATHER	6. Full Name of Father: Edward William Edwin Kearsley			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Annie Waterfall			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith F Humble		11. Present Address of Registrant: 425 Crouseway St. Helens, Oregon 97051
NOTARY (Seal) State of Oregon ss. Co. of Columbia	Subscribed and sworn to before me on: June 12 1967	12. Signature of Notary: Florence Whipple		13. Notary Commission Expires: February 19 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #226494	Date Issued: -----	Date Orig. Entry: child born Oct. 8, 1934	
	Date of Birth: Age 28	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Duplicate Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, St. Helens Ward, Isaac T. Allen, Elder	Date Issued: June 12, 1967	Date Orig. Entry: baptized Oct. 2, 1915	
	Date of Birth: Apr. 12, 1906	Birth Place: Victor, Teton County, Idaho	Full Name of Mother: Annie Waterfall	Name of Father: Edward William Edwin Kearsley	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: Edward J. Kearsley (bd. Nov. 26, 1896)	Date Issued: June 12, 1967	Date Orig. Entry: -----	
	Date of Birth: Apr. 12, 1906	Birth Place: Victor, Teton County, Idaho	Full Name of Mother: Annie Waterfall Kearsley	Name of Father: Edward William Edwin Kearsley	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	July 19, 1967

FORM BH 56067

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-556

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Constance Ramona Talbott			2. Date of Birth (month) (day) (year): May 17, 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Fletcher
FATHER	6. Full Name of Father: Clarence Elzy Talbott			7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Eunice Jane Westall			9. State or Country of Mother's Birth: North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Constance T. Hatch		11. Present Address of Registrant: 303 N. Jefferson, Moscow, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 9, 1967	12. Signature of Notary: [illegible]		13. Notary Commission expires: August 27, 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #200833	Date Issued: -----	Date Orig. Entry: child born Mar.6,1932	
	Date of Birth: Age 25	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible Record	Date Issued: Jun.12,1967	Date Orig. Entry: obviously old	
	Date of Birth: May 17,1906	Birth Place: Fletcher, Idaho Nez Perce County	Full Name of Mother: Eunice Talbott	Name of Father: Clarence Talbott	
SUPPORTING RECORD 3.	Type of Document: federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: June 21,1967	Date Orig. Entry: Apr.15,1910	
	Date of Birth: Age 3	Birth Place: Idaho	Full Name of Mother: Eunice J. Talbott	Name of Father: Clarence E. Talbott	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Glenda Larson	July 18, 1967

FORM BH 56067

JUL 21 1967

653-203-022-264

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-557

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lola LaVerne Welker		2. Date of Birth (month) June (day) 3 (year) 1906
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Wilford
FATHER	6. Full Name of Father: Wilburn Welker		7. State or Country of Father's Birth: Willard, Utah
MOTHER	8. Full Maiden Name of Mother: Hannah Jane Soulsby		9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lola LaVerne Welker	11. Present Address of Registrant: 434 S. 1st E. St. Anthony, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 26 1967	12. Signature of Notary: Keith Jorgensen	13. Notary Commission expires: January 20 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #94966	By whom issued and signed: Beneficial Life Ins. Co. of Utah	Date issued: Dec.22,1929	Date Orig. Entry: July 12,1929
	Date of Birth: June 3,1906 / Birth Place: Wilford, Idaho	Full Name of Mother: Hannah J. Welker	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: photocopy of church records	By whom issued and signed: LDS Church, Wilford Ward, Record of Members	Date issued: -----	Date Orig. Entry: baptized July 5,1914
	Date of Birth: June 3,1906 / Birth Place: Wilford	Full Name of Mother: Hannah J. Soulsby	Name of Father: Wilburn Welker	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age 76	By whom issued and signed: Dorothy Jane Smith	Date issued: May 26,1967	Date Orig. Entry: -----
	Date of Birth: June 3,1906 / Birth Place: Wilford, Idaho	Full Name of Mother: Hannah Jane Soulsby	Name of Father: Wilburn Welker	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	July 24, 1967

FORM BH 56067

JUL 24 1967

819-223-034-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-564

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Virginia Hardy		2. Date of Birth (month) (day) (year): Dec. 23 1906
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Rupert, Idaho-Minidoka
			b. City or Town of Birth: Rupert Idaho
FATHER	6. Full Name of Father: Wm. Bryant Hardy		7. State or Country of Father's Birth: Utah - Washington Co.
MOTHER	8. Full Maiden Name of Mother: Sarah Ann McCloy (Sadie)		9. State or Country of Mother's Birth: Utah - Weber County
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virginia Hardy Matheson	11. Present Address of Registrant: 613 Browning Ave. S.L.C. Utah
NOTARY (Seal)	Subscribed and sworn to before me on: May 12 1967	12. Signature of Notary: Rell F. Iverson	13. Notary Commission expires: Feb 1 1968

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: transcript of school record	By whom issued and signed: University of Utah, Salt Lake City, Utah	Date Issued: Sep 4, 1962	Date Orig. Entry: 1946-47
	Date of Birth: Dec 23, 1906 / Birth Place: -----	Full Name of Mother: Sadie M. Hardy	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: transcript of school record	By whom issued and signed: Southern Branch, University of Idaho	Date Issued: 11-14-63	Date Orig. Entry: matriculated Sep. 21, 1926
	Date of Birth: Dec. 23, 1906 / Birth Place: Rupert, Idaho	Full Name of Mother: -----	Name of Father: W. B. Hardy	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: Holy Cross Hospital, Salt Lake City, Utah	Date Issued: June 21, 1967	Date Orig. Entry: July 10, 1946
	Date of Birth: Dec. 23, 1906 / Birth Place: Rupert, Idaho	Full Name of Mother: -----	Name of Father: William B. Hardy	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	gml Glenda Larson	July 27, 1967

FORM BH 56067

1 cp pd rec. # 12898

(m) 6-15-67 gm

JUL 27 1967

318-108-033-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-570

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gordon Brinton Taylor			2. Date Of Birth (month) 6 (day) 8 (year) 1906	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Madison	b. City or Town of Birth: Rexburg	
FATHER	6. Full Name of Father: Albert Ether Taylor			7. State or Country of Father's Birth: Salt Lake County, Utah	
MOTHER	8. Full Maiden Name of Mother: Dora Brenton			9. State or Country of Mother's Birth: Salt Lake County Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gordon B Taylor		11. Present Address of Registrant: 134 E 2nd So. Rexburg	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 12, 1962	12. Signature of Notary: Henry Dietrich		13. Notary Commission expires: April 16, 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Dora Brintin Taylor		Date Issued: Sept. 12, 1962	Date Orig. Entry: ---
	Date of Birth: June 8, 1906	Birth Place: Rexburg, Idaho	Full Name of Mother: Dora Brintin Taylor	Name of Father: Albert Ether Taylor	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #51-14045		Date Issued: -----	Date Orig. Entry: child born Oct. 14, 1951
	Date of Birth: Age 45	Birth Place: Rexburg, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: U.S. Passport #120709	By whom issued and signed: Dept. of State		Date Issued: Aug. 27, 1929	Date Orig. Entry: Aug. 27, 1929
	Date of Birth: June 8, 1906	Birth Place: Rexburg, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: sm Glenda Larson	Date Filed: July 27, 1967

FORM BH 56067

9-5-62

1 copy paid Rec. #16364

9-17-62

JUL 27 1967

413-201-009-3/6

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-582

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elsie Marguerite MacLeod
2. Date of Birth (month) (day) (year): May 1 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Hope Idaho Bonner
b. City or Town of Birth: Hope, Idaho

FATHER

6. Full Name of Father: George Russell MacLeod
7. State or Country of Father's Birth: Nova Scotia, Canada

MOTHER

8. Full Maiden Name of Mother: Ida Virginia LaFond
9. State or Country of Mother's Birth: Michigan

AFFIANT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elsie M Golden
11. Present Address of Registrant: 1227 E Central Spokane Wn

NOTARY (seal)

Subscribed and sworn to before me on: 22nd day of June 1967

12. Signature of Notary: J. L. Lincoln

13. Notary Commission expires: Residing Auburn Washington Nov. 10th 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #114218	------	child born Aug.10,1923
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 17 / Hope, Idaho	------	------	
SUPPORTING RECORD 2.	Statement regarding school records	Bonner County Dist. 46, Idaho Mike Lamanna, Asst. Supt.	May 15,1967	Sept.15,1914
	Age 8 / -----	Ida Greene	-----	
SUPPORTING RECORD 3.	Certificate of Baptism (Roman Catholic Church)	Saint Catherine Church, Priest River, Idaho	May 11,1967	baptized Mar.30,1951
	May 1,1906 / Hope, Idaho	Ida LaFond	George Mac Leod	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

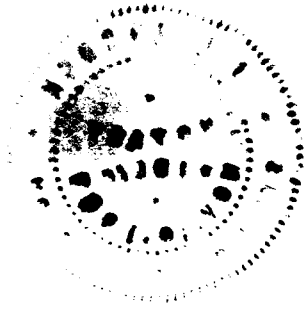
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	July 28, 1967

FORM BH 56067

4-21-67

JUL 28 1967



613-126-010-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-599

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lafell Deloss Waters			2. Date Of Birth (month) October (day) 26th, (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Coltman Bonneville	b. City or Town of Birth: Coltman
FATHER	6. Full Name of Father: Deloss Clark Waters			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Myrtle Georgann Bramwell			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lafell Deloss Waters		
NOTARY (Seal)	Subscribed and sworn to before me on: MAY 31 1967	12. Signature of Notary: W. H. Newcomb		Notary Commission Expires: 19

Notary Public of State of Nevada
W. H. NEWCOMB
LAS VEGAS
My Commission Expires Jan. 6, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of marriage records	By whom issued and signed: Jefferson County, Idaho	Date Issued: May 10,1967	Date Orig. Entry: Dec.21,1925
	Date of Birth: Age 19	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Duplicate certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Las Vegas 6th Ward, L. Earl Long, Clerk	Date Issued: May 15,1967	Date Orig. Entry: baptized Oct. 26,1914
	Date of Birth: Oct.26,1906	Birth Place: Coltman, Idaho Bonneville County	Full Name of Mother: Myrtle Bramwell	Name of Father: Deloss Waters
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Business Men's Assurance Co. of America	Date Issued: ----	Date Orig. Entry: Sept.9,1961
	Date of Birth: Oct.26,1906	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. H. Benson	gml Glenda Larson	July 31, 1967

FORM BH 56067

(W) 6-28-67

JUL 31 1967

155-225-010-455

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-600

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JENNINGS, Effie		2. Date of Birth (month) (day) (year): March 25 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Iona Bonneville; b. City or Town of Birth: Iona, Idaho
FATHER	6. Full Name of Father: JENNINGS, Edwin Lawrence Miame County		7. State or Country of Father's Birth: Taola, Kansas USA
MOTHER	8. Full Maiden Name of Mother: Rosanna Denning Jennings Bonneville County		9. State or Country of Mother's Birth: Iona, Idaho USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Effie Jennings Jensen	11. Present Address of Registrant: 160 Whittier St., Idaho Falls, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: May 24th. 19 67	12. Signature of Notary: Doris M. Chadwick	13. Notary Commission expires: Sept. 18th. 19 67

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of own child*s birth certificate #97		By whom issued and signed: State of Oregon, on file in Vital Statistics Section	Date Issued: Nov.10,1952	Date Orig. Entry: child born June 14,1931
	Date of Birth: Age 25	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle Age:86		By whom issued and signed: John Walter Denning	Date Issued: May 24,1967	Date Orig. Entry: -----
	Date of Birth: Mar.25,1906	Birth Place: Iona, Bonneville County, Idaho	Full Name of Mother: Rosanna Denning Jennings	Name of Father: Edwin Lawrence Jennings	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records		By whom issued and signed: Idaho Falls LDS Hospital, Lelia Garland, Med.Rec.Lib.	Date Issued: July 5,1967	Date Orig. Entry: Apr.12,1943
	Date of Birth: Age 37	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: July 31, 1967

FORM BH 56067

(1) 6 30

JUL 31 1967

762-226-014-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-624

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Flora Mae Post			2. Date of Birth (month) (day) (year): March 26, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Parma
FATHER	6. Full Name of Father: Charles D. Post			7. State or Country of Father's Birth: North Dakota
MOTHER	8. Full Maiden Name of Mother: Louisa J. Anderson			9. State or Country of Mother's Birth: North Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Flora Post Andersen		11. Present Address of Registrant: 7424 Wilshire Dr Boise
NOTARY (Seal)	Subscribed and sworn to before me on: August 10 1967	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor (at time of birth) Age 75	By whom issued and signed: Ostella Andersen Brown	Date Issued: June 16,1966	Date Orig. Entry: -----
	Date of Birth: Mar 26,1906 / Birth Place: Parma, Idaho	Full Name of Mother: Louisa Josephine Anderson	Name of Father: Charles DeWitt Post	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Canyon Co. Dist # 8	Date Issued: Dec 30,1960	Date Orig. Entry: School Year 1911-1912
	Date of Birth: Age 6 / Birth Place: ----	Full Name of Mother: Flora Post	Name of Father: Charles Post	
SUPPORTING RECORD 3.	Type of Document: Baptismal Record	By whom issued and signed: St.Michael's Cathedral	Date Issued: ---	Date Orig. Entry: Baptized June 27,1953
	Date of Birth: Mar.26,1906 / Birth Place: Parma, Idaho	Full Name of Mother: Louisa J. Anderson	Name of Father: Charles DeWitt Post	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: August 10,1967

FORM BH 56067

AUG 10 1967

238-231-029-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-639

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Theresa appolonia Scharbach		2. Date Of Birth (month) (day) (year): March 31 1906
	3. Color or Race: White	4. Sex: female	5. Place of Birth: a. County: Genesee Latah; b. City or Town of Birth: Genesee Idaho
FATHER	6. Full Name of Father: Frederick Scharbach		7. State or Country of Father's Birth: Mt Angel ORegon
MOTHER	8. Full Maiden Name of Mother: Anna Mary Jacobs		9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Theresa A. Davis	11. Present Address of Registrant: Rt1 Box 263 - Otis Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: Mary A. Rasmussen July 1 1967	12. ~~Signature of Notary~~: Charles E. Scharbach	13. Notary Commission expires: May 11 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate #128		By whom issued and signed: Vital Statistics Section State of Oregon	Date issued: Jul.11,1967	Date Orig. Entry: child born June 8,1927
	Date of Birth: Age 21	Birth Place: Genesee, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: certified copy of return of Marriage		By whom issued and signed: Clatsop County, Oregon	Date issued: Sep.23,1966	Date Orig. Entry: Sept.10,1924
	Date of Birth: Age: 18 yrs. 5 mos. 9 da.	Birth Place: Genesee, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding baptismal records		By whom issued and signed: Rev. John S. Harrington, St. Mary's Church, Genesee, Idaho	Date issued: Aug.21,1966	Date Orig. Entry: baptized Apr.6,1906
	Date of Birth: Mar.31,1906	Birth Place: -----	Full Name of Mother: Anna Jacobs	Name of Father: Frederick Scharbach	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

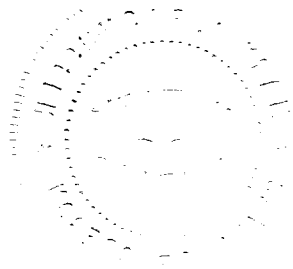
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	August 21, 1967

FORM BH 56067 1 copy paid rec. 215 9-19-66 (D) gml

Davis
(Theresa Appolonia Scharbach)

AUG 21 1967



314-231-036-491

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-669

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alta Violet Camp		2. Date Of Birth (month) (day) (year): August 31 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Pleasantview Oneida (mail) b. City or Town of Birth: near Malad Idaho
FATHER	6. Full Name of Father: Williams Peter Camp Jr.		7. State or Country of Father's Birth: Samaria Oneida Co. Idaho
MOTHER	8. Full Maiden Name of Mother: Esther Violet Draper		9. State or Country of Mother's Birth: Riverton Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alta Violet Camp McConkie	11. Present Address of Registrant: 605 E. 400 So. St. George, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: July 25 1967	12. Signature of Notary: Ann C. Hawkes	13. Notary Commission expires: December 10 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate #28		By whom issued and signed: Division of Vital Statistics State of Utah	Date issued: Jul.28,1967	Date Orig. Entry: child born Aug.9,1937
	Date of Birth: Age 30	Birth Place: Malad, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Pleasantview Ward C. E. Thomas Clerk	Date issued: -----	Date Orig. Entry: baptized Aug.31,1914
	Date of Birth: Aug.31,1906	Birth Place: Pleasantview, Ida. Oneida County	Full Name of Mother: Ester V. Draper	Name of Father: W. P. Camp, Jr.	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person who has known registrant all her life		By whom issued and signed: Diseret Camp Moon Age 71	Date issued: July 26,1967	Date Orig. Entry: -----
	Date of Birth: Aug.31,1906	Birth Place: Pleasantview, Ida. Oneida County	Full Name of Mother: Esther Violet Draper Camp	Name of Father: Williams Peter Camp, Jr.	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	August 21,1967

FORM BH 56067

Cor Ad No # 15553 (m)

AUG 22 1967

313-21-044-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-672

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Rosetta Calwhite (Lizzie R.)		2. Date Of Birth (month) October (day) 11 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington; b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: Martin Calwhite		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: , Margaret May Saling		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Donald H. Dickerson	11. Present Address of Registrant: Route # 2, Weiser, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 30 1963	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: On file Idaho # 193293	Date Issued: ---	Date Orig. Entry: Child born July 5, 1931
	Date of Birth: Age 24 / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Weiser High School, Agnes Allan, Clerk	Date Issued: ------	Date Orig. Entry: May 22, 1925
	Date of Birth: Oct. 11 1906 / Birth Place: -----	Full Name of Mother: Mrs. M. E. Calwhite	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: H. M. Gilliam	Date Issued: Nov.22,1966	Date Orig. Entry: ------
	Date of Birth: Oct 11,1906 / Birth Place: Weiser, Idaho	Full Name of Mother: (Saling) Margaret May Gilliam	Name of Father: H. M. Gilliam	
QUALIFYING INFORMATION	Certified copy of Court order of Adoption, in the Probate Court of Washington Co., State of Idaho, shows that Eva M.Gilliam, a minor child was adopted by Martin Calwhite on July 14, 1915. Certifiedcopy issued October 14, 1963 by Don Henderson, Probate Judge and Ex-Officio Clerk.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright		Date Filed: Aug 22,1967

FORM BH 56067

AUG 22 1967

296-203-031-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-696

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Lorraine Brower			2. Date of Birth (month) Dec. (day) 3, (year) 1906
	3. Color or Race: White	4. Sex: Fem.	5. Place of Birth a. County: Lewis County	b. City or Town of Birth: Forest, Idaho
FATHER	6. Full Name of Father: George Edward Brower			7. State or Country of Father's Birth: Oregan
MOTHER	8. Full Maiden Name of Mother: Dolly Ann Crews Hazel Lorraine Brower Aue			9. State or Country of Mother's Birth: Eugene, Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel Lorraine Brower Duick		11. Present Address of Registrant: 39 La Cruz Ave. Benicia
NOTARY (Seal)	Subscribed and sworn to before me on: 6/7 1967	12. Signature of Notary: Marie L. Hall		13. Notary Commission expires: 9/23 1969

MARIE L. HALL
NOTARY PUBLIC-CALIFORNIA
COUNTY OF SOLANO

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: State of Washington	Date Issued: Oct.6,1941	Date Orig. Entry: child born Mar.6,1934
	Date of Birth: Age 27	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Dolly Ann Brower	Date Issued: July 16,1965	Date Orig. Entry: -----
	Date of Birth: Dec.3,1906	Birth Place: Forest, Idaho Lewis County	Full Name of Mother: Dolly Ann Crews	Name of Father: George Edward Brower	
SUPPORTING RECORD 3.	Type of Document: Notification of personnel action		By whom issued and signed: Department of the Army, Marvel McConnell, Chief, Adm. Branch	Date Issued: June 26,1953	Date Orig. Entry: June 26,1953
	Date of Birth: Dec.3,1906	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	Sept. 6, 1967

FORM BH 56067

Certificate #14756

(W) 7-17-69

SEP 6 1967

336-22-003-275

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-739

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Connie H Lloyd			2. Date Of Birth (month) October (day) 29 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: (Bannock then) Caribou	b. City or Town of Birth: Central
FATHER	6. Full Name of Father: Parley Lea Lloyd			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Janet Bell Spence			9. State or Country of Mother's Birth: Wyoming
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Connie L. Lechtenberg	11. Present Address of Registrant: Route 5, Caldwell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 17 1966		12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file with state of Idaho	Date Issued: ----	Date Orig. Entry: child born Apr.11,1929
	Date of Birth: Age 22	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy		By whom issued and signed: Old West Life Ins. Co.	Date Issued: Mar.10,1960	Date Orig. Entry: Feb.12,1960
	Date of Birth: Oct.29,1906	Birth Place: Central, Idaho	Full Name of Mother: -------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father age 82		By whom issued and signed: Parley Lea Lloyd	Date Issued: May 5, 1967	Date Orig. Entry: ----
	Date of Birth: Oct.29,1906	Birth Place: Central, Idaho	Full Name of Mother: Janet Bell Spence	Name of Father: Parley Lea Lloyd	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: Sept. 12, 1967

FORM BH 56067

In Office - No Record

SEP 12 1967

264-203-028-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-761

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Amelia Boucher		2. Date of Birth (month) May (day) 3 (year) 1906
	3. Color or Race: Wh	4. Sex: Female	5. Place of Birth a. County: Kootenai; b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: Wilfred A. Boucher		7. State or Country of Father's Birth: Chippewa Falls - Wisconsin
MOTHER	8. Full Maiden Name of Mother: Laura E. Chainey		9. State or Country of Mother's Birth: Florence - Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Mary A. Schneberger	11. Present Address of Registrant: R#3 Box 167 Coeur d'Alene Ida
NOTARY (Seal)	Subscribed and sworn to before me on: August 23 1967	12. Signature of Notary: John W. King	13. Notary Commission expires: NOTARY PUBLIC for the State of Idaho Residing at Coeur d'Alene, Idaho My commission expires July 15, 1968

APPLICANT (DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: photocopy of marriage certificate	By whom issued and signed: Thomas J. Nealon, Rev. St. Thomas Church, Coeur D'Alene	Date Issued: Sep.5,1932	Date Orig. Entry: Sept.5,1932
	Date of Birth: Age 26; Birth Place: -----	Full Name of Mother: Laura E. Chainey	Name of Father: Wilfred Boucher	
SUPPORTING RECORD 2.	Type of Document: photocopy of school record	By whom issued and signed: Academy of Immaculate Heart of Mary, Coeur d'Alene, Idaho	Date Issued: -----	Date Orig. Entry: Sept. 1921
	Date of Birth: 1906; Birth Place: -----	Full Name of Mother: Mrs. Laura Boucher	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Baptism (Roman Catholic)	By whom issued and signed: St.Thomas Church, Coeur d'Alene, Ida. Rev.Purcell	Date Issued: -----	Date Orig. Entry: baptized May 29,1906
	Date of Birth: May 3,1906; Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Laura Chainey	Name of Father: Wilfred Boucher	
QUALIFYING INFORMATION				

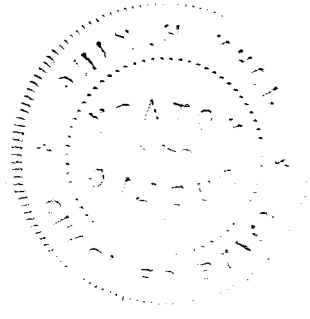
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Sept. 22,1967

FORM BH 56067 1 cy pd no. # 15814 (B) 7-28-67

SEP 22 1967



963-111-010-942

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-767

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Warren Rushton Rockwood			2. Date of Birth (month) July (day) 11 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Bonneville	b. City or Town of Birth: Iona	
FATHER	6. Full Name of Father: Amos Warren Rockwood			7. State or Country of Father's Birth: Utah U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Melissa Rushton			9. State or Country of Mother's Birth: Idaho U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Warren Rushton Rockwood		11. Present Address of Registrant: Iona, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: August 24 1967	12. Signature of Notary: Dixie Hunting		13. Notary Commission expires: April 1 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Keith Olsen, Iona Ward, East Ida. Falls		Date Issued: May 4,1967	Date Orig. Entry: baptized Nov.29,1914
	Date of Birth: July 11, 1906	Birth Place: Iona, Bonneville County, Idaho	Full Name of Mother: Melissa Rushton	Name of Father: Amos W. Rockwood	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Melissa Rockwood		Date Issued: Aug.24,1967	Date Orig. Entry: -----
	Date of Birth: Jul.11,1906	Birth Place: Iona, Idaho	Full Name of Mother: Melissa Rushton Rockwood	Name of Father: Amos Warren Rockwood	
SUPPORTING RECORD 3.	Type of Document: photocopy of title page of insurance policy	By whom issued and signed: Gem State Mutual Life Assoc. Pocatello, Idaho		Date Issued: Dec.20,1943	Date Orig. Entry: -----
	Date of Birth: Jul.11,1906	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

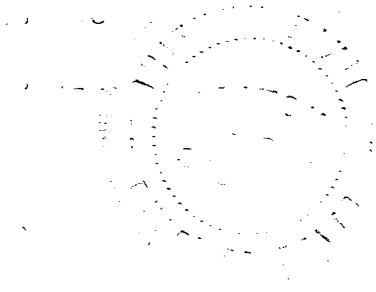
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Sept.22,1967

FORM BH 56067 nm. 8-21-67 (R)

SEP 22 1967
NOV 2 0 1975



399-210-020-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-796

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Ethel Crist			2. Date Of Birth (month) 10 (day) 10 (year) 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Idaho a. County: Elmore	b. City or Town of Birth: Glenns Ferry
FATHER	6. Full Name of Father: Louis Franklin Crist			7. State or Country of Father's Birth: Vienna, Austria
MOTHER	8. Full Maiden Name of Mother: Orilla Josephine Grey			9. State or Country of Mother's Birth: Caribou, Maine
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva Ethel Crist		11. Present Address of Registrant: 2991 "D" St. N.E. Salem, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: June 26 1967	12. Signature of Notary: Henry R. Rymus		13. Notary Commission expires: January 8 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age 74		By whom issued and signed: Bertha E. Minear	Date issued: Jun.26,1967	Date Orig. Entry: -----
	Date of Birth: Oct.10,1906	Birth Place: Glenns Ferry,Ida.	Full Name of Mother: Orilla Josephine (Grey)Crist	Name of Father: Louis Franklin Crist	
SUPPORTING RECORD 2.	Type of Document: marriage record of age		By whom issued and signed: E.Haitt,Dep.Co.Auditor,Clark County, Washington	Date issued: ----	Date Orig. Entry: June 30,1925
	Date of Birth: Age 18	Birth Place: ----	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of own child's birth certificate		By whom issued and signed: State of Washington, child born in Yakima, Washington	Date issued: -----	Date Orig. Entry: child born Dec.25,1937
	Date of Birth: Age 31	Birth Place: Glenns Ferry,Idaho	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Sept. 27, 1967

FORM BH 56067

1 cp pd res # 15952 (C) 7-28-67

SEP 27 1967

632-212-029-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-816

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HILDA THERESIA OLSON		2. Date Of Birth (month) (day) (year): AUGUST 12 - 1906
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: MOSCOW, IDA. LATAH
			b. City or Town of Birth: MOSCOW - IDAHO
FATHER	6. Full Name of Father: JOHAN A. OLSON		7. State or Country of Father's Birth: SWEDEN
MOTHER	8. Full Maiden Name of Mother: CLARA MATHILDA ANDERSON		9. State or Country of Mother's Birth: SWEDEN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X HILDA T. SCHMIDT	11. Present Address of Registrant: 829 W York. Spokane Wn.
NOTARY (Seal)	Subscribed and sworn to before me on: 7/10 1967	12. Signature of Notary: Eugene E. Lewis	13. Notary Commission expires: 3/17 1968

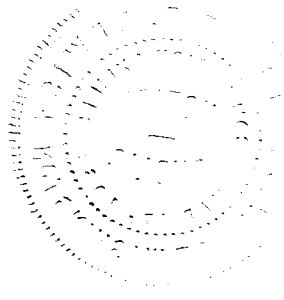
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of church record	By whom issued and signed: N.J.Nelson, Ev.Luth.Pastor Moscow, Idaho	Date Issued: -----	Date Orig. Entry: Nov.9,1906
	Date of Birth: Aug.12,1906 / Birth Place: Moscow,Idaho	Full Name of Mother: Mathilda Olson	Name of Father: Johan A. Olson	
SUPPORTING RECORD 2.	Type of Document: photocopy of Bible record	By whom issued and signed: Family Records	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Aug.12,1906 / Birth Place: Moscow, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #J805631	By whom issued and signed: Reserve life Ins. Co.,Dallas Texas	Date Issued: Aug.15,1956	Date Orig. Entry: Aug.9,1956
	Date of Birth: Aug.12,1906 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: Sept. 28, 1967

FORM BH 56067 Applied 10132 (5) 8-22-67 gml

SEP 29 1967



793-220-036-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-841

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beatrice T Gilbert		2. Date of Birth (month) (day) (year): 2 20 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Fairview Oneida
			b. City or Town of Birth (mail Preston): Fairview, Oneida
FATHER	6. Full Name of Father: Elijah Gilbert		7. State or Country of Father's Birth: Grafton, Wilkshire, England
MOTHER	8. Full Maiden Name of Mother: Agnes L. Thomson		9. State or Country of Mother's Birth: Richmond Cache Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beatrice T. Johnson	11. Present Address of Registrant: 131 E 1st N Preston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 26, 1967	12. Signature of Notary	13. Notary Commission expires: 6/7/69 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church certificate of Birth		By whom issued and signed: LDS Church, Joseph F. Smith Historian	Date Issued: May 11,1967	Date Orig. Entry: Apr.1,1906
	Date of Birth: Feb.20,1906	Birth Place: Fairview, Idaho Oneida County	Full Name of Mother: Agnes L. Thomson	Name of Father: Elijah Gilbert	
SUPPORTING RECORD 2.	Type of Document: certified copy of application for license to marry #36		By whom issued and signed: Cache County, Utah	Date Issued: Apr.25,1967	Date Orig. Entry: Feb.20,1930
	Date of Birth: Feb.20,1906	Birth Place: Preston, Idaho	Full Name of Mother: Agnes Thompson	Name of Father: Elijah Gilbert	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister (bd. 3-16-1896)		By whom issued and signed: Alice G. Baker	Date Issued: July 7,1967	Date Orig. Entry: ------
	Date of Birth: Feb.20,1906	Birth Place: Fairview, Idaho Oneida County	Full Name of Mother: Agnes Lillian Thomson (Gilbert)	Name of Father: Elijah Gilbert	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 5, 1967

FORM BH 56067 (Revised 1-45-1)

OCT 6 1967

813-216-044-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-853

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Lucinda Hales		2. Date of Birth (month) 12 (day) 16 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cambridge Idaho; b. City or Town of Birth: Cambridge
FATHER	6. Full Name of Father: William Wiley Hales		7. State or Country of Father's Birth: Oregon.
MOTHER	8. Full Maiden Name of Mother: Laura Hanna Filbert		9. State or Country of Mother's Birth: unknown.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Hales Gardner	11. Present Address of Registrant: RT 1 Box 800 Gig Harbor wn
NOTARY (Seal)	Subscribed and sworn to before me on: March 4, 1966	12. Signature of Notary: Eugene O. Larson	13. Notary Commission expires: 9-15 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of pages from family Bible	By whom issued and signed: Family Bible Records		Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Dec.16,1906	Birth Place: -----	Full Name of Mother: Laura Hanna Filbert	Name of Father: William Wiley Hales	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: Vital Statistics, Washington		Date Issued: May 29,1945	Date Orig. Entry: child born Jan.11,1929
	Date of Birth: Age 22	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Mexican Travel Permit #3453534	By whom issued and signed: Mexican Government, Cosme Hinojasa, Jr., Consul de Mexico		Date Issued: Feb.21,1962	Date Orig. Entry: Feb.21,1962
	Date of Birth: Age 55	Birth Place: Cambridge, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

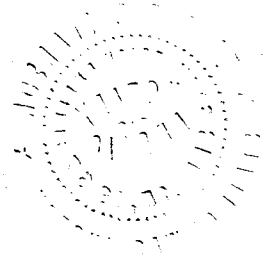
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	Oct. 5, 1967

FORM BH 56067 nm 2-10-66 (G)

3-22-66

OCT 6 1967



687-207-029-354

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-862

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leone Gertrude Wygant		2. Date Of Birth (month) (day) (year): January 7 1906
	3. Color or Race: White	4. Sex	5. Place of Birth a. County: Moscow; b. City or Town of Birth: Moscow Idaho
FATHER	6. Full Name of Father: Edgar David Wygant.		7. State or Country of Father's Birth: Dunn Co. Wis.
MOTHER	8. Full Maiden Name of Mother: Gertrude Stella Kemisle		9. State or Country of Mother's Birth: Wauson Wis.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Leone Addington	11. Present Address of Registrant: Harrison Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 2 1967	12. Signature of Notary: Goldie M Slane	13. Notary Commission expires: June 10 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #279644	Date Issued: ----	Date Orig. Entry: child born Aug.7,1927
	Date of Birth: Age 21	Birth Place: Moscow, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school census records Dist.#18		By whom issued and signed: Kootenai, County	Date Issued: Sep.27,1967	Date Orig. Entry: Sept.13,1913
	Date of Birth: Age 7	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: federal census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Sep.14,1967	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age 4	Birth Place: Idaho	Full Name of Mother: Gertrude Wygant	Name of Father: Edgar Wygant	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	October 10,1967

FORM BH 56067

7-12-67

OCT 1 1 1967

249-222-016-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-863

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Zalona Pearl Smith		2. Date Of Birth (month) May (day) 22 (year) 1906	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Oakley, Cassia	b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: Robert Shield Smith		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Edna Louise Smith.		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Zalona Pearl Smith Mahoney	11. Present Address of Registrant: Albion Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: September 29 1967	12. Signature of Notary: Dorothy E. Clark	13. Notary Commission expires: Jan 7 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

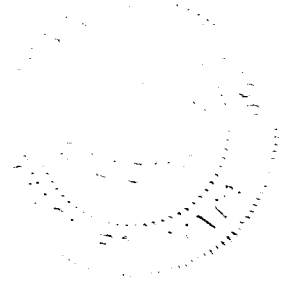
SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #228940	Date Issued: -----	Date Orig. Entry: child born Dec.23,1934
	Date of Birth: Age 28	Birth Place: Oakley, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Duplicate certificate of Baptism and confirmation		By whom issued and signed: LDS church, Marion Ward John Ray Powell,Clerk	Date Issued: Aug.2,1914	Date Orig. Entry: baptized Aug.2,1914
	Date of Birth: May 22,1906	Birth Place: Oakley, Idaho Cassia County	Full Name of Mother: Edna Whittle	Name of Father: Robert Smith	
SUPPORTING RECORD 3.	Type of Document: Statement regarding marriage records		By whom issued and signed: Cassia County, Idaho Frank B.Kearns,Recorder	Date Issued: Dec.2,1965	Date Orig. Entry: July 3,1928
	Date of Birth: Age 22	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: October 10,1967

FORM BH 56067

3-2-66

OCT 1 1 1967



869-20-014-482

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. DE 67-901
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name: Zina Rachel York		2. Date of Birth: Oct. 10 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Canyon, Idaho	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Logan Edgar York (Logan Edgar York)		7. State or Country of Father's Birth: Georgia (Georgia)	
MOTHER	8. Full Maiden Name of Mother: Mary Alice McShane		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Zina R. Bubee	11. Present Address of Registrant: White Salmon, Wash	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 27th 1953	12. Signature of Notary: Jennie R. Thomas	13. Notary Commission expires: Aug. 21 1955	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents Age 80	By whom issued and signed: Mary Alice York, Logan E. York	Date Issued: April 24,1954	Date Orig. Entry: ------
Class*	Date of Birth: Oct.10,1906 / Birth Place: Caldwell, Idaho	Full Name of Mother: Mary Alice McShane	Name of Father: Logan Edgar York	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: # 155673 on file with State of Idaho	Date Issued: ----	Date Orig. Entry: child born July 21,1927
Class	Date of Birth: Age 20 / Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Application for Lodge	By whom issued and signed: Rebekah Lodge - # 163 IOOF	Date Issued:	Date Orig. Entry: April 10,1954
Class	Date of Birth: Oct.10,1906 / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Oct. 17, 1967

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 17 1967

616-202-006-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-929

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Esther Fawson		2. Date of Birth (month) (day) (year): Feb. 2 1906
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Willow Creek Idaho
FATHER	6. Full Name of Father: John William Fawson		7. State or Country of Father's Birth:
MOTHER	8. Full Maiden Name of Mother: Sarah Ann Butler		9. State or Country of Mother's Birth: Soda Spring Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esther Fawson Holtecla	11. Present Address of Registrant: 12721 Woods
NOTARY (Seal)	Subscribed and sworn to before me on: January 11 1967	12. Signature of Notary: Lee B Schooley	13. Notary Commission expires: 6-28 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: IDS Church, Palisade, Ward Elder George Simmons	Date Issued: -----	Date Orig. Entry: blessed Apr.15,1906	
	Date of Birth: Feb.2,1906	Birth Place: Willow Creek,Ida. Bingham County	Full Name of Mother: Sarah Ann Butler	Name of Father: John W. Fawson	
SUPPORTING RECORD 2.	Type of Document: photocopy of marriage record	By whom issued and signed: John Landell, Justice of the Peace, Orange County, Calif.	Date Issued: ------	Date Orig. Entry: Nov.17,1924	
	Date of Birth: Age 18	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt Age 82	By whom issued and signed: Frances B. Staten	Date Issued: Sept.7,1967	Date Orig. Entry: -----	
	Date of Birth: Feb.2,1906	Birth Place: Willow Creek,Ida.	Full Name of Mother: Sarah Ann Butler	Name of Father: John William Fawson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	Oct. 26, 1967

FORM BH 56067

(14) 7-28-(illegible)

OCT 27 1967

213-202-001-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-937

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Esther Bach			2. Date of Birth (month) (day) (year): December 2, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Star, Idaho
FATHER	6. Full Name of Father: William Bach			7. State or Country of Father's Birth: Utah, U. S. A.
MOTHER	8. Full Maiden Name of Mother: Clara Barter			9. State or Country of Mother's Birth: Nevada, U. S. A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esther Anhoury		11. Present Address of Registrant: 5260 N. Princeton St., Portland, Oregon 97203
NOTARY (Seal)	Subscribed and sworn to before me on: October 11, 1967	12. Signature of Notary: Notary Public for Oregon		13. Notary Commission expires: June 22, 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate #740	By whom issued and signed: State of Oregon, Vital Statistics Section		Date Issued: May 29,1961	Date Orig. Entry: child born Feb.28,1927
	Date of Birth: Age 20	Birth Place: Star, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage statistics #D3617	By whom issued and signed: Clark County, Washington		Date Issued: Oct.11,1967	Date Orig. Entry: Oct.24,1947
	Date of Birth: Age 40	Birth Place: Idaho	Full Name of Mother: Clara Barter	Name of Father: William Bach	
SUPPORTING RECORD 3.	Type of Document: Insurance policy #1565207	By whom issued and signed: Sun Life Assurance Company of Canada		Date Issued: Jun.23,1938	Date Orig. Entry: May 20, 1938
	Date of Birth: Dec.2,1906	Birth Place: Star, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Oct. 26, 1967

FORM BH 56067

2-21-67

OCT 27 1967

351-224-035-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-949

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dora Josephine Leachman
2. Date of Birth (month) (day) (year): February 24, 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Nez Perce; b. City or Town of Birth: Lewiston

FATHER

6. Full Name of Father: Frank Leachman
7. State or Country of Father's Birth: Quincy, Illinois

MOTHER

8. Full Maiden Name of Mother: Anna Roscoe
9. State or Country of Mother's Birth: Michigan

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dora J. Weatherman
11. Present Address of Registrant: 509 Park St. Lewiston, Idaho 83501

NOTARY (Seal)

Subscribed and sworn to before me on: October 20, 19 67

12. Signature of Notary: J. D. Nicholson
13. Notary Commission Expires: 8-31- 19 68

APPLICANT - (DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Frank Leachman	Date Issued: May 17,1943	Date Orig. Entry: -----
	Date of Birth: Feb.24,1906 / Birth Place: Lewiston, Idaho Nez Perce, County	Full Name of Mother: Anna Roscoe	Name of Father: Frank Leachman	
SUPPORTING RECORD 2.	Type of Document: Federal Census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Feb.9,1967	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age 4 / Birth Place: Idaho	Full Name of Mother: Anna Leachman	Name of Father: Frank Leachman	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate #182	By whom issued and signed: State of Oregon, Division of Vital Statistics	Date Issued: Sep.27,1944	Date Orig. Entry: child born June 17,1923
	Date of Birth: Age 17 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: gml Glenda Larson
Date Filed: November 1,1967

FORM BH 56067 1 copy paid rec. 20987 (W)

9-20-67 gml

NOV 2 1967

133-21-1036-765

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-952

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rose Zella Allen			2. Date of Birth (month) November (day) 17, (year) 1906	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: American Falls Oneida, Now	b. City or Town of Birth: Power, American Falls, Idaho	
FATHER	6. Full Name of Father: Ora Franklin Allen			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Sarah Ellen Pons			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Rose Zella Allen	11. Present Address of Registrant: American Falls, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: October 7th 19 59		12. Signature of Notary: W. E. Loofbourrow	13. Notary Commission expires: January 3d, 19 63.	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at ~~time of birth~~		By whom issued and signed: Millie Walker, age 77	Date Issued: 10-10-59	Date Orig. Entry:
	Date of Birth: Nov. 17, 1906	Birth Place: Oneida Co. (now Power Co.) American Falls, Ida.	Full Name of Mother: Sarah Ellen Pons	Name of Father: Ora Franklin Allen	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate #194		By whom issued and signed: State of Oregon, Vital Statistics Section	Date Issued: Oct.16,1967	Date Orig. Entry: child born Aug.3,1927
	Date of Birth: Age 20	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: notorized copy from family Bible records		By whom issued and signed: copied from Family Bible attested to by sister, Ella Nora Wetzel	Date Issued: Oct.10,1959	Date Orig. Entry: obviously old
	Date of Birth: Nov.17,1906	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	nr Glenda Larson	November 1,1967

FORM BH 56067

1 copy paid

NOV 2 1967

419-121-016-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-968

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Laura Marshall			2. Date of Birth (month) April (day) 21 (year) 1906	
	3. Color or Race: White	4. Sex: female	5. Place of Birth: Albion, Idaho; a. County: Cassia	b. City or Town of Birth: ALBION, Idaho	
FATHER	6. Full Name of Father: William Reuben Marshall			7. State or Country of Father's Birth: New Mexico	
MOTHER	8. Full Maiden Name of Mother: Ella Ann Lambertson			9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	† hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Grace Laura Helvey	11. Present Address of Registrant: 1368 N.W. Ellen 97470 Roseburg, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 11, 19 67		12. Signature of Notary: NOTARY PUBLIC FOR OREGON V.O. Young	13. Notary Commission expires: Jan. 31, 19 71	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt (3-5-1894)		By whom issued and signed: Margaret L. Hixson	Date Issued: Sep.18,1967	Date Orig. Entry: ------
	Date of Birth: Apr.21,1906	Birth Place: Albion, Idaho Cassia County	Full Name of Mother: Ella Ann Lambertsen	Name of Father: William Reuben Marshall	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: New York Life Ins. Co.	Date Issued: ------	Date Orig. Entry: May 27, 1955
	Date of Birth: Apr.21,1906	Birth Place: Albion, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage return #5035		By whom issued and signed: Cowlitz County, Washington	Date Issued: Oct.24,1967	Date Orig. Entry: June 17,1927
	Date of Birth: Age 21	Birth Place: Idaho	Full Name of Mother: Ella Lamberson	Name of Father: W. R. Marshall	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barron	gml Glenda Larson	Nov. 15, 1967

FORM BH 56067 1 cp pd rec. #21643

(H) 10-10-67

NOV 1 6 1967

168-228-010-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-969

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruby Sophia Johnson		2. Date of Birth (month) June (day) 28 (year) 1906
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Gustaf Johnson		7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Anna Sofia Christenson (Johnson) N_iklasdotter		9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby Sofia Johnson	11. Present Address of Registrant: 297 So. Water Ave.
NOTARY (Seal)	Subscribed and sworn to before me on ~~Nov.~~ Oct. 30 19 67	12. Signature of Notary: [signature]	13. Notary Commission expires: 11-6-70 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page from Family Bible	By whom issued and signed: Family Bible Record	Date Issued: Mar.13,1964	Date Orig. Entry: obviously old
	Date of Birth: Jun.28,1906 / Birth Place: ———	Full Name of Mother: Anna Sofia Niklasdotter	Name of Father: Gustaf Johanson	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother Age 75	By whom issued and signed: Clarence F. Johnson	Date Issued: Oct.30,1967	Date Orig. Entry: ———
	Date of Birth: Jun.28,1906 / Birth Place: Idaho Falls,Idaho	Full Name of Mother: Anna Sophia Christenson Johnson	Name of Father: Gustaf Johnson	
SUPPORTING RECORD 3.	Type of Document: Insurance policy #1325772	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Mar.24,1930	Date Orig. Entry: Jan.16,1930
	Date of Birth: Jun.28,1906 / Birth Place: Idaho Falls,Idaho	Full Name of Mother: Anna Johnson	Name of Father: ———	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Nov. 15, 1967

FORM BH 56067

10-23-67

NOV 1 5 1967

168-228-010-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-970

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RHODA LOUISA JOHNSON		2. Date Of Birth (month) June (day) 28 (year) 1906
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth a. County: Idaho Falls, Bonneville; b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Gustaf Johnson		7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Anna Sofia Christenson (Niklasdotter Swedish Terminology)		9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rhoda Louisa Johnson (Hayton)	11. Present Address of Registrant: 888 N. Blvd., Ida Falls
NOTARY (Seal)	Subscribed and sworn to before me on: October 30, 1967	12. Signature of Notary: [signature]	13. Notary Commission expires: 11-6-70 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page from Family Bible	By whom issued and signed: Family Bible Record	Date Issued: Mar.13,1964	Date Orig. Entry: obviously old
	Date of Birth: Jun.28,1906 / Birth Place: ———	Full Name of Mother: Anna Sofia Niklasdotter	Name of Father: Gustaf Johanson	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: ———	Date Orig. Entry: Mar.21,1951
	Date of Birth: Jun.28,1906 / Birth Place: Idaho Falls,Idaho	Full Name of Mother: ———	Name of Father: ———	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother Age 75	By whom issued and signed: Clarence F. Johnson	Date Issued: Oct.30,1967	Date Orig. Entry: ———
	Date of Birth: June 28,1906 / Birth Place: Idaho Falls,Idaho	Full Name of Mother: Anna Sophia Christensen Johnson	Name of Father: Gustaf Johnson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Nov. 15, 1967

FORM BH 56067

10-23-67

NOV 1 5 1967

795-212-029-266

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-989
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pauline Evelyn Pierce	2. Date Of Birth (month) March (day) 12 (year) 1906
	3. Color or Race: White; 4. Sex: female; 5. Place of Birth a. County: Latah	b. City or Town of Birth: Juliaetta
FATHER	6. Full Name of Father: Miles Benton Pierce	7. State or Country of Father's Birth: Moscow, Latah Co. Idaho
MOTHER	8. Full Maiden Name of Mother: Bertha Maude Bowers	9. State or Country of Mother's Birth: Colfax, Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pauline E. Pierce Sutherlin; 11. Present Address of Registrant: N. 2518 Normandie St. Spokane, Wash. 99205
NOTARY (Seal)	Subscribed and sworn to before me on: April 21 1965	12. Signature of Notary: [illegible]; 13. Notary Commission expires: Aug 2, 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: New World Life Insurance Co. of Spokane, Washington	Date issued: -----	Date Orig. Entry: Dec.29,1928
Class*	Date of Birth: Mar.12,1906; Birth Place: Juliaetta, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Registration as a voter	By whom issued and signed: Euclid Precinct, Spokane, Washington	Date issued: Nov.8,1967	Date Orig. Entry: Feb.23,1934
Class	Date of Birth: Age 27; Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt who was present at time of birth	By whom issued and signed: Stella Pierce Morgan Age 74	Date issued: June 8,1965	Date Orig. Entry: ----
Class	Date of Birth: Mar.12,1906; Birth Place: Juliaetta, Idaho	Full Name of Mother: Bertha Maude Bowers	Name of Father: Miles Benton Pierce	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Nov. 16, 1967

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 Copy and 50¢ (S) 5-26-65 gml

Form DPH 40067

NOV 1 6 1967

559-224-023-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-997

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Leona Neibaur (aka Leona M. Neibaur)			2. Date of Birth (month) Aug. (day) 24, (year) 1906
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Pearl, Idaho Gem	b. City or Town of Birth: Pearl
FATHER	6. Full Name of Father: Joseph Sidney Neibaur			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: SusanMyrtle Thomson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Myrtle Leona Egbert	11. Present Address of Registrant: Meridian, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: NOV 15 1967 19___		12. Signature of Notary: [signature]	13. Notary Commission expires: 12-15-1970

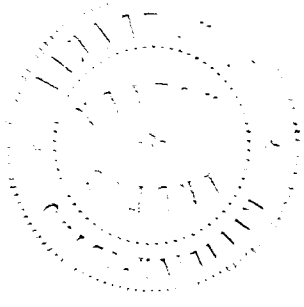
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Duplicate Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Meridian Ward, James A. Bassett, Bishop	Date Issued: June 22,1967	Date Orig. Entry: baptized Sept.5,1914
	Date of Birth: Aug.24,1906	Birth Place: Pearl, Idaho	Full Name of Mother: Myrtle Thomson	Name of Father: Joseph S. Neibaur	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Susan Myrtle Neibaur	Date Issued: Nov.15,1967	Date Orig. Entry: -----
	Date of Birth: Aug.24,1906	Birth Place: Pearl, Idaho	Full Name of Mother: Susan Myrtle (Thomson) Neibaur	Name of Father: Joseph Sidney Neibaur	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Royal Neighbors of America, Rock Island, Illinois	Date Issued: -------	Date Orig. Entry: Nov.19,1952
	Date of Birth: Aug.24,1906	Birth Place: Pearl, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Jenson	Evidence reviewed by: Glenda Larson	Date Filed: Nov. 20, 1967

FORM BH 56067

NOV 20 1967



165-205 OKV-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-998

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Jones		2. Date of Birth (month) (day) (year): Jan. 5 1906	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Weiser, Idaho - Wash.	b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: James Franklin Jones		7. State or Country of Father's Birth: Arkansas	
MOTHER	8. Full Maiden Name of Mother: Lucy Ann Kidwell		9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle Shirk	11. Present Address of Registrant: Castle Rock, Wash	
NOTARY (Seal)	Subscribed and sworn to before me on: November 3, 1967	12. Signature of Notary: Linda K. Martin	13. Notary Commission expires: January 20, 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate #376	By whom issued and signed: Vital Statistics, State of Washington	Date Issued: Oct.9,1967	Date Orig. Entry: child born Sept.4,1928	
	Date of Birth: Age 22	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Insurance policy #D11 559 842	By whom issued and signed: The Prudential Ins. Co. of America	Date Issued: May 16,1941	Date Orig. Entry: May 14,1941	
	Date of Birth: Jan.5,1906	Birth Place: Weiser, Idaho USA	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Insurance policy #1011254-C	By whom issued and signed: American National Ins. Co. Galveston, Texas	Date Issued: Mar.9,1960	Date Orig. Entry: Mar. 9, 1960	
	Date of Birth: Jan.5,1906	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	

QUALIFYING INFORMATION

Certified copy of marriage return, Cowlitz County, Washington issued Oct.25,1967 by the County Clerk's Office shows her place of birth as Idaho and her parents' names as J. F. Jones and Lucy Kidwell. Date of license Feb. 23, 1925 #3755.

REGISTRAR'S CERTIFICATION (seal)

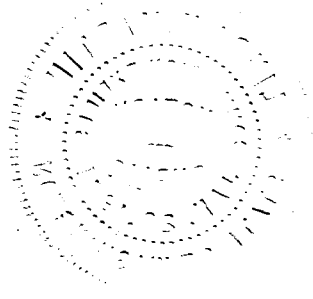
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Nov. 21, 1967

FORM BH 56067

9-22-67

NOV 21 1967



259-229-022-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De 67-1006**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Retha May Bergeson		2. Date of Birth (month) April (day) 29 (year) 1906
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Idaho, Fremont; b. City or Town of Birth: Teton
FATHER	6. Full Name of Father: James Bergeson		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Annie Mabel Allen		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Retha Beauright	11. Present Address of Registrant: 366 High Drive Laguna Beach, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on Nov 12 1967	12. Signature of Notary: H S Wright	13. Notary Commission expires: H. S. WRIGHT, Notary Public in and for the State of California My Commission Expires May 22, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy #2016435	By whom issued and signed: The Penn Mutual Life Ins.Co. of Philadelphia	Date Issued: -----	Date Orig. Entry: July 27,1936
	Date of Birth: Apr.29,1906 / Birth Place: Teton City,Idaho Fremont County	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school census records	By whom issued and signed: Fremont County, Idaho	Date Issued: Apr.7,1960	Date Orig. Entry: 1921
	Date of Birth: Age 15 / Birth Place: -----	Full Name of Mother: -----	Name of Father: James Bergeson	
SUPPORTING RECORD 3.	Type of Document: photocopy of certificate of baptism and confirmation	By whom issued and signed: Teton Ward,Fremont County Jacob Johnston, Bishop	Date Issued: ------	Date Orig. Entry: baptized May 2,1914
	Date of Birth: Apr.29,1906 / Birth Place: Teton, Idaho Fremont County	Full Name of Mother: Mabel Allen	Name of Father: James Bergeson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Dec. 4, 1967

FORM BH 56067

DEC 4 1967

399-226-002-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-1017

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: [redacted] CLARENDA RUTH CRIM		2. Date of Birth (month) JUNE (day) 26 (year) 1906
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth: a. County: COUNCIL ADAMS; b. City or Town of Birth: COUNCIL
FATHER	6. Full Name of Father: WILLIAM RICHARD CRIM		7. State or Country of Father's Birth: MISSOURI
MOTHER	8. Full Maiden Name of Mother: ETHEL INEZ POOLE		9. State or Country of Mother's Birth: KANSAS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarenda Ruth Kelley	11. Present Address of Registrant: 1706 CLAY PORT TOWNSEND, WASH.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 5 1967	12. Signature of Notary: A. Clemen Wady	13. Notary Commission expires: June 3 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: federal census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Aug.23,1967	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 3	Birth Place: Idaho	Full Name of Mother: Inez E. Crim	Name of Father: William R. Crim	
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital record		By whom issued and signed: St. John's Hospital,	Date issued: -----	Date Orig. Entry: Mar.11,1959
	Date of Birth: Jun.26,1906	Birth Place: Idaho	Full Name of Mother: Ethel Poole	Name of Father: W. R. Crim	
SUPPORTING RECORD 3.	Type of Document: certified transcript of marriage record #1399		By whom issued and signed: Garfield County, Washington	Date issued: Nov.8,1967	Date Orig. Entry: Oct.11,1926
	Date of Birth: Age 20	Birth Place: Council, Idaho	Full Name of Mother: Ethel Pool	Name of Father: W. R. Crim	
QUALIFYING INFORMATION					

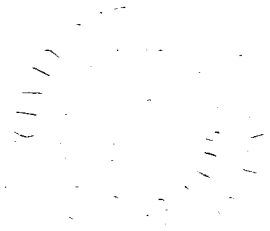
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	gml Glenda Larson	Dec. 7, 1967

FORM BH 56067 Copy faith rec 1967 10-17-67 gml

DEC 8 1967



432-101-021-414

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-1028

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melvin William McKay			2. Date Of Birth (month) March (day) 1 (year) 1906
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Weston
FATHER	6. Full Name of Father: Isaac William McKay			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Margaret Alice Maughan			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Melvin William McKay	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19__		12. Signature of Notary: Rachel Fott	13. Notary Commission expires: Mar 16 1969 19__

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho 389511	Date Issued: ----	Date Orig. Entry: child born Mar.11,1944
	Date of Birth: Age 38	Birth Place: Weston, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for license to marry #520		By whom issued and signed: Cache County, Utah	Date Issued: May 18,1965	Date Orig. Entry: Dec.19,1935
	Date of Birth: Mar.1,1906	Birth Place: Weston, Idaho	Full Name of Mother: Margaret Alice Maughan	Name of Father: Isaac Williams McKay	
SUPPORTING RECORD 3.	Type of Document: photocopy of certificate of ordination as teacher		By whom issued and signed: LDS Church, Thos. Rose, Bishop	Date Issued: Feb.5,1922	Date Orig. Entry: Feb.5,1922 ordained
	Date of Birth: Mar.1,1906	Birth Place: Weston, Franklin County, Idaho	Full Name of Mother: Maggie Maughan	Name of Father: Isaac William McKay	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Gml Glenda Larson	Dec. 8, 1967

FORM BH 56067 1 cp pd rec. #12702 (M) 6 669 1

DEC 8 1967

218-20-5029-622

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-1031

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Odetta Pearl Sayler			2. Date of Birth (month) May (day) 5 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Kendrick	
FATHER	6. Full Name of Father: Lewis William Sayler			7. State or Country of Father's Birth: Dayton, Washington	
MOTHER	8. Full Maiden Name of Mother: Dolly Osborne			9. State or Country of Mother's Birth: Hamburg, Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Odetta Pearl Sayler Mrs. Leland Burch Jr.	11. Present Address of Registrant: Ahsahka, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 5 1967		12. Signature of Notary: Samuel F Swaynl.	13. Notary Commission expires: Nov 17 1970	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Cradle Roll Card		By whom issued and signed: Inigon Sunday School, Clyde E. Niles	Date Issued: May 5, 1906	Date Orig. Entry: May 5, 1906
	Date of Birth: May 5, 1906	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: Lewis William Sayler	Date Issued: May 26, 1967	Date Orig. Entry: -----
	Date of Birth: May 5, 1906	Birth Place: Kendrick, Idaho	Full Name of Mother: Dolly Osborne	Name of Father: Lewis William Sayler	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #179523	Date Issued: ------	Date Orig. Entry: child born Mar. 3, 1930
	Date of Birth: Age 23	Birth Place: Kendrick, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Dec. 8, 1967

FORM BH 56067 (5)

DEC 8 1967

963-224-035-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-1037

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rosella Elizabeth Roth		2. Date of Birth (month) August (day) 24 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Perce; b. City or Town of Birth: Genesee - Rural
FATHER	6. Full Name of Father: Joseph Roth		7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Bertha Baldus		9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rosella Elizabeth Roth Bielenberg	11. Present Address of Registrant: Genesee, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 20 1967	12. Signature of Notary: Lena Bielenberg	13. Notary Commission expires: December 5 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #154719	Date Issued: -----	Date Orig. Entry: child born July 14,1927
	Date of Birth: Age 20	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt Age 86		By whom issued and signed: Anna Kretschmer	Date Issued: Aug.3,1964	Date Orig. Entry: -----
	Date of Birth: Aug.24,1906	Birth Place: ranch in Nez Perce County, Idaho(rural Genesee)	Full Name of Mother: Bertha Baldus	Name of Father: Joseph Roth	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #40215		By whom issued and signed: Old West Life Ins. Co., Boise, Idaho	Date Issued: Junel,1960	Date Orig. Entry: June 1,1960
	Date of Birth: Aug.24,1906	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Dec. 8, 1967

FORM BH 56067

NO SEARCH MADE 11-6-64

DEC 8 1967

842-201-009-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-1056

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Madeline Lenore Hustead			2. Date of Birth (month) January (day) 1, (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Sandpoint	
FATHER	6. Full Name of Father: Clifford E. Hustead			7. State or Country of Father's Birth: Texas	
MOTHER	8. Full Maiden Name of Mother: Harriet Jane Holmes			9. State or Country of Mother's Birth: Michigan	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Madeline Lenore Brock, The Dalles, Ore R. #1		
NOTARY (Seal)	Subscribed and sworn to before me on: 12-2 1967		12. Signature of Notary: Richard Wilkins	13. Notary Commission expires: My Commission Expires Aug 20, 196	

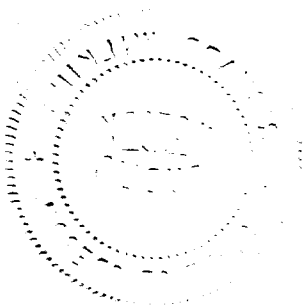
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho Cert. #191788	Date Issued: -----	Date Orig. Entry: Child born June 27, 1931
	Date of Birth: Age 25	Birth Place: Sandpoint, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit of Birth		By whom issued and signed: Father, Clifford E. Hustead	Date Issued: -----	Date Orig. Entry: July 20, 1956
	Date of Birth: January 1, 1906	Birth Place: Sandpoint, Idaho Bonner County	Full Name of Mother: Harriet Jane Holmes	Name of Father: Clifford E. Hustead	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records		By whom issued and signed: The Dalles General Hospital, Oregon	Date Issued: Dec.2,1967	Date Orig. Entry: April 1960
	Date of Birth: Jan.1,1906	Birth Place: Sandpoint, Idaho Bonner County	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 14, 1967

FORM BH 56067 in duplicate 11-1-67

DEC 1 5 1967



843-106-003-731

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-1065

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Kenneth William Hulme
2. Date of Birth (month) 2 (day) 6 (year) 1906
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Idaho Bannock
b. City or Town of Birth: Soda Springs

FATHER

6. Full Name of Father: George William Hulme
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Emma Melissa Glauner
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Kenneth William Hulme
11. Present Address of Registrant: Hagerman, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on December 27 1967
12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept. 18 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance policy	Equitable Life Assurance Society of the United States	------	Jan.10,1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.6,1906	Soda Springs,Idaho	------	------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of marriage license affidavit	Blaine County recorder's Office, Idaho	Nov.2,1965	Oct.31,1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.6,1906	Soda Springs,Idaho	------	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt	Carrie Eliason Age:89	Dec.18,1967	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.6,1906	Soda Springs,Idaho	Emma Glauner Hulme	George Hulme

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	Dec. 27, 1967

FORM BH 56067 10-27-65

DEC 27 1967

493-215-035-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-004

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lavina May Dickinson		2. Date of Birth (month) November (day) 15 (year) 1906
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Nezpierce; b. City or Town of Birth: Melrose, Idaho
FATHER	6. Full Name of Father: Arthur Frank Dickinson		7. State or Country of Father's Birth: + Princeton Iowa
MOTHER	8. Full Maiden Name of Mother: Ella Florence Bell		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lavina Phillips	11. Present Address of Registrant: 4222 Gem Ave. Castro Valley, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: May 15, 19 67	12. Signature of Notary: E. V. Justin	13. Notary Commission expires: July 29, 19 69

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt Age:81	By whom issued and signed: Pheobe Dickinson	Date issued: Sep.12,1967	Date Orig. Entry: ------
	Date of Birth: Nov.15,1906 / Birth Place: Melrose, Idaho Nez Perce County	Full Name of Mother: Ella Florence (Bell) Dickinson	Name of Father: Arthur Frank Dickinson	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Garfield Co. Supt. of Schools Pomeroy,Wash.,R.Wills,Supt.	Date issued: Nov.31,1967	Date Orig. Entry: May 1,1919
	Date of Birth: Nov.15,1906 / Birth Place: -----	Full Name of Mother: Mrs. A. F. Dickinson	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Aug.29,1967	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age 13 / Birth Place: Idaho	Full Name of Mother: Ella Dickinson	Name of Father: Aurthur Dickinson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	January 5, 1968

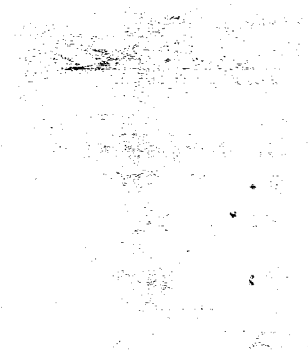
FORM BH 56067

1 cp pdne, $1.33.80

(P) 6-20-67

Phillips

JAN 8 1968



366425 d4366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-015

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rufus P. Lowery			2. Date of Birth (month) May (day) 25th (year) 1906	
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Payette	b. City or Town of Birth: canyon	
FATHER	6. Full Name of Father: Charles P. Lowery			7. State or Country of Father's Birth: Penn Knox county	
MOTHER	8. Full Maiden Name of Mother: Lora E Lowery			9. State or Country of Mother's Birth: Minn	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Rufus P. Lowery		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on January 8 1968	12. Signature of Notary		13. Notary Commission expires: Nov 24, 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Charles R. Lowery		Date Issued: Jan.8,1968	Date Orig. Entry: -----
	Date of Birth: May 25,1906	Birth Place: Payette, Idaho	Full Name of Mother: Lora C. Lowery	Name of Father: Charles R. Lowery	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: The Mutual Life Ins. Co. of New York		Date Issued: ----	Date Orig. Entry: Apr. 15,1937
	Date of Birth: May 25,1906	Birth Place: Payette, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #194687		Date Issued: ------	Date Orig. Entry: child born Sept.16,1931
	Date of Birth: Age 25	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

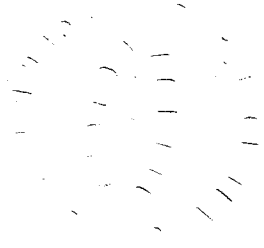
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	January 8,1968

FORM BH 56067

In office - ms corresp

JAN 8 1968



213-211-041-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-024

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Elliott Bates			2. Date of Birth (month) May (day) 11 (year) 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Chappie Teton	b. City or Town of Birth: Chappie Idaho
FATHER	6. Full Name of Father: John Hyrum Bates			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Elliott Bates			9. State or Country of Mother's Birth: Yorkshire, England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel E Boulton		11. Present Address of Registrant: Box 61, Hailey, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 15, 1967	12. Signature of Notary: Jewell E. Depew		13. Notary Commission expires: May 6, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #414480		Date Issued: -----	Date Orig. Entry: child born Dec.10,1945
	Date of Birth: Age 39	Birth Place: Chapin, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt (18 years older)	By whom issued and signed: Emma Williams		Date Issued: Dec.15,1967	Date Orig. Entry: -----
	Date of Birth: May 11,1906	Birth Place: Chapin, Idaho	Full Name of Mother: Mary Elliott Bates	Name of Father: John Hyrum Bates	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage license affidavit #86372	By whom issued and signed: Blaine County, Idaho County Recorder's Office		Date Issued: Dec.12,1967	Date Orig. Entry: Dec.10,1943
	Date of Birth: May 11,1906	Birth Place: Chapin, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: January 9,1968

FORM BH 56067

12-11-67

Boulton

JAN 1 0 1968

363-123-003-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-040

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Nathan Cottrell		2. Date of Birth (month) (day) (year): November 23, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Downey
FATHER	6. Full Name of Father: William Joseph Cottrell		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Elena Treasure		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Nathan Cottrell	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: 2nd Jan. 1968	12. Signature of Notary: Owal E Cook	13. Notary Commission expires: 10-22 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #248432	Date issued: -----	Date Orig. Entry: child born Oct.22,1936
	Date of Birth: Age 29	Birth Place: Downey, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #518-14-2239	By whom issued and signed: Social Security Administration	Date issued: -----	Date Orig. Entry: Apr.16,1938
	Date of Birth: Nov.23,1906 Age 31	Birth Place: Downey, Idaho	Full Name of Mother: Mary Elena Treasure	Name of Father: William Joshua Cottrell
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt Age:72	By whom issued and signed: Goldie McClurg	Date issued: Nov.6,1967	Date Orig. Entry: -----
	Date of Birth: Nov.23,1906	Birth Place: Downey, Idaho	Full Name of Mother: Mary Elena Treasure Cottrell	Name of Father: William Joseph Cottrell
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Jan. 11, 1968

FORM BH 56067 1 cc. pet rec. # 67-94227 (c) 12-15-67 gml

JAN 1 1 1968

912/17/028-562

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-044

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bernard Noble Rasor		2. Date Of Birth (month) (day) (year): December 17, 1906
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho, Kootenai; b. City or Town of Birth: Medimont
FATHER	6. Full Name of Father: John Wilbur Rasor		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Jessie Belle Noble		9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bernard Noble Rasor	11. Present Address of Registrant: Rt. 2, St. Maries, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: December 11 1967	12. Signature of Notary: [signature]	13. Notary Commission expires: 8/8 1968

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Jessie Belle Noble Arrasmith	Date Issued: Dec.28,1967	Date Orig. Entry: Dec.28,1967
	Date of Birth: Dec.17,1906	Birth Place: Medimont, Idaho	Full Name of Mother: Jessie Belle Noble	Name of Father: John Wilbur Rasor	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage record		By whom issued and signed: Kootenai County, Idaho	Date Issued: ------	Date Orig. Entry: May 24,1958
	Date of Birth: Dec.17,1906 Age 51	Birth Place: Medimont Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: certified copy of certificate of marriage		By whom issued and signed: Spokane County, Washington	Date Issued: Dec.26,1967	Date Orig. Entry: May 22,1937
	Date of Birth: Age 30	Birth Place: Idaho	Full Name of Mother: Jessie Noble	Name of Father: John Rasor	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 11, 1968

FORM BH 56067

JAN 11 1968

122-202-028-463

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-065

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emma Permilla Asbury		2. Date of Birth (month) 4 (day) 2 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County Harrison (~~Kootenai~~)	b. City or Town of Birth: Harrison Idaho
FATHER	6. Full Name of Father: Thomas Irvin Asbury		7. State or Country of Father's Birth: Mo.	
MOTHER	8. Full Maiden Name of Mother: Cassie Wellrena Mottern		9. State or Country of Mother's Birth: Penn.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Emma Wilson	11. Present Address of Registrant: 30 N.W. 15th Pendleton, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: December 19 19 67	12. Signature of Notary: Grace L. Baccone	13. Notary Commission expires: Oct. 16 19 71	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: PHOTOCOPY of application for insurance policy #14953	By whom issued and signed: Mutual Benefit Health and Accident Association	Date Issued: Aug.12,1941	Date Orig. Entry: Aug.12,1941	
	Date of Birth: Apr.2,1906	Birth Place: Idaho	Full Name of Mother: Cassie Asbury	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: hospital certificate of birth for own child	By whom issued and signed: Eugene Hospital, Eugene, Oregon	Date Issued: -----	Date Orig. Entry: child born Oct.14,1938	
	Date of Birth: Apr.2,1906	Birth Place: Harrison, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: certified copy of application for marriage license	By whom issued and signed: Umatilla County, Oregon	Date Issued: Jan.8,1968	Date Orig. Entry: Sept.2,1954	
	Date of Birth: Apr.2,1906	Birth Place: Harrison, Idaho	Full Name of Mother: Cassie Mottern	Name of Father: Thomas Asbury	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

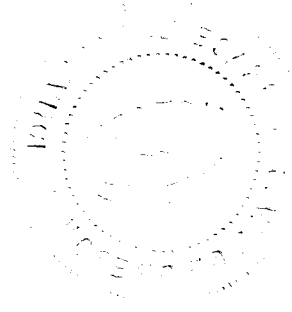
State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Jan. 23, 1968

FORM BH 56067

ICC pd rec # 67-25569

(W) 1-5-68 gml

JAN 24 1968



815-204-004-95

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-068

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ada Hansen		2. Date Of Birth (month) 1 (day) 4 (year) 1906
	3. Color or Race: W	4. Sex: Fem	5. Place of Birth a. County: St Charles Idaho Bear Lake; b. City or Town of Birth: St Charles Idaho
FATHER	6. Full Name of Father: Harley Villineous Hansen		7. State or Country of Father's Birth: Paris Idaho Bear Lake co
MOTHER	8. Full Maiden Name of Mother: Effie Marrietta Arnell		9. State or Country of Mother's Birth: St Charles, Bear Lake co
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ada Neal	11. Present Address of Registrant: 3755 S E Morrison
NOTARY (Seal)	Subscribed and sworn to before me on: April 10 1967	12. Signature of Notary: [signature]	13. Notary Commission expires: My Commission expires Jan. 18, 1971 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age:71		By whom issued and signed: Byrna Hansen Andersen	Date Issued: Nov.16,1967	Date Orig. Entry: -----
	Date of Birth: Jan.4,1906	Birth Place: St. Charles, Idaho Bear Lake County	Full Name of Mother: Effie Marrietta Arnell	Name of Father: Harvey Villineous Hansen	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #290267	Date Issued: ------	Date Orig. Entry: child born Feb.24,1940
	Date of Birth: Age 34	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: union records #15801		By whom issued and signed: Laundry, Dry Cleaning & Dye Workers Int'l Union, Local 107	Date Issued: -------	Date Orig. Entry: Oct.13,1958
	Date of Birth: Jan.4,1906	Birth Place: ------	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Jan. 23, 1968

FORM BH 56067 NR 1 cp pd rec #10177 (N) 12-15-6 79

JAN 24 1968

453-207-003-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-076

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: VANELL MECHAM
2. Date of Birth (month) (day) (year): MAY 7 1906
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: BANNOCK
b. City or Town of Birth: RIVERSIDE

FATHER

6. Full Name of Father: SEYMOUR BOVEE MECHAM
7. State or Country of Father's Birth: MORGAN COUNTY UTAH

MOTHER

8. Full Maiden Name of Mother: SUZANNA WIGEL TALBOX
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: VANELL MATHEWS
11. Present Address of Registrant: Rt 1 Box 10 Buhl.

NOTARY (Seal)

Subscribed and sworn to before me on: 14th November 1967
12. Signature of Notary: Mary M. Grepple
13. Notary Commission expires: August 4 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of family record of births	family records	obviously old	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 7,1906	-----	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statement regarding school records #8 School Dist.	Bingham County, Idaho	Jan.22,1968	1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 6	------	-----	S. V. Mecham

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister Age 81	Flossie Mills	Nov.14,1967	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 7,1906	Bannock County Riverside,Idaho	Suzanna Wigel Talbot	Seymour Bovee Mecham

QUALIFYING INFORMATION

Own child's birth certificate on file Idaho #130532 gives place of birth as Riverside, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	Jan. 25, 1968

FORM BH 56067 NM.

(E) 1-8-68 gml

WITNESS TO BIRTH OF VANELL
MECHAM MATHEWS

SISTER

Flossie Mills, Age 81

JAN 25 1968

Mr. Benson said to go ahead & complete this certificate.

645720-025-659

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-083

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alfred John Funke			2. Date of Birth (month) January (day) 20 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Cottonwood a. County: Idaho	b. City or Town of Birth: Cottonwood Idaho	
FATHER	6. Full Name of Father: John Funke			7. State or Country of Father's Birth: State of Iowa	
MOTHER	8. Full Maiden Name of Mother: Barbara Werner Funke			9. State or Country of Mother's Birth: State of Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alfred J. Funke		11. Present Address of Registrant: Rt.2 9200 Celan Ave Boise, Idaho 83702	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 16 1967	12. Signature of Notary: Thomas J. Kurdy		13. Notary Commission expires: Aug. 19, 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs certificate	By whom issued and signed: on file - Idaho		Date Issued: ----	Date Orig. Entry: child born July 7, 1942
	Date of Birth: Age 36	Birth Place: Cottonwood, Idaho	Full Name of Mother: -----	Name of Father: - -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend of family	By whom issued and signed: Thomas J. Kurdy		Date Issued: Nov.16,1967	Date Orig. Entry: ----
	Date of Birth: Jan.20,1906	Birth Place: Cottonwood, Idaho	Full Name of Mother: Barbara Werner Funke	Name of Father: John Funke	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #1170525	By whom issued and signed: Bankers Life Company, Des - Moines, Iowa		Date Issued: Dec.22,1938	Date Orig. Entry: Dec.16,1938
	Date of Birth: Jan.20,1906	Birth Place: Cottonwood, Idaho	Full Name of Mother: --------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 30, 1968

FORM BH 56067

JAN 30 1968

253-107-035-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-085

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lester Arthur Kelley			2. Date of Birth (month) (day) (year): Aug. 7, 1906	
	3. Color or Race: White	4. Sex: M	5. Place of Birth: Gifford a. County: Nez Perce	b. City or Town of Birth: Gifford	
FATHER	6. Full Name of Father: Sylvester Marion Kelley			7. State or Country of Father's Birth: Barry County, Missouri	
MOTHER	8. Full Maiden Name of Mother: Delilah Loduska Lough			9. State or Country of Mother's Birth: Barry County, Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lester Arthur Kelley		11. Present Address of Registrant: 1015 15th Street Lewiston, Idaho 83501	
NOTARY (Seal)	Subscribed and sworn to before me on: January 12 19 68	12. Signature of Notary: Ellen Louise Lettunich		13. Notary Commission expires: April 14 19 69	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school census report	By whom issued and signed: Nez Perce, County, Idaho School Dist. #22		Date Issued: Jan.12,1968	Date Orig. Entry: Sept. 1915
	Date of Birth: Age 9	Birth Place: ------	Full Name of Mother: -----	Name of Father: S. M. Kelley	
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin who lived nearby at time of birth	By whom issued and signed: Maggie M. Howerton Age: 72		Date Issued: Jan.12,1968	Date Orig. Entry: -----
	Date of Birth: Aug.7,1906	Birth Place: Gifford, Idaho	Full Name of Mother: Delilah Loduska Lough	Name of Father: Sylvester Marion Kelley	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #318470		Date Issued: ----	Date Orig. Entry: child born July 27,1941
	Date of Birth: Age: 34	Birth Place: Gifford, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 30, 1968

FORM BH 56067

1-3-68

JAN 31 1968

238-118-009819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-089

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lenard or Leonard Casper Schmitz			2. Date of Birth (month) (day) (year): April 18, 1906
	3. Color or Race: W	4. Sex: M	5. Place of Birth: Idaho a. County: Bonner	b. City or Town of Birth: Sand Point
FATHER	6. Full Name of Father: Casper Melchior Schmitz			7. State or Country of Father's Birth: Grant County - Wisconsin
MOTHER	8. Full Maiden Name of Mother: (Lena) Mary Magdalen Harps			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leonard C. Schmitz		11. Present Address of Registrant: Highland, Wisconsin
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 19 1967	12. Signature of Notary: Arthur J. Zechel		13. Notary Commission expires: May 2 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Retirement Income Certificate #55032	By whom issued and signed: Catholic Knights of Wisconsin		Date Issued: Sep.13,1946	Date Orig. Entry: Sept.7,1946
	Date of Birth: Apr.18,1906	Birth Place: Sandpoint,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: copy of Certificate of Marriage #31-12	By whom issued and signed: State of Wisconsin Grant County		Date Issued: Nov.16,1936	Date Orig. Entry: Nov.16,1936
	Date of Birth: Age 30	Birth Place: Sand Point,Idaho	Full Name of Mother: Lena Harps	Name of Father: Casper Schmitz	
SUPPORTING RECORD 3.	Type of Document: photocopy of own child's birth certificate #65132	By whom issued and signed: State of Wisconsin		Date Issued: -----	Date Orig. Entry: child born Aug.22,1955
	Date of Birth: Age 49	Birth Place: Sand Point, Idaho	Full Name of Mother: ----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Jan. 30, 1968

FORM BH 56067 1 cc. pd rec. #67-25533 (S) 1-9-68 mc

JAN 31 1968

344-225-019-653

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-110

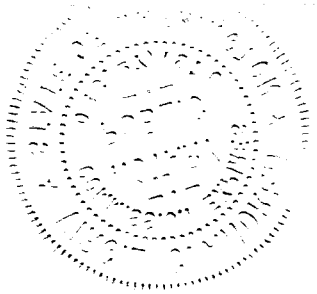
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Tillie Jane Cummins			2. Date of Birth (month) July (day) 25 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Custer	b. City or Town of Birth: Mackay	
FATHER	6. Full Name of Father: Daniel Cummins			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Lula Mae Wells			9. State or Country of Mother's Birth: Washington	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X	10. Signature of Registrant: Tillie Jane Farmer		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: 16 January 1968	12. Signature of Notary: Virgil Andrew		13. Notary Commission expires: 12-27 1970	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #159923	Date Issued: -----	Date Orig. Entry: child born March 2,1928	
	Date of Birth: Age 21	Birth Place: Mackay, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Challis School Dist.#181 May Quigley, Secretary	Date Issued: Dec 8, 1967	Date Orig. Entry: Sept. 1913	
	Date of Birth: Age 7	Birth Place: ------	Full Name of Mother: -----	Name of Father: Dan Cummins	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #544-20-8712	By whom issued and signed: Social security adm.	Date Issued: -----	Date Orig. Entry: Sept. 15, 1942	
	Date of Birth: Jul.25,1906	Birth Place: Mackay, Idaho Custer County	Full Name of Mother: Lula Mae Wells	Name of Father: Danial Cummins	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson		Date Filed: Feb. 1, 1968	

FORM BH 56067 1 Cp. pd. (F) 10-6-67 gml

FEB 1 1968



2952 26-007-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-113

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Pearl LaVern King
2. Date of Birth (month) Dec. (day) 26 (year) 1906
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Blaine
b. City or Town of Birth: Moore Idaho

FATHER

6. Full Name of Father: Joseph King
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Sarah Luella Strong
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Pearl LaVern King Jones
11. Present Address of Registrant: Paul Idaho

NOTARY (Seal)

Subscribed and sworn to before me on January 23 1967

12. Signature of Notary: D Nielsen
13. Notary Commission expires: Feb 20, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #287231	-----	child born May 25,1938
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 31 / Moore, Idaho	-----	-----	
SUPPORTING RECORD 2.	photocopy of certificate of membership	LDS Church	-----	blessed Apr.7,1907
	Dec.26,1906 / Moore, Idaho USA	Sarah L. Strong	Joseph King	
SUPPORTING RECORD 3.	Certificate of Baptism and Confirmation	LDS Church, Cedarview Ward J. W. Nielsen, Clerk	----	baptized May 28,1915
	Dec.26,1906 / Moore, Blaine County, Idaho	Sarah Luella Strong	Joseph King	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Glenda Larson	Feb 1, 1968

FORM BH 56067

12-26-67

FEB 1 1968

595/30-022-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-117

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donald Vernon Niendorf			2. Date of Birth (month) 10 (day) 30 (year) 06	
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County Fremont	b. City or Town of Birth: Lamont	Idaho
FATHER	6. Full Name of Father: Frederick Charles Christian Niendorf			7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Addie Frances Durham			9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Donald Vernon Niendorf	11. Present Address of Registrant: Lamont, Idaho 83430	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 29 19 67		12. Signature of Notary: La Mont Bauer, Clerk Of The District Court	13. Notary Commission expires: elective 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for insurance policy		By whom issued and signed: Mutual Benefit Health & Accident Assoc.	Date Issued: Sept.8,1954	Date Orig. Entry: Sept.8,1954
	Date of Birth: Oct.30,1906	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister		By whom issued and signed: Winnie Helen Robson Age: 71	Date Issued: Dec.29,1967	Date Orig. Entry: -----
	Date of Birth: Oct.30,1906	Birth Place: Lamont, Idaho	Full Name of Mother: Addie Frances Durham	Name of Father: Frederick Charles Christian Niendorf	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage license #237011 Book 4, Pg.327		By whom issued and signed: Fremont County, Idaho	Date Issued: ----	Date Orig. Entry: Oct.23,1937
	Date of Birth: Oct.30,1906	Birth Place: Lamont, Idaho	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Benson		Evidence reviewed by: Glenda Larson	Date Filed: Feb. 1, 1968	

FORM BH 56067

11-16-67

FEB 1 1968

449-22-014-859

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-119

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: NEVA-OLIVIA-DURNIL
2. Date Of Birth (month) (day) (year): 7 - 21 - 1906
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: NOTUS-IDA, CANYON
b. City or Town of Birth: NOTUS

FATHER

6. Full Name of Father: ISAIAH JACOB DURNIL
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: EMMA HERTIG
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Neva Olivia Davis
11. Present Address of Registrant: 335 E. 12th St., Oakland

NOTARY (seal) OFFICIAL SEAL RUTH E. HALL NOTARY PUBLIC-CALIFORNIA PRINCIPAL OFFICE IN ALAMEDA COUNTY

Subscribed and sworn to before me on _____ 19 68

12. Signature of Notary: Ruth E. Hall
13. Notary Commission expires: June 24, 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #160826	-----	child born March 2,1928
	Date of Birth: Age: 21	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Affidavit by mother	Emma Durnil	May 18,1967	-----
	July 21,1906	Notus, Idaho	Emma Hertig	Isiah Jacob Durnil
SUPPORTING RECORD 3.	photocopy of application for social security #446-14-8076	Social Security Adm.	Jun.19,1964	Dec.18,1940
	Jul.21,1906	Notus, Canyon County, Idaho	Emma Hertig	Isaiah Jacob Durnil

QUALIFYING INFORMATION

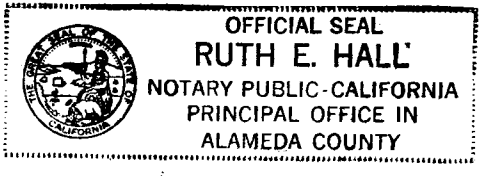
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Feb. 1, 1968

FORM BH 56067

FEB 1 1968


OFFICIAL SEAL
RUTH E. HALL
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
ALAMEDA COUNTY

353-202-041-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-121

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Norma Letham			2. Date of Birth (month) March (day) 2 (year) 1906
	3. Color or Race: W	4. Sex: F	5. Place of Birth: Tetonia a. County: Teton	b. City or Town of Birth: ~~Cache~~
FATHER	6. Full Name of Father: Daniel Parley Letham			7. State or Country of Father's Birth: Wellsville, Utah
MOTHER	8. Full Maiden Name of Mother: Isabell Moffat			9. State or Country of Mother's Birth: Beaver City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Norma L. Mickelson		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on JAN 19 1968 19___	12. Signature of Notary: Alvin R Whitehead		13. Notary Commission expires 6-12-70 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of application for license to marry	By whom issued and signed: Cache County, Utah	Date Issued: Jan.18,1968	Date Orig. Entry: Nov.12,1925
	Date of Birth: Mar.2,1906 / Birth Place: Tetonia, Idaho	Full Name of Mother: Isabell Moffet	Name of Father: Daniel J. Leatham	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #326296	Date Issued: -----	Date Orig. Entry: child born Nov.19,1941
	Date of Birth: Age 35 / Birth Place: Tetonia, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin & neighbor at time of birth	By whom issued and signed: Sybil G. Johnson Age 75	Date Issued: Mar.31,1964	Date Orig. Entry: -----
	Date of Birth: Mar.2,1906 / Birth Place: Tetonia, Idaho	Full Name of Mother: Isobelle Moffat	Name of Father: Daniel Parley Letham	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 1, 1968

FORM BH 56067

FEB 1 1968

AUG 6 1975

168-131-006-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-135

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: OSCAR CLIFFORD JOHNSON			2. Date Of Birth (month) 12 (day) 31 (year) 1906	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: BINGHAM	b. City or Town of Birth: BLACKFOOT,	
FATHER	6. Full Name of Father: OSCAR CORNEILUS JOHNSON			7. State or Country of Father's Birth: LEE COUNTY ILLINOIS	
MOTHER	8. Full Maiden Name of Mother: SINA RACHAEL SMITH			9. State or Country of Mother's Birth: ONAWA, IOWA DAVIS COUNTY	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Oscar Johnson	11. Present Address of Registrant: ARCO, IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: December 7 19 67		12. Signature of Notary: Edna H. Mefford	13. Notary Commission expires: October 16 19 70	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age 68		By whom issued and signed: Lela Robinson	Date Issued: Oct.6,1965	Date Orig. Entry: ------
	Date of Birth: Dec.31,1906	Birth Place: Blackfoot, Idaho	Full Name of Mother: Sina Rachael Smith	Name of Father: Oscar Corneilus Johnson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #164758	Date Issued: ------	Date Orig. Entry: child born Sept.29,1928
	Date of Birth: Age 21	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: copy of application for insurance policy		By whom issued and signed: National Benefit Ins. Co	Date Issued: -----	Date Orig. Entry: Nov.5,1953
	Date of Birth: Dec.31,1906	Birth Place: Blackfoot, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Barron		Evidence reviewed by: gml Glenda Larson	Date Filed: Feb. 7, 1968	

FORM BH 56067 NM

(J) 5-9-68 jm

FEB 8 1968

246-105-018-459

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-141

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alfred William Smolinski		2. Date of Birth (month) March (day) 5 (year) 1906	
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Clearwater	b. City or Town of Birth: Fraser
FATHER	6. Full Name of Father: John Smolinski		7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Aurelia Merta		9. State or Country of Mother's Birth: Vienna, Austria	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alfred William Smolinski	11. Present Address of Registrant: Box 827 Orofino, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 29 1968	12. Signature of Notary: Marie Green	13. Notary Commission expires: Dec. 6 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

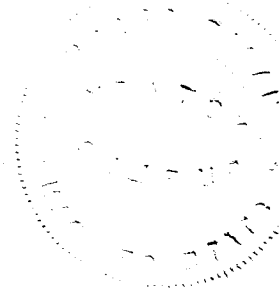
SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #411441	Date Issued: -----	Date Orig. Entry: child born Sept.27,1945
	Date of Birth: Age 39 / Birth Place: Fraser, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school census records	By whom issued and signed: Clearwater County, Idaho School Dist. #28	Date Issued: Jan.8,1968	Date Orig. Entry: Sept.7,1915
	Date of Birth: Age: 9 / Birth Place: -----	Full Name of Mother: -----	Name of Father: John Smolinski	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Lawrence Judd (more than 10 years older than registrant)	Date Issued: Jan.29,1968	Date Orig. Entry: -----
	Date of Birth: Mar.5,1906 / Birth Place: Fraser, Idaho Clearwater County	Full Name of Mother: Aurelia Merta	Name of Father: John Smolinski	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 7, 1968

FORM BH 56067

6-7-67

FEB 8 1968



593-206-042-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-142

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Violet Nichols			2. Date Of Birth (month) 9 (day) 6 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls County	b. City or Town of Birth: Kimberly, Idaho
FATHER	6. Full Name of Father: John Nichols - Deceased			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Myrtle Ann Simmons			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertha McCracken		11. Present Address of Registrant: 307 Ravine Rd Lewiston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 10 1968	12. Signature of Notary: Marion Hamilton		13. Notary Commission expires: Feb. 16 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #256260		Date Issued: -----	Date Orig. Entry: child born June 22,1937
	Date of Birth: Age: 30	Birth Place: Kimberly, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Driver's License #129458	By whom issued and signed: State of Idaho, Motor Vehicle Driver's License		Date Issued: Oct.11,1935	Date Orig. Entry: Oct.11,1935
	Date of Birth: Sept.6,1906	Birth Place: ------	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: certified copy of school census records	By whom issued and signed: Nez Perce County, Idaho School Dist. #27		Date Issued: Jan.30,1968	Date Orig. Entry: Sept.30,1915
	Date of Birth: Age: 9	Birth Place: -----	Full Name of Mother: Myrtle Nichols	Name of Father: John Nichols	

QUALIFYING INFORMATION

Affidavit by paternal uncle, Steve Nichols, dated September 15, 1967 gives birthplace as Kimberly, Idaho on September 6, 1906. Parents' names as John and Myrtle Nichols.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Feb. 7, 1968

FORM BH 56067

12-30-67

FEB 8 1968

154 791-214-023-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-154

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Veda Rose Grant		2. Date of Birth (month) Oct (day) 14 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: Charles Henry Grant		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Sara Inez Nelson		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Veda R Rowe	11. Present Address of Registrant: 1416 Locust Caldwell Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: February 7 1968	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 417822	Date Issued: ----	Date Orig. Entry: child born Mar 24, 1946
	Date of Birth: Age 39 / Birth Place: Emmett, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Alice I.Snook, County - Payette	Date Issued: Apr.18,1967	Date Orig. Entry: Married May 7,1934
	Date of Birth: Age 27 / Birth Place: Idaho	Full Name of Mother: ---------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt more than 15 yrs older	By whom issued and signed: Argie Feik	Date Issued: Dec.8,1967	Date Orig. Entry: -----
	Date of Birth: Oct.14,1906 / Birth Place: Emmett, Idaho	Full Name of Mother: Sara Inez Nelson	Name of Father: Charles Henry Grant	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Feb. 9, 1968

FORM BH 56067

FEB 9 1968

847-209-036-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-164

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Okell Hughes	2. Date of Birth (month) (day) (year): January 9, 1906
	3. Color or Race: White; 4. Sex: female; 5. Place of Birth a. County: Samaria Oneida, Idaho	b. City or Town of Birth: Samaria Oneida Idaho
FATHER	6. Full Name of Father: David James Hughes	7. State or Country of Father's Birth: Samaria, Oneida, Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Ann Waldron	9. State or Country of Mother's Birth: Samaria, Oneida Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Okell Hughes Burnham; 11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 2 1967	12. Signature of Notary: [signature]; 13. Notary Commission expires: Jan 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church certificate of birth		By whom issued and signed: LDS Church, Joseph Fielding Smith, Historian	Date issued: Nov.21,1967	Date Orig. Entry: Mar.3,1906
	Date of Birth: Jan.9,1906	Birth Place: Samaria, Oneida County, Idaho	Full Name of Mother: Mary Ann Waldron	Name of Father: David James Hughes	
SUPPORTING RECORD 2.	Type of Document: hospital Certificate of birth for own child		By whom issued and signed: Oneida County Hospital, Malad City, Idaho	Date issued: ----	Date Orig. Entry: child born June 18,1946
	Date of Birth: Jan.9,1906	Birth Place: Samaria, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #35175-E		By whom issued and signed: Gem State Mutual Life Assoc. Inc., Pocatello, Idaho	Date issued: Nov.17,1949	Date Orig. Entry: Nov.12,1949
	Date of Birth: Jan.9,1906	Birth Place: Samaria, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Feb. 15, 1968

FORM BH 56067 1 cp pd rec # 1438 (B) 12-27-67 gml

FEB 16 1968

955-123-034-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-176

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dick Reed (AKA Newton Harold Reed)		2. Date of Birth (month) Sept (day) 23 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Minidoka	b. City or Town of Birth: Heyburn
FATHER	6. Full Name of Father: Alva Reed		7. State or Country of Father's Birth: Rossville Ill.	
MOTHER	8. Full Maiden Name of Mother: Minia Lucindia Goodenough		9. State or Country of Mother's Birth: Wis.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dick Reed	11. Present Address of Registrant: Echo, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: July 14 1967	12. Signature of Notary: [illegible]	13. Notary Commission expires: June 16 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible Records	Date Issued: -----	Date Orig. Entry: obviously old	
	Date of Birth: Sep.23,1906	Birth Place: -----	Full Name of Mother: Minia Lucindia Goodenough	Name of Father: Alva Reed	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Oregon Mutual Life Ins. Co. of Portland, Oregon	Date Issued: -----	Date Orig. Entry: May 23, 1945	
	Date of Birth: Sep.23,1906	Birth Place: Heyburn, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Alva Reed	Date Issued: May 27,1957	Date Orig. Entry: -----	
	Date of Birth: Sep.23,1906	Birth Place: Heyburn, Idaho	Full Name of Mother: -----	Name of Father: Alva Reed	
QUALIFYING INFORMATION	Affidavit by father also states that the registrant was named Newton Harold Reed at birth but took the name of "Dick Reed" at approximately 20 yrs. of age.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W M Larson	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 15, 1968		

FORM BH 56067

Original - Records

Childs cert - #204242 - 1906 -

FEB 16 1968

751-224-010-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-184

REGISTRANT

1. Registrant's Full Name at Birth: Maxine Lois Pearson
2. Date Of Birth: (month) Feb. (day) 24 (year) 1906
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County Bonneville; b. City or Town of Birth: Idaho Falls, Idaho County Idaho Falls

FATHER

6. Full Name of Father: Arthur C. Pearson
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Hazel Kidder
9. State or Country of Mother's Birth: New Mexico

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Maxine Pearson Holt
11. Present Address of Registrant: 508 Bayview Dr., Aptos California

Subscribed and sworn to before me on: February 15, 1968

12. Signature of Notary: Peggy Hunter
13. Notary Commission expires: January 26, 1970

NOTARY PUBLIC-CALIFORNIA PRINCIPAL OFFICE IN SANTA CRUZ COUNTY
PEGGY HUNTER
OFFICIAL SEAL

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	certified copy of marriage reocrd	San Mateo County, California Vol. 39 page 154	Feb.14,1968	Aug.15,1934
	Date of Birth / Birth Place: Age: 28 / Idaho	Full Name of Mother: Hazel Kidder	Name of Father: Arthur C. Pearson	
SUPPORTING RECORD 2.	Own child's birth certificate	On file Idaho #139582	----	child born Jan.29,1926
	Age: 19 / Idaho Falls,Idaho	----	----	
SUPPORTING RECORD 3.	photocopy of agreement for savings account #762	The Bank of California, N.A.	----	Jan.15,1959
	Feb.24,1906 / Idaho Falls,Idaho	Hazel Kidder	-----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Feb. 16, 1968

FORM BH 56067

1-2468

Eigen - Holtz

FEB 16 1968
FEB 16 1968

R 7 415-120-001-125

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-187

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Rodger Davidson			2. Date of Birth (month) Sept. (day) 20 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise,
FATHER	6. Full Name of Father: Rodger M. Davidson			7. State or Country of Father's Birth: New York
MOTHER	8. Full Maiden Name of Mother: Carrie Abernathy			9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: J. R. Davidson		11. Present Address of Registrant: 318 So 8th
NOTARY (Seal)	Subscribed and sworn to before me on: February 20 1968	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record	By whom issued and signed: St.Michael's Church	Date Issued: ---	Date Orig. Entry: Baptised Feb.24,1907
	Date of Birth: Sept.20,1906 / Birth Place: Boise, Idaho	Full Name of Mother: Carrie Abernathy		Name of Father: Rodger M. Davidson
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 359212	Date Issued: ---	Date Orig. Entry: child born Sept 29,1942
	Date of Birth: Age 36 / Birth Place: Boise, Idaho	Full Name of Mother: ----		Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Davidson Service, Inc.	Date Issued: Feb.20,1968	Date Orig. Entry: Employed 1957
	Date of Birth: Sept.20,1906 / Birth Place: Boise,Idaho	Full Name of Mother: -----		Name of Father: -------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Feb.20,1968

FORM BH 56067

FEB 21 1968
DEC 10 1969

190 945-102-04-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-190

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROY MAURICE MURRAY			2. Date of Birth: (month) JULY (day) 2 (year) 1906	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth: IDAHO a. County: CANYON	b. City or Town of Birth: EMMETT	
FATHER	6. Full Name of Father: DAVID W MURRAY			7. State or Country of Father's Birth: IDAHO UNITED STATES	
MOTHER	8. Full Maiden Name of Mother: GEORGIE BUCKLAND			9. State or Country of Mother's Birth: OREGON UNITED STATES	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roy Maurice Murray		11. Present Address of Registrant: 204 MURRAY AVE EMMETT IDAHO 83617	
NOTARY (Seal)	Subscribed and sworn to before me on: 2-19 1968	12. Signature of Notary: Dale E. Cooper		13. Notary Commission expires: 4 1977	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. Paul's Church		Date Issued: July 10,1942	Date Orig. Entry: Baptized July 31, 1908
	Date of Birth: July 2,1906	Birth Place: Emmett, Idaho	Full Name of Mother: Gerogie Buckland	Name of Father: David W. Murray	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 301901		Date Issued: ---	Date Orig. Entry: child born Oct.10, 1940
	Date of Birth: Age 34	Birth Place: Emmett, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy#9 004 495	By whom issued and signed: Equitable Life Assn. Co.		Date Issued: Dec.27,1932	Date Orig. Entry: Dec.15,1932
	Date of Birth: July 2, 1906	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

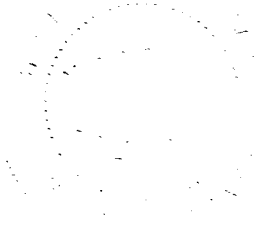
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Feb. 21, 1968

FORM BH 56067

No Record

FEB 23 1968



249-225-022-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-202

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma Lucille Smith			2. Date of Birth (month) November (day) 25 (year) 1906
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Fremont (mai)	b. City or Town of Birth: Egin St. Anthony
FATHER	6. Full Name of Father: Samuel Smith			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Sarah Ann Powell			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma Lucille Sherwood		11. Present Address of Registrant: West Yellowstone Mont.
NOTARY (Seal)	Subscribed and sworn to before me on: February 2 1968	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 189237	Date Issued: ---	Date Orig. Entry: child born Mar 27,1931
	Date of Birth: Age 24	Birth Place: St. Anthony, Ida.	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, J.W.Rhodehouse, Bishop, Egin Ward	Date Issued: ----	Date Orig. Entry: blessed July 7,1907
	Date of Birth: Nov.25,1906	Birth Place: Egin, Fremont County, Idaho	Full Name of Mother: Sarah A. Powell	Name of Father: Samuel Smith	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister		By whom issued and signed: Phoebe Ann Cruser Age: 71	Date Issued: Feb.5,1968	Date Orig. Entry: ----
	Date of Birth: Nov.25,1906	Birth Place: St.Anthony, Idaho	Full Name of Mother: Sarah Ann Powell	Name of Father: Samuel Smith	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: Glenda Larson fc	Date Filed: Feb. 23, 1968

FORM BH 56067

MAR 4 1968

967-110-021-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-217

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Benson Suel Roper		2. Date Of Birth: ~~[illegible]~~ ~~[illegible]~~ APRIL (day) 10 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Franklin; b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: Suel Roper		7. State or Country of Father's Birth: Utah.
MOTHER	8. Full Maiden Name of Mother: Ida E. Bingham		9. State or Country of Mother's Birth: Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Benson Suel Roper	11. Present Address of Registrant: Grace, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 6, 1968	12. Signature of Notary: Kenneth Lloyd.	13. Notary Commission expires: MY COMMISSION EXPIRES JAN. 23, 1969 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #200250	Date Issued: ------	Date Orig. Entry: child born Feb.2,1932
	Date of Birth: Age 25	Birth Place: Preston, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Duplicate Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Frank A. Stoddard Bishop, Grace, Idaho	Date Issued: Dec.20,1967	Date Orig. Entry: baptized June 13,1914
	Date of Birth: Apr.10,1906	Birth Place: Preston, Idaho Franklin County	Full Name of Mother: Ida E. Bingham	Name of Father: Suel Roper	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital record		By whom issued and signed: Caribou Hospital, Soda Springs, Idaho	Date Issued: ----	Date Orig. Entry: Dec.28,1955
	Date of Birth: Age: 49	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

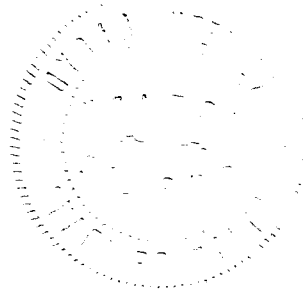
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	March 1, 1968

FORM BH 56067 1 cp pd rec # 28013 (R) 2-14-68 [illegible]

MAR 4 1968



213-208-040-583

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-221

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ellen Irene Backlund			2. Date of Birth: (month) 1 (day) 8 (year) 1906	
	3. Color or Race: W	4. Sex: Female	5. Place of Birth: a. County: Shoshone	b. City or Town of Birth: Burke, Idaho	
FATHER	6. Full Name of Father: John Backlund			7. State or Country of Father's Birth: Finland	
MOTHER	8. Full Maiden Name of Mother: Mary Sofia Nylund			9. State or Country of Mother's Birth: Finland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ellen Irene Melville		11. Present Address of Registrant: 8622-50th Ave S. Seattle,	
NOTARY (Seal)	Subscribed and sworn to before me on: DECEMBER 15 1967	12. Signature of Notary: William E. Burnett		13. Notary Commission expires: JUNE 7 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of church record	By whom issued and signed: A.V. Anderson, Pastor		Date Issued: ------	Date Orig. Entry: Aug.6,1907
	Date of Birth: Jan.8,1906	Birth Place: Burke, Idaho	Full Name of Mother: Maria	Name of Father: John Backlund	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #1013847	By whom issued and signed: The Union Central Life Ins. Co., Cincinnati, Ohio		Date Issued: Feb.4,1929	Date Orig. Entry: Jan.24,1929
	Date of Birth: Jan.8,1906	Birth Place: Burke, Shoshone County, Idaho	Full Name of Mother: Mary Sofia Hemminger	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance policy #4041663	By whom issued and signed: Massachusetts Bonding & Ins. Co.		Date Issued: Sept.7,1937	Date Orig. Entry: Sept.7,1937
	Date of Birth: Age: 31	Birth Place: ----	Full Name of Mother: - ----	Name of Father: ----	
QUALIFYING INFORMATION					

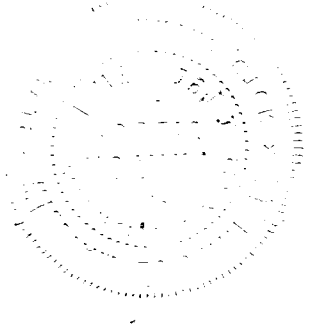
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gm1Glenda Larson	March 1, 1968

FORM BH 56067 2 cps (M) 1-24-68 gml

MAR 4 1968



113-217-009-463

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-223

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anona Hope Jackins		2. Date Of Birth (month) (day) (year): Mar. 17 1906
	3. Color or Race: Wh	4. Sex: F	5. Place of Birth a. County: Rural Idaho Bonner; b. City or Town of Birth: Spirit Lake, Idaho
FATHER	6. Full Name of Father: Harvey Wilson Jackins		7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Caroline Sophia Moland		9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anona Jackins Hales	11. Present Address of Registrant: 1623 Seattle Hill Road Bothell, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: February 1 1968	12. Signature of Notary: Walter Hin Bothell, Wash	13. Notary Commission expires: 10-28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Caroline Sophie Moland Jackins	Date issued: May 20,1957	Date Orig. Entry: -----
	Date of Birth: Mar.17,1906	Birth Place: rural near Spirit Lake, Idaho	Full Name of Mother: Caroline Sophia Moland Jackins	Name of Father: Harvey Wilson Jackins
SUPPORTING RECORD 2.	Type of Document: #028030E copy of personnel file in the office of the Superintendent	By whom issued and signed: State of Washington of Public Instruction.	Date issued: May 1962	Date Orig. Entry: Aug.17,1938
	Date of Birth: Mar.17,1906	Birth Place: -----	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Transcript of school record	By whom issued and signed: University of Washington Seattle, Washington	Date issued: Aug.8,1962	Date Orig. Entry: June 15,1932
	Date of Birth: Mar.17,1906	Birth Place: Spirit Lake,Idaho	Full Name of Mother: -----	Name of Father: H. W. Jackins
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	March 1, 1968

FORM BH 56067 1 cp. pd rec # 68-27656 (H) 2-14-68

Hales

MAR 4 1968

917-210-026-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-225

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maple Irene Rapp		2. Date Of Birth (month) (day) (year): November 10, 1906
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Clark / Jefferson b. City or Town of Birth: Rigby, Idaho.
FATHER	6. Full Name of Father: Richard Ezra Rapp		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Katherine Cassie Bellon		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maple Irene Rapp	11. Present Address of Registrant: 100 W. Main, Rigby, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: August 13, 1965	12. Signature of Notary: Howard E. Graham	13. Notary Commission expires: January 5, 1968

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister-in-law	By whom issued and signed: Sophia Rapp Age 76	Date Issued: Apr.4,1967	Date Orig. Entry: ------
	Date of Birth: Nov.10,1906 / Birth Place: Clark area rural rt. of Rigby, Ida. Jefferson County	Full Name of Mother: Katherine Cassie Bellen Rapp	Name of Father: Richard Ezra Rapp	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Clyde Walker, Elder, Lyle Peterson, Mission Pres.	Date Issued: Apr.23,1954	Date Orig. Entry: baptized Apr.23,1954
	Date of Birth: Nov.10,1906 / Birth Place: Clark, Idaho Jefferson County	Full Name of Mother: Katharine Cassia Bellon	Name of Father: Richard Ezra Rapp	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #519-16-4587	By whom issued and signed: Social Security Adm.	Date Issued: ----	Date Orig. Entry: Jan.24,1940
	Date of Birth: Nov.10,1906 / Birth Place: Rigby, Idaho Jefferson County	Full Name of Mother: Cassie Bellon	Name of Father: Richard Rapp	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	March 1, 1968

FORM BH 56067 (W) 8-2-65. nm

7-25-67 gml

MAR 4 1968

395-22-002-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-234

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARGARET TRENAM			2. Date of Birth (month) SEPT. (day) 21 (year) 1906
	3. Color or Race: WHITE	4. Sex: FE.	5. Place of Birth a. County: COUNCIL, ADAMS	b. City or Town of Birth: COUNCIL
FATHER	6. Full Name of Father: ARTHUR LEROY TRENAM			7. State or Country of Father's Birth: WISC., U.S.A.
MOTHER	8. Full Maiden Name of Mother: GRACE FOOTE			9. State or Country of Mother's Birth: KANSAS, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Margaret T. Maxwell	11. Present Address of Registrant: 4814 Blackthorn ave. Long Beach, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on FEBRUARY 19, 1968		12. Signature of Notary: Richard Anderson	13. Notary Commission expires: RICHARD ANDERSON ~~My Commission Expires April 14, 1970~~ 19

OFFICIAL SEAL
RICHARD ANDERSON
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage record #1725		By whom issued and signed: Los Angeles County, Calif.	Date Issued: Oct.24,1967	Date Orig. Entry: Feb.7,1929
	Date of Birth: Age 22	Birth Place: Idaho	Full Name of Mother: Grace Foste	Name of Father: A. L. Trenam	
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate		By whom issued and signed: child born in Los Angeles, Calif.	Date Issued: ----	Date Orig. Entry: child born May 30,1930
	Date of Birth: Age 23	Birth Place: Council, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for employment		By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Mar.19,1925	Date Orig. Entry: Mar.19,1925
	Date of Birth: Sep.21,1906	Birth Place: ---	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barsom	Glenda Larson	March 4, 1968

FORM BH 56067

10-12-67

MAR 4 1968

236-129-026-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-283

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Fredrick Storer			2. Date Of Birth (month) (day) (year): March 29 1906
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Rigby Ida Jefferson	b. City or Town of Birth: Rigby Idaho
FATHER	6. Full Name of Father: Fredrick J. Storer			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Murriel C. Watson			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles F Storer		11. Present Address of Registrant: Blackfoot Ida
NOTARY (Seal)	Subscribed and sworn to before me on: February 29 1968	12. Signature of Notary: Jillian L Snyder		13. Notary Commission expires: May 7 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #172020	Date Issued: ---	Date Orig. Entry: child born May 21,1929
	Date of Birth: Age: 23	Birth Place: Rigby, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #557-10-5219	By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: Nov.30,1936
	Date of Birth: Mar.29,1906	Birth Place: Rigby, Idaho	Full Name of Mother: Murriel Watson	Name of Father: Fred J. Storer
SUPPORTING RECORD 3.	Type of Document: photocopy of church membership record	By whom issued and signed: LDS Church	Date Issued: ---	Date Orig. Entry: baptized June 7,1936
	Date of Birth: Mar.29,1906	Birth Place: Rigby, Jefferson County, Idaho	Full Name of Mother: Murriel Watson	Name of Father: Fredrick John Storer
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Jensen	Evidence reviewed by: Glenda Larson	Date Filed: March 12, 1968

FORM BH 56067 nm. 8-26-66 (S) gml NO SEARCH MADE no record

Storer

MAR 12 1968

312-109044-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-285

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Franklin Alfred F. Castle		2. Date of Birth (month) Oct. (day) 9 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Ranch near Cambridge, Ida. a. County: Washington b. City or Town of Birth: Cambridge
FATHER	6. Full Name of Father: Cary Franklin Castle		7. State or Country of Father's Birth: ~~Colorado~~ Michigan
MOTHER	8. Full Maiden Name of Mother: Addie Elva Carrick		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alfred F Castle	11. Present Address of Registrant: 1021 Capuchino Ave Burlingame, Calif 94010
NOTARY (Seal)	Subscribed and sworn to before me on 6 1968	12. Signature of Notary: Anna V. Ross	13. Notary Commission expires: MY COMMISSION EXPIRES AUGUST 26, 1971

ANNA V. ROSS
Notary Public
San Mateo County
State of California

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of lodge record		By whom issued and signed: San Mateo, Calif. Lodge #1112 B.P.O.E.	Date issued: ---	Date Orig. Entry: Apr. 30, 1960
	Date of Birth: Oct. 9, 1906	Birth Place: Cambridge, Idaho Washington County	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by half brother who was present at time of birth		By whom issued and signed: Bert Reed Age: 73	Date issued: Feb. 29, 1968	Date Orig. Entry: ---
	Date of Birth: Oct. 9, 1906	Birth Place: Cambridge, Idaho Washington County	Full Name of Mother: Addie Elva Carrick	Name of Father: Cary Franklin Castle	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage record #2694		By whom issued and signed: City of San Francisco, Calif. book 308 page 216	Date issued: Feb. 29, 1968	Date Orig. Entry: June 27, 1931
	Date of Birth: Age: 24	Birth Place: Idaho	Full Name of Mother: Addie E. Carrick	Name of Father: Carry F. Castle	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	March 12, 1968

FORM BH 56067

ICPPd rec 25019

12-20-67

MAR 12 1968

MAR 23 1976

133-225-003-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-289

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mattie Allsop		2. Date of Birth (month) July (day) 25 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Niter a. County: Bannock b. City or Town of Birth: Niter
FATHER	6. Full Name of Father: George Tanner Allsop		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Eliza ~~[illegible]~~ Christensen		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mattie A. Christensen	11. Present Address of Registrant: 2916 Bogus Basin Rd Boise Ida
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 29, 1968	12. Signature of Notary: LaVonne L. Warn	13. Notary Commission expires: 10-20 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Attended Birth Affidavit by Cousin		By whom issued and signed: Martha M. Kingsford	Date issued: ---	Date Orig. Entry: May 30, 1964
	Date of Birth: July 25, 1906	Birth Place: Grace, Idaho Bannock County	Full Name of Mother: Eliza Christensen	Name of Father: George T. Allsop	
SUPPORTING RECORD 2.	Type of Document: L.D.S. Certificate of Birth		By whom issued and signed: Bannock Stake, Grace Ward Record of Members, Book 18237	Date issued: Feb. 6, 1958	Date Orig. Entry: Sept. 2, 1906
	Date of Birth: July 25, 1906	Birth Place: Grace, Idaho Bannock County	Full Name of Mother: Eliza Christensen	Name of Father: George T. Allsop	
SUPPORTING RECORD 3.	Type of Document: L.D.S. Church Certificate of Record of Membership		By whom issued and signed: L.D.S. Church Ella D. Jack, Custodian	Date issued: May 26, 1955	Date Orig. Entry: Baptized July 25, 1914
	Date of Birth: July 25, 1906	Birth Place: Grace, Idaho	Full Name of Mother: Eliza Christensen	Name of Father: George T. Allsop	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Betty Rhoades	Date Filed: March 15, 1968

FORM BH 56067

[illegible] 1-9-68

MAR 15 1968

231-223-025-556

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-303

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cora Adaline Slayton		2. Date of Birth (month) July (day) 23 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Cottonwood
FATHER	6. Full Name of Father: George W. Slayton		7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Mary E. Newton		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Addie Sharris	11. Present Address of Registrant: Shelton, Wash. 2020 N Adams
NOTARY (Seal)	Subscribed and sworn to before me on: March 11, 1968	12. Signature of Notary: Phil C Bayley	13. Notary Commission expires: October 10th 1968

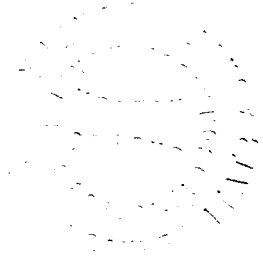
(APPLICANT — DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: George W. Slayton	Date issued: Dec.18,1947	Date Orig. Entry: -----
	Date of Birth: July 23,1906; Birth Place: Cottonwood, Idaho Idaho County	Full Name of Mother: Mary E. Newton	Name of Father: George W. Slayton	
SUPPORTING RECORD 2.	Type of Document: certified copy of voting registration	By whom issued and signed: Mason County, Washington	Date issued: Mar.4,1968	Date Orig. Entry: Oct.4,1952
	Date of Birth: Jul.23,1906; Birth Place: Cottonwood, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: copy of application for membership	By whom issued and signed: American Legion Auxiliary Unit #31, J.C.McElroy, Post Adjutant	Date issued: —	Date Orig. Entry: Mar.20,1951
	Date of Birth: Jul.23,1906; Birth Place: Cottonwood, Idaho	Full Name of Mother: Mrs. G. W. Slayton	Name of Father: Mr. G. W. Slayton	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: March 20, 1968

FORM BH 56067 NM (N) 1-30-68 gml

MAR 20 1968
MAY 2 1968



276-220-029-495

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-313

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lennie Clarinda Sponsler		2. Date Of Birth (month) (day) (year): 11 - 20 - 06
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho, Latah; b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: William Fredrick Sponsler		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Laura Drew Sponsler		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lennie S. Berkley*	11. Present Address of Registrant: Idaho Parma Route 3
NOTARY (Seal)	Subscribed and sworn to before me on: March 8, 1968	12. Signature of Notary: *(Lennie Clarinda Sponsler) Jerry D. Stone	13. Notary Commission expires: January 1, 1970

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother		By whom issued and signed: W. C. Sponsler (12 yrs. older)	Date issued: June 30, 1967	Date Orig. Entry: ----
	Date of Birth: Nov.20,1906	Birth Place: Moscow, Idaho	Full Name of Mother: Laura Clarinda Drew	Name of Father: William Frederick Sponsler	
SUPPORTING RECORD 2.	Type of Document: federal census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Jun.15,1967	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 13	Birth Place: Idaho	Full Name of Mother: Laura Sponsler	Name of Father: William Sponsler	
SUPPORTING RECORD 3.	Type of Document: copy of Statement regarding school records		By whom issued and signed: Canyon County, Idaho School Dist. #30	Date issued: May 4,1967	Date Orig. Entry: Sept.6,1921
	Date of Birth: Age: 14	Birth Place: -----	Full Name of Mother: ----	Name of Father: W. F. Sponsler	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	March 20, 1968

FORM BH 56067 5/15/67

MAR 20 1968

119-209-003-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-325

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Margaret Jarboe	2. Date Of Birth (month) (day) (year): Jan. 9 1906	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Pocatello Idaho. Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Charles William Jarboe	7. State or Country of Father's Birth: Penn.	
MOTHER	8. Full Maiden Name of Mother: Malvina Marie Jennings	9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel Margaret Shelhamer	11. Present Address of Registrant: 214 So. 16th Ave. Yakima Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: November 14 1967	12. Signature of Notary: Anna L. Cusick	13. Notary Commission expires: Sept. 25 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Civil Fingerprint Card	By whom issued and signed: FBI, U.S. Dept. of Justice	Date Issued: Jun.28,1950	Date Orig. Entry: June 28,1950
	Date of Birth: Jan.9,1906 / Birth Place: Pocatello, Idaho	Full Name of Mother: ———	Name of Father: ———	
SUPPORTING RECORD 2.	Type of Document: carbon copy of medical statement	By whom issued and signed: National Hospital Assoc. Portland, Oregon	Date Issued: Nov.6,1958	Date Orig. Entry: Nov.6,1958
	Date of Birth: Age 52 / Birth Place: ———	Full Name of Mother: ———	Name of Father: ———	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #7,648,985	By whom issued and signed: The Equitable Life Assurance Society of the U.S.	Date Issued: Mar.27,1929	Date Orig. Entry: Mar.23,1929
	Date of Birth: Jan.9,1906 / Birth Place: Pocatello, Idaho Bannock County	Full Name of Mother: -----	Name of Father: Charles W. Jarboe	
QUALIFYING INFORMATION	Federal census record issued March 15, 1968 by the Bureau of the Census for the census of April 15, 1910 gives age of registrant as 4 years; birthplace as Idaho; and parents' names as Charles W. and Malvinie M. Jarboe.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Larson	Evidence reviewed by: gml Glenda Larson gml		Date Filed: March 27, 1968

FORM BH 56067

Marriage Lic. # 15163

(5) 2-14-68 gml

MAR 27 1968

MAR 27 1968

713-216-009-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-327

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Daisy May (Janet) Palmer		2. Date of Birth (month) (day) (year): November 16 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County: Bonner; b. City or Town of Birth: Sandpoint Idaho
FATHER	6. Full Name of Father: Charles W. Palmer		7. State or Country of Father's Birth: Portland Oregon
MOTHER	8. Full Maiden Name of Mother: Leona May Murphy		9. State or Country of Mother's Birth: Sioux City Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Daisy May Janet Nordstrom	11. Present Address of Registrant: 2409 S.E. 51st
NOTARY (Seal)	Subscribed and sworn to before me on: February 21 1968	12. Signature of Notary: Dorothy M. Johnson	13. Notary Commission expires: July 9 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Mike Lamanna, Asst.Supt. Bonner Co., Idaho Dist.#82	Date Issued: Feb.1,1968	Date Orig. Entry: Sept.1914
	Date of Birth: Nov.16,1906; Birth Place: ----	Full Name of Mother: ----	Name of Father: C. W. Palmer	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #134514	Date Issued: ---	Date Orig. Entry: child born Aug.11,1925
	Date of Birth: Age 18; Birth Place: Sandpoint, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Leona McQuaide	Date Issued: Mar.19,1968	Date Orig. Entry: ----
	Date of Birth: Nov.16,1906; Birth Place: Sandpoint, Idaho	Full Name of Mother: Leona M. Murphy	Name of Father: Charles W. Palmer	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	March 27, 1968

FORM BH 56067

F-26605

(N)

3-13-6 gml

MAR 2 7 1968

963-119-022-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-334

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Meyvin Ferris Rock,			2. Date of Birth (month) (day) (year): October 19th, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont County (now Madison)	b. City or Town of Birth: Hibbard, Idaho.
FATHER	6. Full Name of Father: David Rock,			7. State or Country of Father's Birth: Morgan, Utah.
MOTHER	8. Full Maiden Name of Mother: Amanda Jensen,			9. State or Country of Mother's Birth: Hyrum, Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mervin F. Rock		11. Present Address of Registrant: Route #2, Rexburg, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: March 4th, 1968	12. Signature of Notary: Joseph A. Parker		13. Notary Commission expires: August 6th, 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Hibbard Ward, Orson Ricks, Elder		Date Issued: Mar.23,1916	Date Orig. Entry: baptized Apr.3,1915
	Date of Birth: Oct.19,1906	Birth Place: Hibbard, Idaho	Full Name of Mother: Amanda Jensen	Name of Father: David Rock	
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend of family & neighbor at time of birth	By whom issued and signed: Heber C. Saurey Age:78		Date Issued: Mar.15,1968	Date Orig. Entry: ----
	Date of Birth: Oct.19,1906	Birth Place: Fremont County, Idaho	Full Name of Mother: Amanda Jensen Rock	Name of Father: David Rock	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #13,958-GR-2	By whom issued and signed: Pacific Life Benefit Assoc. Lewiston, Idaho		Date Issued: Dec.16,1947	Date Orig. Entry: Dec.16,1947
	Date of Birth: Oct.19,1906	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	March 27, 1968

FORM BH 56067 NM

(R) 3-13-6 [illegible]

MAR 2 7 1968

855- 204-017-5-42

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-335

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Della Henson			2. Date of Birth (month) August (day) 4 (year) 1906
	3. Color or Race: Cau.	4. Sex: Female	5. Place of Birth: a. County: DuBois Clark	b. City or Town of Birth: Dubois
FATHER	6. Full Name of Father: Albert John Henson			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Sarah Edsell			9. State or Country of Mother's Birth: Missouri - U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Della Henson Cartwright		11. Present Address of Registrant: 608 Virginia Avenue Union, Missouri 63084
NOTARY (Seal)	Subscribed and sworn to before me on: December 19 1967	12. Signature of Notary: [signature]		13. Notary Commission expires: 11/15/ 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age:72		By whom issued and signed: Ellen Henson Huff	Date Issued: Jan.8,1968	Date Orig. Entry: ----
	Date of Birth: Aug.4,1906	Birth Place: Dubois, Idaho Clark County	Full Name of Mother: Sarah Edsell	Name of Father: Albert John Henson	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #D 9286300		By whom issued and signed: The Prudential Ins.Co. of America	Date Issued: Mar.23,1936	Date Orig. Entry: Feb.28,1936
	Date of Birth: Aug.4,1906	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate #3146		By whom issued and signed: State of Missouri	Date Issued: Dec.15,1967	Date Orig. Entry: child born Jan.20,1934
	Date of Birth: Age: 27	Birth Place: Du Bois, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	March 27, 1968

FORM BH 56067

ICC Pkt. #68-26956 (S) 1-24-68

MAR 2 7 1968

365-217-042-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-338

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Ann Long			2. Date of Birth (month) Dec. (day) 17, (year) 1906	
	3. Color or Race: White	4. Sex: Fe.	5. Place of Birth: Ida. a. County: T. F.	b. City or Town of Birth: Filer	
FATHER	6. Full Name of Father: John Robert Long			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Mary C King			9. State or Country of Mother's Birth: Virginia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ruth A. Dougherty	11. Present Address of Registrant: 2414 HANE DRIVE BURLINGAME, CALIF.	
NOTARY (Seal)	Subscribed and sworn to before me on: MARCH 16 1968		12. Signature of Notary: Grant B. Sweet GRANT B. SWEET	13. Notary Commission expires: MARCH 16 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle who lived nearby at time of birth		By whom issued and signed: Perry G. King Age:80	Date Issued: Jan.25,1968	Date Orig. Entry: ----
	Date of Birth: Dec.17,1906	Birth Place: Filer, Idaho	Full Name of Mother: Mary C. King Long	Name of Father: John Robert Long	
SUPPORTING RECORD 2.	Type of Document: Certificate of Age from Election record		By whom issued and signed: Twin Falls County, Idaho Buhl #4 Precinct	Date Issued: Aug.1,1967	Date Orig. Entry: 1930
	Date of Birth: 1906	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of own child's birth certificate		By whom issued and signed: child born in Mills Mem.Hosp. San Mateo, California	Date Issued: ----	Date Orig. Entry: child born Dec.14,1937
	Date of Birth: Age: 30	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	March 27, 1968

FORM BH 56067

MAR 27 1968

856-102-201-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-351

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eugene Walter Yeomans			2. Date of Birth (month) February (day) 2 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Eugene Walter Yeomans, Sr.			7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Alice Branstetter			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eugene Walter Yeomans		11. Present Address of Registrant: 2301 Kootenai St
NOTARY (Seal)	Subscribed and sworn to before me on: April 3, 1968	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28, 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #403655		Date Issued: ----	Date Orig. Entry: Child born Mar. 3, 1945
	Date of Birth: Age 39	Birth Place: Boise, Idaho	Full Name of Mother: ----		Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Statement regarding church records	By whom issued and signed: St. Michael's Cathedral, Boise Idaho,		Date Issued: Apr. 2, 1968	Date Orig. Entry: baptized May 23, 1920
	Date of Birth: Feb. 2, 1906	Birth Place: -----	Full Name of Mother: -----		Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister-in-law	By whom issued and signed: Lucy K. Norville Age: 72		Date Issued: Apr. 1, 1968	Date Orig. Entry: -----
	Date of Birth: Feb. 2, 1906	Birth Place: Boise, Idaho	Full Name of Mother: Alice Branstetter Yeomans		Name of Father: Eugene Walter Yeomans
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: April 3, 1968

FORM BH 56067

APR 3 1968

389216-004-119

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-352

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Enza Fern Christensen
2. Date of Birth (month) 4 (day) 16 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bear Lake
b. City or Town of Birth: Bloomington, Idaho

FATHER

6. Full Name of Father: Charles Otto Christensen
7. State or Country of Father's Birth: Willard, Utah

MOTHER

8. Full Maiden Name of Mother: Mary Ann Jarvis
9. State or Country of Mother's Birth: Paris, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Enza Fern Williams
11. Present Address of Registrant: Pocatello, Idaho 1134 Yellowstone

NOTARY (Seal)

Subscribed and sworn to before me on May 20 1963

12. Signature of Notary: [signature]
13. Notary Commission expires: April 1 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Confirmation Certificate of Baptism and
By whom issued and signed: L. D. S. Church
Date Issued: ---
Date Orig. Entry: Baptized & Confirmed Jun 7,1914
Date of Birth: April 16, 1906
Birth Place: Bloomington, Idaho Bear Lake County
Full Name of Mother: Mary A. Jarvis
Name of Father: Charles O. Christensen

SUPPORTING RECORD 2.

Type of Document: Affidavit by sister Age: 72
By whom issued and signed: Beatrice C. Welker
Date Issued: June 24, 1963
Date Orig. Entry: ---
Date of Birth: April 16, 1906
Birth Place: Bloomington, Idaho
Full Name of Mother: Mary Ann Jarvis Christensen
Name of Father: Charles Otto Christensen

SUPPORTING RECORD 3.

Type of Document: photocopy of hospital record
By whom issued and signed: St.Anthony Mercy Hospital, Pocatello, Idaho
Date Issued: ----
Date Orig. Entry: Feb.21,1960
Date of Birth: Apr.16,1906
Birth Place: Bloomington,Idaho
Full Name of Mother: -----
Name of Father: -----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Bergon
Evidence reviewed by: bm gml Glenda Larson
Date Filed: April 4, 1968

FORM BH 56067

1 copy mailed

3-20-68 (W) gml

APR 4 1968

693-220-031-857

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-357

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Eugenia Witters	2. Date Of Birth (month) (day) (year): August 20 1906
	3. Color or Race: white; 4. Sex: female; 5. Place of Birth a. County: Winchester Lewis	b. City or Town of Birth: Winchester
FATHER	6. Full Name of Father: Stephen Robert Witters	7. State or Country of Father's Birth: California
MOTHER	8. Full Maiden Name of Mother: Olive Andracoma Heaston	9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith Eugenia; 11. Present Address of Registrant: Kamiah Idaho Box 402
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 3, 1967	12. Signature of Notary: Edd D. Hancock; 13. Notary Commission expires: april 5, 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital certificate of own child's birth certificate	By whom issued and signed: St. Joseph's Hospital, Lewiston, Idaho	Date issued: ———	Date Orig. Entry: child born Oct.23,1938
	Date of Birth: Aug.20,1906; Birth Place: Winchester, Idaho	Full Name of Mother: ———	Name of Father: ———	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #983040	By whom issued and signed: American United Life Ins. Co.	Date issued: Jul.25,1952	Date Orig. Entry: July 15,1952
	Date of Birth: Aug.20,1906; Birth Place: Winchester,Idaho	Full Name of Mother: ———	Name of Father: ———	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Georgia C. Barnes Age: 77	Date issued: Mar.22,1968	Date Orig. Entry: ----
	Date of Birth: Aug.20,1906; Birth Place: Winchester, Idaho	Full Name of Mother: Olive Andromica Witters	Name of Father: Stephen Robert Witters	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	April 4, 1968

FORM BH 56067 NM. (D) 11-21-67 gml

APR 4 1968

415-131-001-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-366

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthur Francis Davis			2. Date of Birth (month) March (day) 31 (year) 1906
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: John N. Davis			7. State or Country of Father's Birth: West Virginia
MOTHER	8. Full Maiden Name of Mother: Agnes B. Dowling			9. State or Country of Mother's Birth: Idaho, Boise
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arthur F. Davis		11. Present Address of Registrant: 1413 S. Roosevelt Boise Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: April 4 1968	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. John's Cathedral, Boise, Idaho	Date Issued: Apr. 1, 1968	Date Orig. Entry: baptized May 6, 1906	
	Date of Birth: Mar. 31, 1906	Birth Place: -----	Full Name of Mother: Agnes Dowling	Name of Father: John N. Davis	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #12313 (1953)	Date Issued: ----	Date Orig. Entry: child born Oct. 24, 1953	
	Date of Birth: Age: 47	Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Monetary Determination	By whom issued and signed: Employment Security Agency State of Idaho	Date Issued: ---	Date Orig. Entry: Oct. 26, 1962	
	Date of Birth: Age: 56	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	April 4, 1968

FORM BH 56067

3-26-68

APR 4 1968
JUL 2 2 1996

DECEASED

25-32-12-022-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-369

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Rose Keppner		2. Date of Birth (month) Oct (day) 12 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Hibbard (Fremont) now Madison
			b. City or Town of Birth: Hibbard (Wha) Rexburg
FATHER	6. Full Name of Father: Joseph Keppner		7. State or Country of Father's Birth: Utah Logan (Cache County
MOTHER	8. Full Maiden Name of Mother: Kate Watson		9. State or Country of Mother's Birth: Utah Logan (Cache County
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Edna K. George	11. Present Address of Registrant: Rexburg Idaho Box 24
NOTARY (Seal)	Subscribed and sworn to before me on: 8-25-1966	12. Signature of Notary: [illegible]	13. Notary Commission expires: 2-1-1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #219512	Date Issued: ----	Date Orig. Entry: child born Feb.4,1934
	Date of Birth: Age: 27	Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Kate Watson Keppner	Date Issued: Aug.22,1966	Date Orig. Entry: -----
	Date of Birth: Oct.12,1906	Birth Place: Hibbard (via) Rexburg	Full Name of Mother: Kate Watson Keppner	Name of Father: Joseph Keppner
SUPPORTING RECORD 3.	Type of Document: Certified copy of School Census record	By whom issued and signed: Madison County, Idaho County Recorder's Office	Date Issued: Sep.12,1966	Date Orig. Entry: Sept. 1922
	Date of Birth: 1906	Birth Place: -----	Full Name of Mother: Kate Keppner	Name of Father: Joseph Keppner
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	April 4, 1968

FORM BH 56067

MAY 22 1968

295-209-007--281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-378

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Erma Breshears			2. Date of Birth (month) July (day) 9 (year) 1906
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Bellevue
FATHER	6. Full Name of Father: William Thomas Breshears			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Margaret Mae Sharp			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Erma Breshears	11. Present Address of Registrant: Box 186, Pinehurst, Idaho 83850
NOTARY (Seal)	Subscribed and sworn to before me on: April 5 1968		12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record		By whom issued and signed: Albion State Normal School	Date Issued: Aug.23,1930	Date Orig. Entry: Certificate Sept.26,1925
	Date of Birth: Jul.9,1906	Birth Place: Bellevue, Idaho	Full Name of Mother: Margaret Breshears	Name of Father: William Thomas Breshears	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 224072	Date Issued: ----	Date Orig. Entry: child born July 17,1934
	Date of Birth: Age 28	Birth Place: Bellevue	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Transcript University of Idaho		By whom issued and signed: University of Idaho -Moscow	Date Issued: Jul.1961	Date Orig. Entry: Matriculated June 6,1952
	Date of Birth: Jul.9,1906	Birth Place: Bellevue	Full Name of Mother: Margaret Sharp Breshears	Name of Father: William Thomas Breshears	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	April 5,1968

FORM BH. 56067

APR 5 1968

295420-001-217

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-379

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilburn H. Breshears			2. Date of Birth (month) January (day) 20 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Eagle
FATHER	6. Full Name of Father: Joseph Henderson			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Anna Viola Saxton			9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: W. H. Breshears		11. Present Address of Registrant: Box 186 Anchorage Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: April 5 1968	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept 28 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age 74	By whom issued and signed: Lizzie Ethel Anderson	Date Issued: Sept.28,1967	Date Orig. Entry: ---
	Date of Birth: Jan.20,1906 / Birth Place: Eagle, Idaho	Full Name of Mother: Anna Viola Saxton	Name of Father: Joseph Henderson	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 224072	Date Issued: ----	Date Orig. Entry: child born July 17,1934
	Date of Birth: Age 28 / Birth Place: Eagle, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: Northwest Nazarene Church	Date Issued: Sept.13,1967	Date Orig. Entry: Baptized Jan.11,1948
	Date of Birth: Jan.20,1906 / Birth Place: ----	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	April5,1968

FORM BH 56067

Long Form Rec. 19420

8-29-67

APR 5 1968

618-224-014-849

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-389

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mae Elmira Wayne		2. Date of Birth (month) (day) (year): April 24 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Herbert Claude Wayne		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Rebecca Lucynda Hurlbert		9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mae E. Haug	11. Present Address of Registrant: Burns, Ore. (Box 144)
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 8 1968	12. Signature of Notary: W W Brady	13. Notary Commission expires: oct. 10 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #149835	Date Issued: ----	Date Orig. Entry: child born Jan.7,1927	
	Date of Birth: Age: 20	Birth Place: Caldwell	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Jan.31,1968	Date Orig. Entry: Apr.15,1910	
	Date of Birth: Age: 3	Birth Place: Idaho	Full Name of Mother: Lucynda Wayne	Name of Father: Herbert C. Wayne	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: St. Alphonsus Hospital, Boise, Idaho, Mary Dorsey, RRL	Date Issued: Mar.28,1968	Date Orig. Entry: Oct.9,1961	
	Date of Birth: Apr.24,1906	Birth Place: Caldwell, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Brady	gml Glenda Larson	April 16, 1968

FORM BH 56067

ICR BD Mee 22329

(H) 3-1-68 mf

APR 16 1968

285 201-014-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-393

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Esther Marion Sherman (redacted)
2. Date of Birth (month) (day) (year): April 1 1906
3. Color or Race: White
4. Sex: Fem
5. Place of Birth a. County: Canyon
b. City or Town of Birth: Payette Idaho

FATHER

6. Full Name of Father: Marion Buel Sherman
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Eva Josephine Streit
9. State or Country of Mother's Birth: Indiana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Esther Marion Sherwood
11. Present Address of Registrant: White Bird, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on January 15 1968

12. Signature of Notary: Walt Schleicher
13. Notary Commission expires: January 15 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Eva Josephine Sherman	Jul.15,1957	-----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.1,1906 / Payette, Idaho	Eva Josephine Sherman	-----	
SUPPORTING RECORD 2.	photocopy of application for insurance policy 801700	Preferred Standard Benefit United Ins. Co. of America	------	Aug.2,1956
	Apr.1,1906 / Idaho	-----	- ----	
SUPPORTING RECORD 3.	Federal census record	U.S. Department of Commerce Bureau of the Census	Mar.19,1968	Apr.15,1910
	Age: 4 / Idaho	Eva J. Sherman	M. B. Sherman	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: gml Glenda Larson
Date Filed: Apr. 16, 1968

FORM BH 56067 NM (T) 1-31-68 rmd

APR 24 1968

RELEASED

212-227-025-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-394

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth A.K.A. Violette Marguriete Minnie Violet Bass	2. Date Of Birth (month) April (day) 27 (year) 1906
	3. Color or Race White; 4. Sex Fem.; 5. Place of Birth a. County Idaho	b. City or Town of Birth Mt. Idaho (mail Grangeville)
FATHER	6. Full Name of Father Plinny Freemont Bass	7. State or Country of Father's Birth Mass.
MOTHER	8. Full Maiden Name of Mother Mary Thena Bailey	9. State or Country of Mother's Birth Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant Mrs L.K. Trosper; 11. Present Address of Registrant Aztec, New Mexico.
NOTARY (Seal)	Subscribed and sworn to before me on February 13, 1968	12. Signature of Notary Vonda Lee Perry; 13. Notary Commission expires March 23, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by half-brother (more than ten years older)	By whom issued and signed: Cal Leroy Brearley	Date issued: Feb.7,1968	Date Orig. Entry: ---
	Date of Birth: Apr.27,1906; Birth Place: Vicinity of Grangeville, Idaho	Full Name of Mother: Mary Thena Bailey	Name of Father: Pliny Fremont Bass	
SUPPORTING RECORD 2.	Type of Document: notarized photocopy of family Bible records	By whom issued and signed: Family Bible Records	Date issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Apr.27,1906; Birth Place: ----	Full Name of Mother: M. T. Bass	Name of Father: P. F. Bass	
SUPPORTING RECORD 3.	Type of Document: Statement regarding lodge records	By whom issued and signed: Hope Rebekah Lodge #12, Aztec, New Mexico, S. Flaherty, Noble Grand	Date issued: Apr.1,1968	Date Orig. Entry: Mar.19,1949
	Date of Birth: Apr.27,1906; Birth Place: Grangeville, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

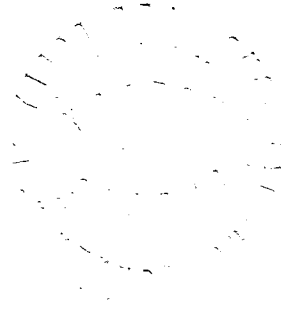
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	April 16, 1968

FORM BH 56067 1 cp pd res #28479 (7) 3-26-68 gml

APR 16 1968



414-214-007-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-413

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FAYE ESTHER MADISON		2. Date of Birth (month) August (day) 14 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: At Home Blaine; b. City or Town of Birth: Blaine
FATHER	6. Full Name of Father: Franklin Fillmore Madison		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ordelia Harriet Palmer		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Faye Simpson	11. Present Address of Registrant: 14925 S.E. Centerville
NOTARY (Seal)	Subscribed and sworn to before me on: October 20, 1965	12. Signature of Notary: Nate Lakefish	13. Notary Commission expires: August 17 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #126989	Date Issued: -----	Date Orig. Entry: child born Nov.13,1924	
	Date of Birth: Age: 18	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of marriage record	By whom issued and signed: Latah County, Idaho M.K.Cline,County Recorder	Date Issued: Mar.19,1968	Date Orig. Entry: Feb.9,1924	
	Date of Birth: Age: 17	Birth Place: Idaho	Full Name of Mother: Ordelia Madison	Name of Father: Frank Madison	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt	By whom issued and signed: Gladys Hickok Age: 75	Date Issued: Mar.21,1968	Date Orig. Entry: -----	
	Date of Birth: Aug.14,1906	Birth Place: Blaine, Idaho	Full Name of Mother: Ordelia Madison	Name of Father: Frank Madison	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: April 23,1968

FORM BH 56067

NM

(S) 11-16 65 gml

APR 2 4 1968

291-230-033-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-424

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma Siglin	2. Date of Birth (month) 12 (day) 30 (year) 1906
	3. Color or Race: white; 4. Sex: F; 5. Place of Birth a. County: Rexburg Idaho	b. City or Town of Birth: Rexburg Idaho
FATHER	6. Full Name of Father: Page P. Siglin	7. State or Country of Father's Birth: Postville Iowa
MOTHER	8. Full Maiden Name of Mother: Martha Elizabeth Bone	9. State or Country of Mother's Birth: Georgetown South Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma Colby
		11. Present Address of Registrant: 1601 Rosalind St.
NOTARY	Subscribed and sworn to before me on: February 2 1968	12. Signature of Notary: Barbara Fabiano
		13. Notary Commission expires: 19

BARBARA FABIANO
NOTARY PUBLIC - CALIFORNIA
SACRAMENTO COUNTY
My commission expires Dec. 19, 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Martha E. Stevens	Date issued: Feb.14,1968	Date Orig. Entry: ----
	Date of Birth: Dec.30,1906; Birth Place: Rexburg, Idaho	Full Name of Mother: Martha E. Bone	Name of Father: Page P. Siglin	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school census records	By whom issued and signed: Ogden City Schools, Utah (Third Municipal Ward)	Date issued: Feb.19,1968	Date Orig. Entry: July 1917
	Date of Birth: Age: 10; Birth Place: ----	Full Name of Mother: ---	Name of Father: Page Siglin	
SUPPORTING RECORD 3.	Type of Document: Statement regarding insurance policy #M95 313 350	By whom issued and signed: The Prudential Ins. Co. of America	Date issued: Dec.17,1965	Date Orig. Entry: Nov.1,1951
	Date of Birth: Dec.30,1906; Birth Place: Rexburg, Idaho	Full Name of Mother: Bessie Bone	Name of Father: Page Siglin	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	April 23, 1968

FORM BH 56067 1 cpd res # 68-27644 (C) 4- -68 [illegible]

APR 2 4 1968

632-212-029-111

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-433

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Amy Dorothy Olson			2. Date Of Birth (month) 5 (day) 12 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Troy Idaho-Latah	b. City or Town of Birth: Troy Idaho	
FATHER	6. Full Name of Father: Otto S Olson			7. State or Country of Father's Birth: Norway	
MOTHER	8. Full Maiden Name of Mother: Sarah Jaacobson			9. State or Country of Mother's Birth: West Union Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Amy Dorothy Voth		11. Present Address of Registrant: Newport Wash Box 486	
NOTARY (Seal)	Subscribed and sworn to before me on: March 11 1968	12. Signature of Notary: Wm. L. Ruder		13. Notary Commission expires: 1-20 1970	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #221133		Date Issued: ----	Date Orig. Entry: child born Jan. 11, 1934
	Date of Birth: Age: 27	Birth Place: Troy, Idaho	Full Name of Mother: -----		Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: photocopy of family record	By whom issued and signed: family records		Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: May 12, 1906	Birth Place: Troy, Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible Record		Date Issued: Apr. 10, 1968	Date Orig. Entry: obviously old
	Date of Birth: May 12, 1906	Birth Place: -----	Full Name of Mother: Serine Olson		Name of Father: Otto S. Olson
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Larson	gml Glenda Larson	April 23, 1968

FORM BH 56067

12-5-60 1 copy paid #10077 (V)

3-26-68 gml

APR 2 4 1968

897-230-02-749

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-438

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lovina Amanda Higley			2. Date of Birth (month) April (day) 30 (year) 1906
	3. Color or Race: white	4. Sex: f	5. Place of Birth a. County: Fremont (Now Madison)	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: George Orange Higley			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Alice Eva Curtis			9. State or Country of Mother's Birth: Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lovina Amanda Higley		11. Present Address of Registrant: Thornton, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 25 1968	12. Signature of Notary: Ray W. Rigby		13. Notary Commission expires: January 26 19 71

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of pages from family Bible	By whom issued and signed: Family Bible Records		Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Apr.30,1906	Birth Place: Rexburg, Idaho	Full Name of Mother: Alice Eva Higley	Name of Father: Geo. Orange Higley	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Joseph A. Cherry Age:78		Date Issued: Apr.16,1968	Date Orig. Entry: ----
	Date of Birth: Apr.30,1906	Birth Place: Rexburg, Idaho	Full Name of Mother: Alice Eva Curtis Higley	Name of Father: George Orange Higley	
SUPPORTING RECORD 3.	Type of Document: Insurance policy #1386434	By whom issued and signed: Occidental Life Ins. Co.		Date Issued: Mar.23,1943	Date Orig. Entry: Mar.23,1943
	Date of Birth: Apr.30,1906	Birth Place: Rexburg, Idaho	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: April 23, 1968

FORM BH 56067

alternate form d -28 gml (R)

Rigby, Kitty,
for Laura Amanda Rigby

APR 24 1968

313-125-023-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-442

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Orley Newell Callender			2. Date of Birth (month) September (day) 25 (year) 1906
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Gem	b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: William Thomas Callender			7. State or Country of Father's Birth: Michigan — United States of America
MOTHER	8. Full Maiden Name of Mother: Margaret Lucinda Crago			9. State or Country of Mother's Birth: Kansas United States
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Orley Newell Callender		11. Present Address of Registrant: Toledo, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: April 12, 1968 19	12. Signature of Notary: Bertha Mall		13. Notary Commission expires: Aug 16, 1969 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: University of Idaho, Moscow F.L. O'Neill, Registrar	Date Issued: Mar.26,1968	Date Orig. Entry: Sept.17,1926
	Date of Birth: Sep.25,1906 / Birth Place: Emmett, Idaho	Full Name of Mother: ----	Name of Father: W. T. Callender	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate #135	By whom issued and signed: State of Oregon, Vital Statistics Section	Date Issued: Mar.21,1968	Date Orig. Entry: child born Aug.31,1939
	Date of Birth: Age:32 / Birth Place: Emmett, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt	By whom issued and signed: Viola Callender (16 yrs. older)	Date Issued: Apr.11, 1968	Date Orig. Entry: ----
	Date of Birth: Sep.25,1906 / Birth Place: Emmett, Idaho	Full Name of Mother: Margaret Lucinda Callender	Name of Father: William Thomas Callender	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: Glenda Larson	Date Filed: April 23, 1968

FORM BH 56067

12-26-67

APR 24 1968

689-218-022-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-464

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MYRTLE ALENE WHITE			2. Date Of Birth (month) Dec (day) 18 (year) 1906
	3. Color or Race: white	4. Sex	5. Place of Birth: Plano a. County: Fremont	b. City or Town of Birth: Plano
FATHER	6. Full Name of Father: Joseph Franklin White			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Eliza May Chandler			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Myrtle Alene White Weaver	11. Present Address of Registrant: 537 W 3 N
NOTARY (Seal)	Subscribed and sworn to before me on: March 29, 1968 19		12. Signature of Notary: Lawrence Bauer by Bess C. Jenkins	13. Notary Commission expires: Elective 19 70

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #399160	Date issued: -----	Date Orig. Entry: child born Nov.23,1944
	Date of Birth: Age: 37	Birth Place: Plano, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records		By whom issued and signed: Fremont County, Idaho	Date issued: Mar.29,1968	Date Orig. Entry: Sept. 1919
	Date of Birth: Age: 12	Birth Place: ----	Full Name of Mother: ----	Name of Father: Joseph F. White	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Plano, Idaho Joseph Brown, Clerk	Date issued: Feb.3,1907	Date Orig. Entry: blessed Feb.3,1907
	Date of Birth: Dec.18,1906	Birth Place: Plano, Fremont County, Idaho	Full Name of Mother: Eliza May Chandler	Name of Father: Joseph F. White	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	May 3, 1968

K FORM BH 56067

1 Copy paid rec 29717 (W) 4-16-68 gml ~~3-19-68~~

MAY 3 1968

914-106-028-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-468

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALLEN SWAN RAMSTEDT			2. Date of Birth (month) MAY (day) 6 (year) 1906
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth: IDAHO a. County: LATAH	b. City or Town of Birth: MOSCOW 803 E. 7th ST
FATHER	6. Full Name of Father: VICTOR NATHAAEL RAMSTEDT			7. State or Country of Father's Birth: MINNESOTA
MOTHER	8. Full Maiden Name of Mother: ALMA MATILDA OLSON RAMSTEDT			9. State or Country of Mother's Birth: MINNESOTA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Allen Swan Ramstedt		11. Present Address of Registrant: 727 Mabelle Ave Moscow Idaho
NOTARY (Seal)	Subscribed and sworn to before me on 4-24 1968	12. Signature of Notary		13. Notary Commission expires 7-20 19 [illegible]

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Victor Nathanael Ramstedt	Date Issued: Apr.24,1960	Date Orig. Entry: ----	
	Date of Birth: May 6, 1906	Birth Place: Moscow, Latah County, Idaho	Full Name of Mother: Alma Matilda Olson (Ramstedt)	Name of Father: Victor Nathanael Ramstedt	
SUPPORTING RECORD 2.	Type of Document: photocopy of school record	By whom issued and signed: A.B.McDonald, Supt. Moscow School Dist. #281	Date Issued: ----	Date Orig. Entry: 1913-14	
	Date of Birth: May 6,1906	Birth Place: ----	Full Name of Mother: ----	Name of Father: Victor Ramstedt	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: The Northwestern Mutual Life Ins. Co. of Milwaukee, Wis.	Date Issued: ---	Date Orig. Entry: Apr. 5,1927	
	Date of Birth: May 6,1906	Birth Place: Moscow, Idaho	Full Name of Mother: Alma Matilda Ramstedt	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Glenda Larson	Date Filed: May 3, 1968

FORM BH 56067

MAY 1 5 1968

695-103-006-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-471

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Aulby Arther Fresh			2. Date Of Birth (month) Aug. (day) 3 (year) 1906
	3. Color or Race: white	4. Sex: M	5. Place of Birth: Blackfoot a. County: Bingham	b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: Charles William Fresh			7. State or Country of Father's Birth: Hutchison, Kansass
MOTHER	8. Full Maiden Name of Mother: Josephine Allsop			9. State or Country of Mother's Birth: Richmond, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Aulby A. Fresh		11. Present Address of Registrant: route 4 Blackfoot, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: April 22nd 1968	12. Signature of Notary: Patricia E. Preston		13. Notary Commission expires: 2-6 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #218380	Date Issued: ----	Date Orig. Entry: child born Jan.27,1934
	Date of Birth: Age:27	Birth Place: Blackfoot, Idaho	Full Name of Mother: ----	Name of Father: - ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of insurance record cert.#1841		By whom issued and signed: American Home Benefit Assoc. Inc., Boise, Idaho	Date Issued: Dec.1,1935	Date Orig. Entry: Dec.1,1935
	Date of Birth: Aug.3,1906	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister		By whom issued and signed: Mildred E. Fresh Sickert (bd. 10-25,1890)	Date Issued: Apr.17,1968	Date Orig. Entry: ---
	Date of Birth: Aug.3,1906	Birth Place: Blackfoot, Idaho	Full Name of Mother: Josephine Fresh	Name of Father: Charles W. Fresh	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	May 3, 1968

FORM BH 56067 1-P [illegible] # 30962 4-2-68

MAY 3 1968

253-212-021-459

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-481

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Merrill Beckstead		2. Date of Birth (month) (day) (year): August 12, 1906
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Franklin (Oneida)
			b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: Samuel Leonidas Beckstead		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ruby Elthura Merrill		9. State or Country of Mother's Birth: Bannock County, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence M. Bachelor	11. Present Address of Registrant: 2120 G. Street, Belleville, Kansas 66935
NOTARY (SEAL)	Subscribed and sworn to before me on: April 25 1968	12. Signature of Notary: Wilma Krook	13. Notary Commission expires: Sept. 2 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle who was present at time of birth		By whom issued and signed: Dr. Leslie V. Merrill	Date Issued: Apr.17,1968	Date Orig. Entry: ----
	Date of Birth: Aug.12,1906	Birth Place: Preston, Idaho Franklin County	Full Name of Mother: Ruby E. Merrill Beckstead	Name of Father: Samuel L. Beckstead	
SUPPORTING RECORD 2.	Type of Document: Church Certificate of Birth		By whom issued and signed: LDS Church, Oneida Stake, Swan Lake Ward members record #8641	Date Issued: Mar.20,1968	Date Orig. Entry: Mar.9,1915
	Date of Birth: Aug.12,1906	Birth Place: Preston, Franklin County, Idaho	Full Name of Mother: Ruby E. Merrill	Name of Father: Samuel Leo Beckstead	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: Kansas City, Missouri Bureau of Vital Statistics	Date Issued: May 17,1950	Date Orig. Entry: child born May 3,1949
	Date of Birth: Age: 42	Birth Place: Preston, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	May 14, 1968

FORM BH 56067 NM (B) 4-10-68 mf

MAY 1 5 1968

798-118-029-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-487

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ellsworth Vivian Pryne			2. Date of Birth (month) June (day) 18 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Latah	b. City or Town of Birth: Troy	
FATHER	6. Full Name of Father: Fred William Pryne			7. State or Country of Father's Birth: Pennsylvania	
MOTHER	8. Full Maiden Name of Mother: Alvena Matilda Granli			9. State or Country of Mother's Birth: Oslo Norway	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ellsworth Pryne		11. Present Address of Registrant: St. Maries, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 22 19 68	12. Signature of Notary: Beverly Sorenson		13. Notary Commission expires: NOTARY PUBLIC for the State of Idaho Residing at St. Maries, Idaho My commission expires July 27, 19 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: First Baptist Church, Harrison Idaho, O.F. Hamlin, Pastor	Date Issued: ----	Date Orig. Entry: baptized June 18, 1961	
	Date of Birth: June 18, 1906	Birth Place: Troy, Idaho	Full Name of Mother: Alvina Grandi Pryne	Name of Father: Fred William Pryne	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt who was in Troy, Idaho at time of birth	By whom issued and signed: Josie Lindberg Age:82	Date Issued: Apr. 24, 1968	Date Orig. Entry: ----	
	Date of Birth: June 18, 1906	Birth Place: Troy, Idaho	Full Name of Mother: Alvena Pryne	Name of Father: Fred Pryne	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible Records	Date Issued: ---	Date Orig. Entry: obviously old	
	Date of Birth: June 18, 1906	Birth Place: ----	Full Name of Mother: Alvena Matilda Pryne	Name of Father: Fred William Pryne	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	May 14, 1968

FORM BH 56067 1 cp mfm. + 30045 (P) 3-20-68 mf

MAY 1 5 1968

815-10-8-03-1-792

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-495

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Archie Theodore Hancock		2. Date of Birth (month) Oct (day) 8 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lewis; b. City or Town of Birth: Nez Perce
FATHER	6. Full Name of Father: Jasper Newton Hancock		7. State or Country of Father's Birth: Arkansas
MOTHER	8. Full Maiden Name of Mother: Verna L Gibson		9. State or Country of Mother's Birth: Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Archie Hancock	11. Present Address of Registrant: 211 Union Walla Walla Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: April 25 1968	12. Signature of Notary: Sharon L. Kespohl	13. Notary Commission expires: 3-8- 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Verna L. Richards	Date Issued: Feb.29,1968	Date Orig. Entry: -----
	Date of Birth: Oct.8,1906 / Birth Place: Nez Perce, Idaho Lewis County	Full Name of Mother: Verna Lillian Gibson	Name of Father: Jasper Newton Hancock	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #168896	Date Issued: ----	Date Orig. Entry: child born Jan.14,1929
	Date of Birth: Age: 22 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Union Book #2796 Winchester, Idaho	By whom issued and signed: United Brotherhood of Carpenters & Joiners of Am.	Date Issued: Dec.16,1941	Date Orig. Entry: Dec.16,1941
	Date of Birth: Oct.8,1906 / Birth Place: ----	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

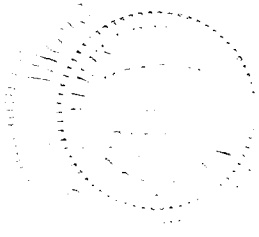
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	May 14, 1968

FORM BH 56067

9-22-66

MAY 1 5 1968



55p-22-009-861

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-521

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mae Anona Newcomb		2. Date of Birth (month) April (day) 22 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: b. City or Town of Birth: Priest River Idaho
FATHER	6. Full Name of Father: Aldo Clayton Newcomb		7. State or Country of Father's Birth: Boonville New York
MOTHER	8. Full Maiden Name of Mother: Leo Claudine Yoakum		9. State or Country of Mother's Birth: Saragonda Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mae McDonald	11. Present Address of Registrant: Priest River Ida
NOTARY (Seal)	Subscribed and sworn to before me on: April 29th 1966	12. Signature of Notary: Vera E. Bombino	13. Notary Commission expires: June 19th 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage license affidavit		By whom issued and signed: Bonner County, Idaho	Date Issued: Apr.21,1966	Date Orig. Entry: June 7, 1929
	Date of Birth: Age 23	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Leo C. Bear	Date Issued: July 1,1966	Date Orig. Entry: -----
	Date of Birth: Apr.22,1906	Birth Place: Priest River,Idaho	Full Name of Mother: Leo C. Bear	Name of Father: Aldo Clayton Newcomb	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #218424	Date Issued: ----	Date Orig. Entry: child born Jan.4,1934
	Date of Birth: Age: 27	Birth Place: Priest River,Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Peterson	gml Glenda Larson	May 28, 1968

FORM BH 56067 ICRHD (2-11-66) In office 6-13-66 (m) 4-25-68 gml

MAY 29 1968

399-213-029-652

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-533

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Bernadine Triplett			2. Date of Birth (month) (day) (year): August 13, 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow, Idaho
FATHER	6. Full Name of Father: Cornelius Mai Triplett			7. State or Country of Father's Birth: Wilkes County, North Carolina
MOTHER	8. Full Maiden Name of Mother: Nannie Lou West			9. State or Country of Mother's Birth: Wilkes County, North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna B. Triplett Coder		11. Present Address of Registrant: 526 W.27th: Hays, Kansas
NOTARY (Seal)	Subscribed and sworn to before me on: 5/3/ 19 68	12. Signature of Notary: Gertrude Fleckenstein		13. Notary Commission expires: 8/27/ 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding employment records	By whom issued and signed: Hays U.S.D. #489 Ellis County, Kansas, Valis Rockwell, Supt.	Date Issued: May 3, 1968	Date Orig. Entry: June 10, 1952	
	Date of Birth: Aug. 13, 1906	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage license #2008 bk.9, pg. 408	By whom issued and signed: Ellis County, Kansas	Date Issued: Jan. 27, 1945	Date Orig. Entry: Apr. 5, 1943	
	Date of Birth: Age: 36	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #3422844	By whom issued and signed: The John Hancock Mutual Life Ins. Co. of Boston, Mass.	Date Issued: Jan. 27, 1941	Date Orig. Entry: Jan. 24, 1941	
	Date of Birth: Aug. 13, 1906	Birth Place: Moscow, Idaho	Full Name of Mother: Nannie Lou Triplett	Name of Father: Cornelius M. Triplett	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barron	gml Glenda Larson	May 28, 1968

FORM BH 56067

4-25-68

JUN 12 1968

537 141-123-020-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-537

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: THEADORE ROOSEVELT ADAMS		2. Date Of Birth (month) 4 (day) 23 (year) 1906
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth: IDAHO a. County: ELMORE b. City or Town of Birth: MOUNTAIN HOME
FATHER	6. Full Name of Father: JOHN PRESTON ADAMS		7. State or Country of Father's Birth: ARKANSAS, MARION CO.
MOTHER	8. Full Maiden Name of Mother: IDA MAY WARNELL		9. State or Country of Mother's Birth: MISSOURI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: 1509 Ponderoy Dr. Boise Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 29 1968	12. Signature of Notary: Lucile T. Simmons	13. Notary Commission expires: 11-1 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States	Date Issued: Sept.26,1944	Date Orig. Entry: ---
	Date of Birth: Apr.23,1906 / Birth Place: Mountain Home	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Lodge Record	By whom issued and signed: Elmore Lodge # 30A.F.&A.M.	Date Issued: June 16,1955	Date Orig. Entry: Oct1,1936
	Date of Birth: Apr.23,1906 / Birth Place: Mountain Home	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother Age 70	By whom issued and signed: John Adams	Date Issued: May 29,1968	Date Orig. Entry:
	Date of Birth: Apr 23,1906 / Birth Place: Mountain Home	Full Name of Mother: Ida May Warnell	Name of Father: John Preston Adams	

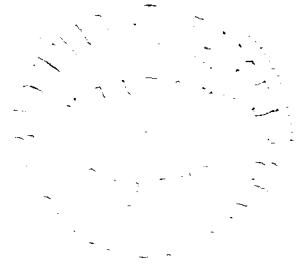
QUALIFYING INFORMATION: Bible Record from family bible gives birth date as April 23, 1906

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	May 29,1968

FORM BH 56067

MAY 29 1968



255-201-001-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-538

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Lily May Bentley		2. Date of Birth (month) 3 (day) 1 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Meridian Idaho
FATHER	6. Full Name of Father: Herbert G. Bentley		7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Ada May Matlock		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lily B. Davidson	11. Present Address of Registrant: 520-11th Ave So. Nampa	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 16 - 1967	12. Signature of Notary: Floyd Robison	13. Notary Commission expires: Dec 15 - 1968	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #180966	Date Issued: ------	Date Orig. Entry: child born Apr.23,1930	
	Date of Birth: Age 24	Birth Place: Meridian, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt Age:79	By whom issued and signed: Clara Jenkins	Date Issued: Oct.16,1967	Date Orig. Entry: ------	
	Date of Birth: Mar.1,1906	Birth Place: Rt.#1 Meridian, Idaho	Full Name of Mother: Ada May Matlock Bentley	Name of Father: Herbert A. Bentley	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: Family Record Book	Date Issued: ---	Date Orig. Entry: Obviously old	
	Date of Birth: Mar.1,1906	Birth Place: Idaho	Full Name of Mother: Ada May Matlock	Name of Father: Herbert A. Bentley	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	May 31,1968

FORM BH 56067 1 cp pd rec #22855 (D) 11-3-67 gml

MAY 31 1968

child's birth # 180966

538-128-016 2538

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-549

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Noel Hyrum Elquist		2. Date Of Birth (month) May (day) 28 (year) 1906
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Oakley Idaho Cassia; b. City or Town of Birth
FATHER	6. Full Name of Father: John William Elquist		7. State or Country of Father's Birth: Utah Grantsville 13 Nov 1873
MOTHER	8. Full Maiden Name of Mother: Sarah Bell Elquist		9. State or Country of Mother's Birth: Utah Grantsville Tooele Jan 31 1882
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Noel Hyrum Elquist	11. Present Address of Registrant: Morgan Utah RFD
NOTARY (Seal)	Subscribed and sworn to before me on: July 15th 1967	12. Signature of Notary: Wallace A Hale	13. Notary Commission expires: May 12th 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage license		By whom issued and signed: Weber County, Utah	Date issued: Sept.18,1967	Date Orig. Entry: Sept.8,1931
	Date of Birth: Age: 25	Birth Place: -----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Insurance policy #16818		By whom issued and signed: Pacific National Life Assurance Co.	Date issued: Jul.18,1935	Date Orig. Entry: July 10,1935
	Date of Birth: May 28,1906	Birth Place: Oakley, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt Age: 91		By whom issued and signed: Matilda Bell	Date issued: May 20,1968	Date Orig. Entry: ----
	Date of Birth: May 28,1906	Birth Place: Oakley, Idaho	Full Name of Mother: Sarah Bell Elquist	Name of Father: John William Elquist	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: June 6, 1968

FORM BH 56067

Deposit rec # 14914 & 30762 (E) 4-5-68 gml

Exhibit 1

JUN 6 1968

613-101-003-455

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-574

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILLIAM WALLIN		2. Date Of Birth (month) (day) (year): AUGUST 1 1906
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth: IDAHO a. County: Bannock b. City or Town of Birth: POCOTELLO, IDAHO
FATHER	6. Full Name of Father: GUSTAF EFRUM WALLIN		7. State or Country of Father's Birth: SWEDEN
MOTHER	8. Full Maiden Name of Mother: MYRTLE DE NILE		9. State or Country of Mother's Birth: MARSHALL, MISSOURI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Wallin	11. Present Address of Registrant: 2601 No. 60th Street
NOTARY (Seal)	Subscribed and sworn to before me on: March 27 1968	12. Signature of Notary: Ruth Watson	13. Notary Commission expires: Jan. 29 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate #54-9076		By whom issued and signed: State of Nebraska	Date issued: Mar.22,1968	Date Orig. Entry: child born Apr.23,1954
	Date of Birth: Age:47	Birth Place: Pocatello, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: Frank E. Whitham, Pastor First Congregational Church, Pocatello	Date issued: ----	Date Orig. Entry: baptized Feb.24,1907
	Date of Birth: Aug.1,1906	Birth Place: Pocatello, Idaho	Full Name of Mother: Myrtle Wallin	Name of Father: Gusta Wallin	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records		By whom issued and signed: Omaha Public Schools, Neb. Margaret Ellis, Census Dept.	Date issued: May 20,1968	Date Orig. Entry: Sept.4,1917
	Date of Birth: Aug.1,1906	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: Gustaf Wallin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	June 11, 1968

FORM BH 56067 2 cps. pd. rec. #68-29459 (W) 5-3-68 gml

JUN 1 1 1968

249-120-011-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-603

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Loyd Amos Bury			2. Date of Birth (month) July (day) 20 (year) 1906
	3. Color or Race: white-cau.	4. Sex: Male	5. Place of Birth a. County: Copeland (Ida) Boundary	b. City or Town of Birth: Copeland, Idaho
FATHER	6. Full Name of Father: Frank Joseph Bury (deceased)			7. State or Country of Father's Birth: Maryland
MOTHER	8. Full Maiden Name of Mother: Princess Marie Leek (deceased)			9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Loyd A Bury		11. Present Address of Registrant: 403 High Street, Pullman, Washington 99163
NOTARY (Seal)	Subscribed and sworn to before me on: April 3 1968	12. Signature of Notary: C. a Jahle		13. Notary Commission expires: Feb 10 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: State College of Washington, Pullman, Wash., H.M. Chambers, Reg.	Date Issued: Feb. 11, 1947	Date Orig. Entry: Sept. 5, 1925	
	Date of Birth: July 20, 1906	Birth Place: Copeland, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of military discharge paper	By whom issued and signed: Army of the U.S., Ft. Lewis Wash. J. Willard Wagner, Lt. Col AGD	Date Issued: June 14, 1946	Date Orig. Entry: June 30, 1941	
	Date of Birth: Jul. 20, 1906	Birth Place: Copeland, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #531-16-2254	By whom issued and signed: Social Security Adm.	Date Issued: June 4, 1968	Date Orig. Entry: Dec. 6, 1937	
	Date of Birth: Jul. 20, 1906	Birth Place: Copeland, Idaho	Full Name of Mother: Princess M. Leek	Name of Father: Frank Bury	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	June 20, 1968

FORM BH 56067

JUN 20 1968

966-226-044-25

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-609

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Margaret Root			2. Date of Birth (month) (day) (year): September 26, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington	b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: William S. Root			7. State or Country of Father's Birth: U.S.A.
MOTHER	8. Full Maiden Name of Mother: Kate May Kelley			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Margaret Root		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: June 11 1968	12. Signature of Notary: State of Oregon Joan Baumstark		13. Notary Commission expires: My Commission Expires Aug 10, 1970

(APPLICANT— DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt		By whom issued and signed: Flora L. Stonecypher, 14 years older than registrant	Date Issued: Apr.8,1968	Date Orig. Entry: -----
	Date of Birth: Sept.26,1906	Birth Place: Weiser, Idaho Washington County	Full Name of Mother: Kate May Kelley	Name of Father: William S. Root	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #170		By whom issued and signed: State of Oregon Section of Vital Statistics	Date Issued: June 7,1968	Date Orig. Entry: child born Aug.13,1931
	Date of Birth: Age: 24	Birth Place: Weiser, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: certified statement regarding marriage records		By whom issued and signed: County Auditor's Office, Walla Walla Co., Washington	Date Issued: May 21,1968	Date Orig. Entry: Oct.24,1930
	Date of Birth: Age: 24	Birth Place: Weiser, Idaho	Full Name of Mother: Kate Kelly	Name of Father: Wm. S. Root	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: June 20, 1968

FORM BH 56067

(P) 4-26 68 gml

JUN 20 1968

791-230-021-665

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-620

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Pratt		2. Date of Birth (month) (day) (year): March 30, 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Franklin; b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: Moroni Walker Pratt		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Owens		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth P. Linford	11. Present Address of Registrant: 353-1/2 E. Gentile St. Layton, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: April 10 19 68	12. Signature of Notary: Sandra K. Peek	13. Notary Commission expires: June 22, 19 68

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding church records (book A-2, pg.15, #344)	By whom issued and signed: LDS Church, A.George Raymond, Pres., Logan Temple, Utah	Date issued: Apr.15,1968	Date Orig. Entry: baptized Mar.31,1914
	Date of Birth: Mar.30,1906	Birth Place: Preston, Idaho Franklin County	Full Name of Mother: Mary Owens	Name of Father: Moroni W. Pratt
SUPPORTING RECORD 2.	Type of Document: Certified copy of application for license to marry #45867	By whom issued and signed: Salt Lake County Clerk's Office, Utah	Date issued: Jun.6,1968	Date Orig. Entry: Oct.21,1924
	Date of Birth: Mar.30,1906	Birth Place: Preston, Idaho	Full Name of Mother: Mary Owens	Name of Father: M. W. Pratt
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate #1930	By whom issued and signed: State of Wyoming Division of Vital Statistics	Date issued: Jun.21,1968	Date Orig. Entry: child born Feb.26,1930
	Date of Birth: Age: 23	Birth Place: Preston, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	June 25, 1968

FORM BH 56067 1cp pd [illegible] RUSH (L) 6-18-68 gml

JUN 25 1968

718-206-035-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-631

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Marion Payne			2. Date of Birth (month) October (day) 6 (year) 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Idaho a. County: Nez Perce	b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: Andrew Johnson Payne			7. State or Country of Father's Birth: West Virginia
MOTHER	8. Full Maiden Name of Mother: Carolyn Notley Smith (Carrie)			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances Payne Smith		11. Present Address of Registrant: 7800 C Stenton Ave #202 Philadelphia, Pa. 19118
NOTARY (Seal)	Subscribed and sworn to before me on: April 24, 1968	12. Signature of Notary: Miriam Metzger		13. Notary Commission expires: July 27, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of fly leaf in family Bible		By whom issued and signed: Family Bible Records	Date issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Oct.6,1906	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Federal Census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Jun.14,1965	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 13	Birth Place: Idaho	Full Name of Mother: Carrie Payne	Name of Father: Andrew J. Payne	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate #3529		By whom issued and signed: State of Oregon Vital Statistics Section	Date issued: June 13,1968	Date Orig. Entry: child born Sept.18,1937
	Date of Birth: Age: 30	Birth Place: Lewiston, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	July 8, 1968

FORM BH 56067 1 cp. pd (S) 6-6-68 gml

JUL 8 1968

669-211-029-252

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-636

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Gladys Forrest		2. Date of Birth (month) June (day) 11 (year) 1906
	3. Color or Race: W	4. Sex: Female	5. Place of Birth a. County: Moscow Ida, Latah; b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: Harry Fred Forrest		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Emma May Kessel		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva Gladys Vogt	11. Present Address of Registrant: N.415 Corbin Greenacres Wn
NOTARY (Seal)	Subscribed and sworn to before me on: 1-30 1968	12. Signature of Notary: [signature]	13. Notary Commission expires: 3-20 1971

(((APPLICANT — DO NOT WRITE BELOW THIS LINE)))

SUPPORTING RECORD 1.	Type of Document: federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Apr.6,1968	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 14 / Birth Place: Idaho	Full Name of Mother: Emma M. Forest	Name of Father: Harry F. Forest	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: Saint Mary Hospital, Walla Walla, Washington	Date issued: May 1,1968	Date Orig. Entry: Mar.7,1957
	Date of Birth: June 11,1906 / Birth Place: Idaho	Full Name of Mother: Emma Kessel	Name of Father: Harry Forest	
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin	By whom issued and signed: Lela May Miles (13 yrs. older)	Date issued: Jun.18,1968	Date Orig. Entry: ----
	Date of Birth: June 11,1906 / Birth Place: Moscow, Idaho	Full Name of Mother: Emma Mae Kesel Forrest	Name of Father: Harry F. Forrest	

QUALIFYING INFORMATION: certified copy of own child's birth certificate issued by the State of Washington on Feb.2,1949 gives mother's age as 25 when the child was born on November 30, 1931.

Mother's birthplace is listed as Moscow, Idaho.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	July 10, 1968

FORM BH 56067 1 cp pl. #27549 (1968) (V) 4-25-6 [illegible]

JUL 1 1 1968

213-207-001-385

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-641

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Lucille Baltazar			2. Date of Birth (month) October (day) 1 (year) 1906
	3. Color or Race: white	4. Sex: F.	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Walter Levi Baltazar			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Ora Belle Lynn			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucille Gabaccia		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: April 22 1968	12. Signature of Notary: Louise M. Benedict		13. Notary Commission expires: Sept. 29 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record	By whom issued and signed: St.John's Cathedral	Date Issued: Feb.7,1966	Date Orig. Entry: Baptized Nov.11,1906	
	Date of Birth: Oct.7,1906	Birth Place: Boise, Idaho	Full Name of Mother: Ora Belle Lynn	Name of Father: Walter Levi Baltazor	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 132645	Date Issued: -----	Date Orig. Entry: child born May 13,1925	
	Date of Birth: Age 18	Birth Place: Boise, Idaho	Full Name of Mother: --------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Ora Belle Baltazor	Date Issued: Jun.17,1968	Date Orig. Entry: ---	
	Date of Birth: Oct.7,1906	Birth Place: Boise, Idaho Ada County	Full Name of Mother: Ora Belle Baltazor	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	fc Glenda Larson	July 10, 1968

FORM BH 56067

Idaho #20653

3-28-69

JUL 1 1 1968

719-117-001-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-646

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ELMER FREDERICK GARVER
2. Date of Birth (month) (day) (year): March 17th 1906
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Ada County Boise Idaho
b. City or Town of Birth: Boise Idaho

FATHER

6. Full Name of Father: FRANK JACOB GARVER
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: WINNIE ESTELLE GARVER
9. State or Country of Mother's Birth: Nevada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [signature]
11. Present Address of Registrant: 4701 Tompkins Ave Oakland 94619

NOTARY (Seal)

Subscribed and sworn to before me on June 13, 1968

12. Signature of Notary: [signature] ED BREUER
13. Notary Commission expires: My Commission Expires December 23, 1968 19 68

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy ofpages from family Bible	Family Bible Records	----	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.17,1906	---	Winnie E. Wayte	F. J. Garver

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Winnie Estelle Garver	June 13,1968	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.17,1906	Boise, Idaho Ada County	Winnie Estelle (Wayte) Garver	Frank Jacob Garver

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance policy #35025 AF	Constitution Life Ins. Co.	Dec.15,1950	Nov.20,1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.17,1906	Idaho	----	----

QUALIFYING INFORMATION

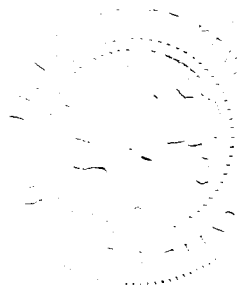
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	July 10, 1968

FORM BH 56067 NM. (8) 6-7-68 9-1

JUL 1 1 1968



517-224-038-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-684

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MILDRED IRENE EAGELSTON	2. Date Of Birth (month) DEC. (day) 24 (year) 1906
	3. Color or Race: WHITE; 4. Sex: FEMALE; 5. Place of Birth a. County: Payette	b. City or Town of Birth: Fruitland
FATHER	6. Full Name of Father: HARRY HERBERT EAGELSTON	7. State or Country of Father's Birth: ILLINOIS
MOTHER	8. Full Maiden Name of Mother: CHARLOTTE GIBSON HICKS	9. State or Country of Mother's Birth: NEBRASKA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred E. Hayne; 11. Present Address of Registrant: 327 Warren Ave Santa Paula Calif 93060
NOTARY (Seal)	Subscribed and sworn to before me on May 16 19 68	12. Signature of Notary: Barbara A. Warwick; 13. Notary Commission expires ____ 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy 25-821-881	By whom issued and signed: New York Life Ins. Co.	Date Issued: Sep.12,1956	Date Orig. Entry: Sept.14,1956
	Date of Birth: Dec.24,1906; Birth Place: Fruitland, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle	By whom issued and signed: Harry J. Hicks Age: 81	Date Issued: Apr.30,1968	Date Orig. Entry: -----
	Date of Birth: Dec.24,1906; Birth Place: Fruitland, Idaho	Full Name of Mother: Lottie Hicks Eagelston	Name of Father: Harry H. Eagelston	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for employment	By whom issued and signed: Santa Paula Memorial Hosp.	Date Issued: ---	Date Orig. Entry: Apr.1,1962
	Date of Birth: Dec.24,1906; Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

photocopy of page from Family Bible which appears to be old, list following: birthdate: Dec. 24, 1906 Parents: Harry Herbert Eagelston and Lottie Gibson Hicks Eagelston.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	July 26, 1968

FORM BH 56067 ICA pd no. 33858 (H) 6-6 68 gml

JUL 2 6 1968

469-106-dc-394

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-703

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Laurel Mortenson		2. Date Of Birth (month) June (day) 6 (year) 1906	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Sublett Cassia Idaho	b. City or Town of Birth: Sublett Idaho
FATHER	6. Full Name of Father: John Mortenson		7. State or Country of Father's Birth: Malmo, Sweden	
MOTHER	8. Full Maiden Name of Mother: Alice S. Creechley		9. State or Country of Mother's Birth: Centerville, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Laurel Mortenson	11. Present Address of Registrant: 2147 No. Irving, Ogden, Utah 84401	
NOTARY (Seal)	Subscribed and sworn to before me on: July 12 19 68	12. Signature of Notary: Katherine Clarke	13. Notary Commission expires: Jan 6-1969 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at time of birth	By whom issued and signed: Emily Pearl Mortenson Ward Age:76	Date Issued: Jul.12,1968	Date Orig. Entry: ----	
	Date of Birth: June 6,1906	Birth Place: Sublett, Idaho Cassia County	Full Name of Mother: Alice S. Creechley	Name of Father: John Mortenson	
SUPPORTING RECORD 2.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church, Salt Lake City, Utah	Date Issued: Jul.12,1968	Date Orig. Entry: Sept.9,1906	
	Date of Birth: June 6,1906	Birth Place: Sublett, Idaho Cassia County	Full Name of Mother: Alice Salina Creechley	Name of Father: John Mortenson	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #72979	By whom issued and signed: Pacific National Life Assurance Co., Salt Lake City	Date Issued: Oct.19,1949	Date Orig. Entry: Sept.23,1949	
	Date of Birth: June 6,1906	Birth Place: Sublett, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	July 26, 1968

FORM BH 56067

ICC pd-Rec # 37031

JUL 26 1968

Rene. Del
Joyce Le Nae Martinson (Giampedraglia) 3202 Curtis

315-202-016-818

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-705

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillious Louisa Tanner		2. Date Of Birth (month) (day) (year): July 2, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia; b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: Nathan Henry Tanner		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Caroline Elizabeth Haynes		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillious T. Larsen	11. Present Address of Registrant: 148 North 100 West, Malad City, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 3, 1968	12. Signature of Notary: E Scott	13. Notary Commission expires: May 19, 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Oakley 3rd Ward, B. Wilson, Bishop	Date Issued: Sept.4,1915	Date Orig. Entry: baptized Sept.4,1915
	Date of Birth: July 2,1906 / Birth Place: Oakley, Cassia County, Idaho	Full Name of Mother: Carrie Haynes	Name of Father: Nathan Henry Tanner	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Caroline Elizabeth Haynes Tanner	Date Issued: July 3,1968	Date Orig. Entry: ----
	Date of Birth: July 2,1906 / Birth Place: Oakley, Cassia County, Idaho	Full Name of Mother: Caroline Elizabeth Haynes Tanner	Name of Father: Nathan Henry Tanner	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Bankers Life and Casualty Co.	Date Issued: Jan.15,1962	Date Orig. Entry: ---
	Date of Birth: July 2,1906 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	July 26, 1968

FORM BH 56067

K-25-69

JUL 2 6 1968

635-121-010-495

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-720

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert Randolph Fleming	2. Date of Birth (month) May (day) 21 (year) 1906
	3. Color or Race: white Caucasian; 4. Sex: male; 5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Irwin, Idaho
FATHER	6. Full Name of Father: Charles R Fleming	7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Irene Miller	9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert R Fleming; 11. Present Address of Registrant: 731 N. 11th St. Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 5, 1968	12. Signature of Notary: [illegible] Cox; 13. Notary Commission expires: Feb. 2, 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #286858	Date Issued: ---	Date Orig. Entry: child born Sept.25,1939
	Date of Birth: Age 33; Birth Place: Irwin, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor & friend of family at time of birth	By whom issued and signed: Elizabeth J. Jacobson Age:77	Date Issued: July 11,1968	Date Orig. Entry: ----
	Date of Birth: May 21,1906; Birth Place: Irwin, Idaho	Full Name of Mother: Irene Fleming	Name of Father: Charles Fleming	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital record	By whom issued and signed: The Idaho Falls, LDS Hosp.	Date Issued: ----	Date Orig. Entry: Jan.14,1945
	Date of Birth: Age: 38; Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	July 31, 1968

FORM BH 56067 N.M. (F) 3-13-68

SEP 18 1968

386-224-022-452

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-724

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ATLA MAY Lyons ~~Reiber~~		2. Date Of Birth (month) (day) (year): March 24 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: St Anthony Fremont; b. City or Town of Birth: St. Anthony, Idaho
FATHER	6. Full Name of Father: Albert Rice Lyons		7. State or Country of Father's Birth: Clarkston, Cash co, Utah
MOTHER	8. Full Maiden Name of Mother: Ida Ann Despain		9. State or Country of Mother's Birth: Oakley, Cassia co. Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Atla May Lyons, Reiber	11. Present Address of Registrant: New Plymouth, Payette co. Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 27, 1968	12. Signature of Notary: Bonnieta R. Hewett	13. Notary Commission expires: July 16 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of baptism and confirmation	By whom issued and signed: LDS Church, Zeb V. Gunter, Elder, Marsh Center Ward	Date issued: Sept.5,1915	Date Orig. Entry: baptized Sept.5,1915
	Date of Birth: Mar.24,1906; Birth Place: St.Anthony,Idaho Fremont County	Full Name of Mother: Ida Ann Dispain	Name of Father: Albert R. Lyons	
SUPPORTING RECORD 2.	Type of Document: photocopy of family record	By whom issued and signed: Family records	Date issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Mar.24,1906; Birth Place: St.Anthony,Idaho Fremont County	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of doctor's certificate of own child's birth	By whom issued and signed: R. M. Fouch, M.D. Huntington, Oregon	Date issued: ---	Date Orig. Entry: child born Mar.27,1940
	Date of Birth: Mar.24,1906; Birth Place: St.Anthony,Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: July 31, 1968

FORM BH 56067 2 copies paid re. #68 29365 (R) 3-13-68 gml

JUL 31 1968

355415 0006-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-727

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arnold Heber Teeples		2. Date Of Birth (month) Oct (day) 15 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: ~~Shelley~~ ~~Idaho~~ Bingham	b. City or Town of Birth (mail Shelley): ~~Shelley~~ Goshen Idaho
FATHER	6. Full Name of Father: Ramford Heber Teeples		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Lodisa Elizabeth Killian		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arnold Heber Teeples	11. Present Address of Registrant: 519 No. 11th.	
NOTARY (Seal)	Subscribed and sworn to before me on: July 22, 1968	12. Signature of Notary: Glen Lusk	13. Notary Commission expires: May 4, 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Goshen Ward, Jos. N. Christensen, Clerk	Date Issued: ---	Date Orig. Entry: baptized Jan.2,1915	
	Date of Birth: Oct.15,1906	Birth Place: Goshen, Idaho Bingham County	Full Name of Mother: Lodisa E. Killian	Name of Father: R. H. Teeples	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Old West Life Ins. Co.	Date Issued: ----	Date Orig. Entry: July 23,1960	
	Date of Birth: Oct.15,1906	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: copy of Honorable Discharge	By whom issued and signed: U.S.Army, Harvey D.Taylor,Lt. Col,Cav. Ft.Lewis,Washington	Date Issued: discharged Nov.15,1945	Date Orig. Entry: inducted Dec.17,1943	
	Date of Birth: Oct.15,1906	Birth Place: Shelley, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: July 31, 1968

FORM BH 56067 1 copy ppd. rec.# 37269 (T) 7-18-68

JUL 31 1968

13-215-004-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-756

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Louisa Allenback			2. Date Of Birth (month) June (day) 12 (year) 1906	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho Bear Lake	b. City or Town of Birth: Montpelier	
FATHER	6. Full Name of Father: Alexander Allenback			7. State or Country of Father's Birth: Berns, Switzerland	
MOTHER	8. Full Maiden Name of Mother: Minnie Louisa Stiffenhagen			9. State or Country of Mother's Birth: Prussia, Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Lakey		11. Present Address of Registrant: 303 W. 2nd Enterprise, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: August 1 1968	12. Signature of Notary: Marjorie Martin		13. Notary Commission expires: County Clerk Enterprise, Oregon	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #154430	Date Issued: ----	Date Orig. Entry: child born Aug.20,1927	
	Date of Birth: Age: 21	Birth Place: Montpelier, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of record of membership	By whom issued and signed: LDS Church, Salt Lake City, Utah	Date Issued: ----	Date Orig. Entry: baptized Aug.2,1914	
	Date of Birth: Jun.12,1906	Birth Place: Montpelier, Idaho	Full Name of Mother: Louisa Stiffenbagen	Name of Father: Alexander Allenback	
SUPPORTING RECORD 3.	Type of Document: photocopy of church record	By whom issued and signed: copy viewed by Marjorie Martin Wallowa County Clerk, Oregon	Date Issued: Feb.2,1968	Date Orig. Entry: blessed Aug.5,1906	
	Date of Birth: Jun.12,1906	Birth Place: Montpelier, Idaho Bear Lake County	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Barron	Evidence reviewed by: Glenda Larson	Date Filed: Aug. 7, 1968

FORM BH 56067

AUG 7 1968
FEB 17 1971

799-226-006-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-811

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MILDRED PRIEST			2. Date of Birth (month) April (day) 26 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Taylor
FATHER	6. Full Name of Father: WILLIAM EDWARD PRIEST			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: MABEL JOSEPHINE YOUNG			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Priest Empey		11. Present Address of Registrant: 3335 Owen Street, Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 11, 1968	12. Signature of Notary: [illegible]		13. Notary Commission expires: November 12th, 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #213000	Date Issued: -----	Date Orig. Entry: child born May 31,1933
	Date of Birth: Age: 27	Birth Place: Taylor, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: Idaho Falls Hospital, Idaho Lelia Garland, Med. Rec. Lib.	Date Issued: Jun.11,1968	Date Orig. Entry: July 11,1935
	Date of Birth: Apr.26,1906	Birth Place: Taylor, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Church Certificate of birth	By whom issued and signed: LDS Church, Salt Lake City, Utah	Date Issued: Aug.20,1968	Date Orig. Entry: Sept.2,1906
	Date of Birth: Apr.26,1906	Birth Place: Taylor, Idaho Bingham County	Full Name of Mother: Mabel Josephine Young	Name of Father: William Edward Priest
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: Sept.12,1968

FORM BH 56067 (S) 7-11-68

SEP 12 1968
APR 15 197

154-204-036-162

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-864

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Anna Anderson	2. Date of Birth (month) May (day) 4th (year) 1906
	3. Color or Race: White; 4. Sex: female; 5. Place of Birth: St John a. County: Oneida	b. City or Town of Birth: mail Malad Idaho
FATHER	6. Full Name of Father: Andrew Lars Anderson April 9 1868	7. State or Country of Father's Birth: Analeve Sweden
MOTHER	8. Full Maiden Name of Mother: Hannah Elizabeth Josephson Nov. 27 1877	9. State or Country of Mother's Birth: St. John Oneida Idaho.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel A. Smith; 11. Present Address of Registrant: 239 W 600 N Malad Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: 7-29 1968	12. Signature of Notary: Daniel P. Jones; 13. Notary Commission expires: 8-6 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person with personal knowledge who knew family	By whom issued and signed: Alex Gleed Age:78	Date issued: Aug.8,1968	Date Orig. Entry: ----
	Date of Birth: May 4,1906; Birth Place: St.John, Idaho Oneida County	Full Name of Mother: Hannah Elizabeth Josephson	Name of Father: Andrew Lars Anderson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Third Ward, Malad Stake Ervin L. Allen, Clerk	Date issued: Sep.14,1968	Date Orig. Entry: blessed July 15,1906
	Date of Birth: May 4,1906; Birth Place: St. John, Idaho Oneida County	Full Name of Mother: Hannah E. Josephson	Name of Father: Andrew L. Anderson	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #2-17-32324	By whom issued and signed: Beneficial Protective Assoc. Pocatello, Idaho	Date issued: Feb.17,1953	Date Orig. Entry: Feb.14,1953
	Date of Birth: May 4,1906; Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Oct. 7, 1968

FORM BH 56067 1 cp. Ad rec. #68-39106 (S) 8-28-68 gml

OCT 8 1968

662-207-004-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-871

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Iretta Roberts			2. Date Of Birth (month) Sept (day) 7 (year) 1906	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: a. County Bear Lake; Lanark	b. City or Town of Birth: Lanark Idaho	
FATHER	6. Full Name of Father: Owen Roberts			7. State or Country of Father's Birth: Smithfield, Cache Co. Utah	
MOTHER	8. Full Maiden Name of Mother: Mary Ann Watkins			9. State or Country of Mother's Birth: Liberty Bear Lake Co. Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Iretta Roberts		11. Present Address of Registrant: 233 North 4th E Montpelier Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 19 1968.	12. Signature of Notary: Juanita Duncan		13. Notary Commission expires: Homer 7-7 1970	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #269076		Date Issued: ----	Date Orig. Entry: child born May 6, 1938
	Date of Birth: Age: 31	Birth Place: Lanark, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person with personal knowledge of birth	By whom issued and signed: Eliza R. Shepherd Age:83		Date Issued: Sep.18,1968	Date Orig. Entry: ----
	Date of Birth: Sept.7,1906	Birth Place: Lanark, Idaho Bear Lake County	Full Name of Mother: Mary Ann Watkins Roberts	Name of Father: Owen Roberts	
SUPPORTING RECORD 3.	Type of Document: photocopy of certificate of church membership	By whom issued and signed: LDS Church		Date Issued: ----	Date Orig. Entry: blessed Nov.4,1906
	Date of Birth: Sept.7,1906	Birth Place: Lanark, Idaho USA	Full Name of Mother: Mary Ann Watkins	Name of Father: Owen Roberts	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Oct. 8, 1968

FORM BH 56067

5-16-68

OCT 8 1968

655-20-001-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-877

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emma Margaret Fenn			2. Date of Birth (month) (day) (year): December 1, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Fred Danner Fenn			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Luella Coffin			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X	10. Signature of Registrant: Margaret F. Kenner		11. Present Address of Registrant: 13490 Hiway 8, #58 Lakeside, Calif 92040
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 23 1968	12. Signature of Notary: Robert T. Bruce		13. Notary Commission expires: 12-17 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible Records	Date Issued: Jun.5,1968	Date Orig. Entry: Obviously Old
	Date of Birth: Dec.1,1906 / Birth Place: Boise, Idaho	Full Name of Mother: Luella Coffin	Name of Father: Fred D. Fenn	
SUPPORTING RECORD 2.	Type of Document: photocopy of school registration card	By whom issued and signed: So. Pasadena High School, Cal. Murdock, Registrar	Date Issued: Jul.29,1968	Date Orig. Entry: Oct.16,1922
	Date of Birth: Dec.1,1906 / Birth Place: ----	Full Name of Mother: ----	Name of Father: F. D. Fenn	
SUPPORTING RECORD 3.	Type of Document: Insurance policy #H9 145 998	By whom issued and signed: The Prudential Ins. Co. of America	Date Issued: Oct.26,1960	Date Orig. Entry: Oct.26,1960
	Date of Birth: Dec.1,1906 / Birth Place: Boise, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

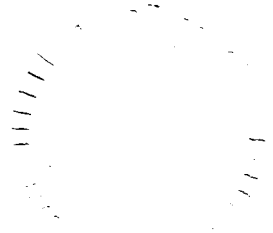
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Oct. 8, 1968

FORM BH 56067

OCT 8 1968



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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-887

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: OREN NICKLESS EUBANKS			2. Date Of Birth (month) January (day) 19 (year) 1906
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Culde sac Idaho	b. City or Town of Birth: Culde sac
FATHER	6. Full Name of Father: William Rufus Eubanks			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Rebecca Caroline King			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: O. N. Eubanks	11. Present Address of Registrant: Rt. 1, Box 285 Otis, Oregon 97368
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 24, 1968		12. Signature of Notary: [illegible]	13. Notary Commission expires: 10-2 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at time of birth	By whom issued and signed: Flaudia Towne Age: 77	Date Issued: June 7,1967	Date Orig. Entry: ----
	Date of Birth: Jan.19,1906 / Birth Place: Culde sac, Idaho	Full Name of Mother: Rebecca Caroline King	Name of Father: William Rufus Eubanks	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: State of Washington, Vital Statistics	Date Issued: Aug.7,1968	Date Orig. Entry: child born Mar.24,1932
	Date of Birth: Age: 26 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #102786	By whom issued and signed: Oregon Mutual Life Ins. Co. Portland, Oregon	Date Issued: May 3,1945	Date Orig. Entry: Apr.26,1945
	Date of Birth: Jan.19,1906 / Birth Place: Culdesac, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 8, 1968

FORM BH 56067

4-6-67

OCT 8 1968

555-218-025-955

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-909

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elnora Mary Enneking		2. Date Of Birth (month) May (day) 18 (year) 1906	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Keuterville Idaho	b. City or Town of Birth: Keuterville - Idaho
FATHER	6. Full Name of Father: Frank Enneking		7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Bernardina Renneker		9. State or Country of Mother's Birth: Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elnora M. Mader	11. Present Address of Registrant: Keuterville, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 6-19 1968	12. Signature of Notary: Donald D. Uhling	13. Notary Commission expires: 7-1 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #282553	Date Issued: ----	Date Orig. Entry: child born July 19, 1939	
	Date of Birth: Age: 33	Birth Place: Keuterville, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of baptismal certificate Roman Catholic	By whom issued and signed: Church of the Holy Cross, Keuterville, Idaho	Date Issued: May 4, 1967	Date Orig. Entry: baptized May 27, 1906	
	Date of Birth: May 18, 1906	Birth Place: Keuterville, Idaho	Full Name of Mother: Bernardina Renneker	Name of Father: Frank Enneking	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records (Timber School)	By whom issued and signed: Prairie Public Schools, A.J. Malcolm, Cust. School Rec.	Date Issued: ---	Date Orig. Entry: Sept. 1, 1913	
	Date of Birth: Age: 7	Birth Place: ---	Full Name of Mother: ---	Name of Father: Frank Enneking	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	gml Glenda Larson	Oct. 21, 1968

FORM BH 56067

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7-11-68 gml

OCT 21 1968

339-206-026-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-942

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Erma Viola Clifford		2. Date Of Birth (month) 12 (day) 6 (year) 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: ~~Lewisville~~ Jefferson IDAHO; b. City or Town of Birth: Lewisville
FATHER	6. Full Name of Father: Jedediah Grant Clifford		7. State or Country of Father's Birth: Utah, Weber, Millville
MOTHER	8. Full Maiden Name of Mother: Viola Butler		9. State or Country of Mother's Birth: Utah, Salt Lake, Buterville
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Erma Viola (Clifford) Purser	11. Present Address of Registrant: Rt #2 Box 93, Rigby, Idaho, 83442
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 4, 1968	12. Signature of Notary: Leonard E Graham	13. Notary Commission expires: Jan 5 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #283800	Date issued: ----	Date Orig. Entry: child born Sept.4,1939
	Date of Birth: Age: 32 / Birth Place: Lewisville, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Viola Butler Clifford	Date issued: Oct.11,1968	Date Orig. Entry: ----
	Date of Birth: Dec.6,1906 / Birth Place: Lewisville, Idaho	Full Name of Mother: Viola Butler Clifford	Name of Father: Jedidiah Grant Clifford	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Garfield Ward, T. W. Newman, Clerk	Date issued: Dec.30,1915	Date Orig. Entry: baptized July 10, 1915
	Date of Birth: Dec.6,1906 / Birth Place: Lewisville, Idaho	Full Name of Mother: Viola Butler	Name of Father: Jedediah Clifford	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Oct. 30, 1968

FORM BH 56067

1 ck add file #32320 4-29-68

Clifford

OCT 31 1968

389-125-029-636

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-961

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Charles Chester Chilton
2. Date of Birth (month) (day) (year): July 25 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Princeton, Idaho. Latah
b. City or Town of Birth:

FATHER

6. Full Name of Father: William Marcellus Chilton
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Mary Maye Floch
9. State or Country of Mother's Birth: Indiana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charles Chester Chilton
11. Present Address of Registrant: 612 So Tac Ave Tacoma. Wash

NOTARY (Seal)

Subscribed and sworn to before me on: December 12 1967
12. Signature of Notary: Hazel M Cardon
13. Notary Commission expires: August 20- 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Cradle Roll Certificate	Church of Christ, Eleanor Warner, Superintendent	----	Oct.1,1908

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jul.25,1906	-----	- ----	------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #221862	-------	child born May 17, 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 27	Princeton, Idaho	-----	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for Social Security #518-01-4108	Social Security Adm.	----	Jan.8,1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jul.25,1906	Princeton, Idaho	May Mary Floch	William Marcellus Chilton

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Larson	gml Glenda Larson	Nov. 8, 1968

FORM BH 56067 1 copy filed

(c) 4-25-68 mf

NOV 12 1968

497417.024-796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-978

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elwood Grow Dixon			2. Date Of Birth (month) (day) (year): May 17 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Gooding	b. City or Town of Birth: Bliss
FATHER	6. Full Name of Father: Harvey Dixon			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Emily Sarah Grow			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elwood Grow Dixon		11. Present Address of Registrant: 3233 Well Avenue Ogden, Utah 84403
NOTARY (Seal)	Subscribed and sworn to before me on: November 3, 1968	12. Signature of Notary: Katherine N. Sneddon		13. Notary Commission expires: ~~22~~ January 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother who was 10 years old at time of birth	By whom issued and signed: Riley Grow Dixon		Date Issued: Nov.3,1968	Date Orig. Entry: ----
	Date of Birth: May 17,1906	Birth Place: Bliss, Idaho	Full Name of Mother: Emily Sarah Grow	Name of Father: Harvey Dixon	
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate #769-C	By whom issued and signed: Weber County, Utah		Date Issued: ---	Date Orig. Entry: child born July 10,1941
	Date of Birth: Age: 35	Birth Place: Bliss, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for license to marry #6723	By whom issued and signed: Davis County, Utah		Date Issued: ----	Date Orig. Entry: July 3,1929
	Date of Birth: May 17,1906	Birth Place: Bliss, Idaho	Full Name of Mother: Emily Sarah Grown	Name of Father: Harvey Dixon	
QUALIFYING INFORMATION					

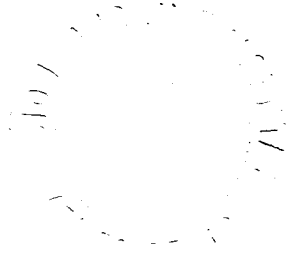
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Nov. 19, 1968

FORM BH 56067

NOV 19 1968



ID 386-117-008-285

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-980

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARION S. (SHELLEY) THOMPSON		2. Date of Birth (month) (day) (year): MAY 17 1906
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: BOISE; b. City or Town of Birth: QUARTZBURG -- IDAHO
FATHER	6. Full Name of Father: FRANK M. (MARION) THOMPSON		7. State or Country of Father's Birth: QUARTZBURG - IDAHO,
MOTHER	8. Full Maiden Name of Mother: ELIZABETH M. (MARGARET) SHELLEY		9. State or Country of Mother's Birth: PLACERVILLE - IDAHO,
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marion S. Thompson	11. Present Address of Registrant: 1516 No. 27TH ST. BOISE, IDAHO. 83702
NOTARY (Seal)	Subscribed and sworn to before me on: November 19, 1968	12. Signature of Notary: Ralph A. Smith	13. Notary Commission expires: January 19, 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy # 1152510	By whom issued and signed: Sun Life Assurance Co.	Date Issued: Sept.6,1929	Date Orig. Entry: Sept. 6, 1929
	Date of Birth: May 17,1906	Birth Place: Quartzburg, Idaho	Full Name of Mother: Elizabeth M. Thompson	Name of Father: Frank M. Thompson
SUPPORTING RECORD 2.	Type of Document: Baptismal Record	By whom issued and signed: St. Michaels Cathedrall	Date Issued: Sept.1907	Date Orig. Entry: Sept. 1907
	Date of Birth: May 17,1906	Birth Place: Quartzburg, Ida.	Full Name of Mother: Elizabeth Shelley Thompson	Name of Father: Frank Thompson
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin Age 74	By whom issued and signed: William E. Groomer	Date Issued: Nov.15,1968	Date Orig. Entry: -----
	Date of Birth: May 17,1906	Birth Place: Quartzburg, Ida.	Full Name of Mother: Elizabeth M. Shelley	Name of Father: Frank M. Thompson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Nov. 19, 1968

FORM BH 56067

NOV 19 1968

089 249-106-025-124

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-988

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thomas J. Kurdy			2. Date Of Birth (month) February (day) 6, (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Greencreek, Idaho	b. City or Town of Birth: Greencreek, Idaho
FATHER	6. Full Name of Father: Joseph Kurdy			7. State or Country of Father's Birth: Lebanon
MOTHER	8. Full Maiden Name of Mother: Badora Abdella			9. State or Country of Mother's Birth: Lebanon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thomas J. Kurdy		11. Present Address of Registrant: 3120 Crescent Rim Dr., Boise, Idaho 83704
NOTARY (Seal)	Subscribed and sworn to before me on: November 26, 1968	12. Signature of Notary: Lucine F. Hyde		13. Notary Commission expires: September 25, 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend of family (at time of birth)	By whom issued and signed: Mrs. John Hoene		Date Issued: Nov.18,1968	Date Orig. Entry: -----
	Date of Birth: Feb.6,1906	Birth Place: Greencreek, Idaho	Full Name of Mother: Badora Abdella Kurdy	Name of Father: Joe Kurdy	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Roman Catholic Church		Date Issued: ----	Date Orig. Entry: Baptized May 27,1906
	Date of Birth: Feb. 6, 1906	Birth Place: Greencreek, Ida	Full Name of Mother: Badora Abdella	Name of Father: Joe Kurdy	
SUPPORTING RECORD 3.	Type of Document: Own child's birthcertificate	By whom issued and signed: on file # 256510		Date Issued: ----	Date Orig. Entry: child born May 11, 1937
	Date of Birth: Age 31	Birth Place: Idaho	Full Name of Mother: --------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Nov. 27,1968

FORM BH 56067

NOV 27 1968

Child's birth # 256510

989 255-12-040-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-989

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jack Patrick Breen			2. Date of Birth (month) July (day) 21 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Wallace, Idaho
FATHER	6. Full Name of Father: Jack Patrick Dennis Breen			7. State or Country of Father's Birth: U. S. A.
MOTHER	8. Full Maiden Name of Mother: Carroll Vance			9. State or Country of Mother's Birth: U. S. A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jack Patrick Breen		11. Present Address of Registrant: 6141 Colgate Court Sacramento, Calif. 95831
NOTARY (Seal)	Subscribed and sworn to before me on 11/27 19 68	12. Signature of Notary: Agnes J. Frazier		13. Notary Commission expires 9/1/71 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 77	By whom issued and signed: Christie M. Abbott	Date Issued: Nov. 27, 1968	Date Orig. Entry: -----	
	Date of Birth: Jul.21,1906	Birth Place: Wallace, Idaho	Full Name of Mother: Cora Vance	Name of Father: John Patrick Breen	
SUPPORTING RECORD 2.	Type of Document: Passport # 2481205	By whom issued and signed: U. S. Dept. of State	Date Issued: Dec.13,1960	Date Orig. Entry: ------	
	Date of Birth: Jul.21,1906	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: St.John's Cathedral	Date Issued: Feb.25,1943	Date Orig. Entry: Baptized May 10,1919	
	Date of Birth: Jul.21,1906	Birth Place: Wallace,Idaho	Full Name of Mother: Cora Vance	Name of Father: John Patrick D. Breen	
QUALIFYING INFORMATION					

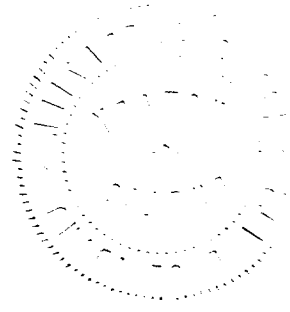
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W Benson	Florence Curtright	Nov.29, 1968

FORM BH 56067

NOV 29 1968



349-203-022-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-1002

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Etta May Curtis	2. Date of Birth (month) May (day) 3 (year) 1906
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Parker Idaho Freemont a. County	b. City or Town of Birth: Parker
FATHER	6. Full Name of Father: William Rushmer Curtis	7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Ella May Canfield	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Etta May Curtis Hindman; 11. Present Address of Registrant: 744 W. Longden Arcadia Cal.
NOTARY (Seal)	Subscribed and sworn to before me on: October 17 1968	12. Signature of Notary: Mildred M. Wood; 13. Notary Commission expires: October 7 1971

OFFICIAL SEAL
MILDRED M. WOOD
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires October 7, 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Temple Recommend (photocopy)	By whom issued and signed: LDS Church for Arizona Temple	Date issued: ----	Date Orig. Entry: Nov.28,1950
	Date of Birth: May 3,1906; Birth Place: Parker, Idaho	Full Name of Mother: Ella May Canfield	Name of Father: William Rushmer Curtis	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of blessing	By whom issued and signed: LDS Church, Parker Ward, Daniel G. Miller, Bishop	Date issued: ----	Date Orig. Entry: blessed Aug.5,1906
	Date of Birth: May 3,1906; Birth Place: Parker, Idaho Fremont County	Full Name of Mother: Ella Canfield	Name of Father: William R. Curtis	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Lovantia C. Sinks (bd. 5-30-1892)	Date issued: Oct.17,1968	Date Orig. Entry: ----
	Date of Birth: May 3,1906; Birth Place: Parker, Idaho Fremont County	Full Name of Mother: Ella May Canfield	Name of Father: William Rushmer Curtis	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Dec. 3, 1968

FORM BH 56067

DEC 3 1968

499-220-029-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-1007

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertram Elzova Driskill		2. Date Of Birth (month) Feb. (day) 20 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Moscow-Ida. Latah; b. City or Town of Birth: Moscow.
FATHER	6. Full Name of Father: Ernest Driskill		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Grace Clark.		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertram E. Heyer	11. Present Address of Registrant: Spokane - Wash
NOTARY (Seal)	Subscribed and sworn to before me on: April 28 1966	12. Signature of Notary: H by M Tuttle	13. Notary Commission expires: Oct 22 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records		By whom issued and signed: Sacred Heart Hospital, Spokane Washington	Date issued: Feb.16,1966	Date Orig. Entry: Aug.10,1953
	Date of Birth: Feb.20,1906	Birth Place: Idaho	Full Name of Mother: Grace Clark	Name of Father: Ernest Driskoll	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle Age:80		By whom issued and signed: James Clark	Date issued: Apr.28,1966	Date Orig. Entry: -----
	Date of Birth: Feb.20,1906	Birth Place: Moscow, Idaho	Full Name of Mother: Grace Driskill	Name of Father: Ernest Driskill	
SUPPORTING RECORD 3.	Type of Document: photocopy of Bible record		By whom issued and signed: Family Bible Records	Date issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Feb.20,1906	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

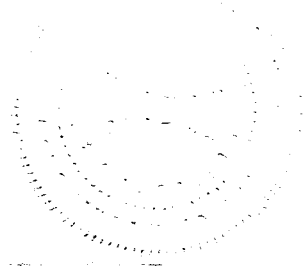
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Dec. 4, 1968

FORM BH 56067

1CR AD rec # 5826 (H) 2-23-68, gml

DEC 4 1968



245-108-004-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-1053

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wallace William Kunz		2. Date Of Birth (month) (day) (year): 3 - 8 - 1906
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Bear Lake; b. City or Town of Birth: Bern
FATHER	6. Full Name of Father: William Kunz		7. State or Country of Father's Birth: Bern Switzerland
MOTHER	8. Full Maiden Name of Mother: Mary Ann Roberts Kunz.		9. State or Country of Mother's Birth: Smithfield Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wallace W Kunz.	11. Present Address of Registrant: 380 Williams avenue Salt Lake City Utah
NOTARY (Seal)	Subscribed and sworn to before me on: November 4 1968	12. Signature of Notary: L. [illegible]	13. Notary Commission expires: Oct 30 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of federal census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Apr.13,1960	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 13	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: copy of employee Pension data Westinghouse, Pacific Coast		By whom issued and signed: Westinghouse Pension Plan	Date issued: May 19,1949	Date Orig. Entry: May 19,1949
	Date of Birth: Mar.8,1906	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of certificate of record of membership		By whom issued and signed: LDS Church, Arthur H.Strong, Cust.Church Mem.Records	Date issued: ---	Date Orig. Entry: blessed May 20,1906
	Date of Birth: Mar.8,1906	Birth Place: Bern, Bear Lake County, Idaho	Full Name of Mother: Mary Ann Roberts	Name of Father: William Kunz	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Dec.19, 1968

FORM BH 56067

[illegible]

(K) gml 12-3-68

DEC 20 1968

693-110-022-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-1065

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JEWEL VICTOR WITHERS		2. Date Of Birth (month) (day) (year): September 10 1906
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Fremont (now Madison) b. City or Town of Birth: Salem Precinct
FATHER	6. Full Name of Father: George Withers		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Clara Emma Clark		9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jewel Victor Withers	11. Present Address of Registrant: Rt. 1, Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 12 19 68	12. Signature of Notary: Ray W. Rigby	13. Notary Commission expires: January 26 19 71

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #223051	Date issued: ----	Date Orig. Entry: child born June 13,1934
	Date of Birth: Age: 27 / Birth Place: Salem	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination as a Priest	By whom issued and signed: LDS Church, Salem Ward, Geo. S. Tanner, Bishop	Date issued: Nov.15,1936	Date Orig. Entry: ordained Nov.8,1926
	Date of Birth: Sep.10,1906 / Birth Place: Salem, Madison County, Idaho	Full Name of Mother: Clara E. Clark	Name of Father: George Withers	
SUPPORTING RECORD 3.	Type of Document: Certified copy of school census report Dist. #68	By whom issued and signed: Madison County, Idaho	Date issued: Dec.17,1968	Date Orig. Entry: Sep.15,1914
	Date of Birth: Age: 8 / Birth Place: ----	Full Name of Mother: ----	Name of Father: George Withers	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Dec. 27, 1968

FORM BH 56067 1CP PD Lew # 5016 12-5-61

DEC 2 7 1968

659-15-035-297

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-025

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hershel Leslie Ferguson		2. Date Of Birth (month) Dec. (day) 15 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Nez Perce; b. City or Town of Birth: Peck, Idaho
FATHER	6. Full Name of Father: Leslie Benjiman Ferguson		7. State or Country of Father's Birth: West Virgina
MOTHER	8. Full Maiden Name of Mother: Josephine Kight		9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hershel Leslie Ferguson	11. Present Address of Registrant: LOT D9-Valley Mobile Tra. Crt
NOTARY (Seal)	Subscribed and sworn to before me on: November 2nd 1968	12. Signature of Notary: Hugh A Gray	13. Notary Commission expires: September 8 1972 Orofino Idaho

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Metropolitan Life Ins. Policy	By whom issued and signed: Metropolitan Life Ins. Co. Policy #560 182 844 M	Date issued: Jan.1,1956	Date Orig. Entry: Nov.17,1955
	Date of Birth: Dec.15,1906	Birth Place: Peck, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: notarized photocopy of page from family Bible	By whom issued and signed: Family Bible Records	Date issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Dec.15,1906	Birth Place: ----	Full Name of Mother: ----	Name of Father: L. B. Ferguson
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Josephine Ferguson	Date issued: Jan.2,1969	Date Orig. Entry: ----
	Date of Birth: Dec.15,1906	Birth Place: near Peck, Idaho Nez Perce County	Full Name of Mother: Josephine Ferguson	Name of Father: Leslie Benjiman Ferguson
QUALIFYING INFORMATION				

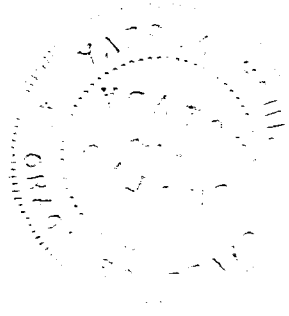
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Jan. 20, 1969

FORM BH 56067 [illegible] # 479 (F) 11-6-6 [illegible]

JAN 21 1969



997-208-025-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-102

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ELIZABETH ANN RIGGS
2. Date of Birth (month) 1 (day) 8 (year) 1906
3. Color or Race: WHITE
4. Sex: F.
5. Place of Birth: IDAHO
a. County: IDAHO
b. City or Town of Birth: WHITE BIRD

FATHER

6. Full Name of Father: LANE W. RIGGS
7. State or Country of Father's Birth: IOWA

MOTHER

8. Full Maiden Name of Mother: ANNIE L. RICHEY
9. State or Country of Mother's Birth: MISSOURI

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elizabeth A. Herchberger
11. Present Address of Registrant: McCALL, IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on: January 24 1969
12. Signature of Notary: [signature]
13. Notary Commission expires: 9/1 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Date Orig. Entry	Name of Father
SUPPORTING RECORD 1.	photocopy of application for social Security #518-12-5831	Jan.8,1906	WhiteBird, Idaho	Social Security Adm.	Anne Richey	----	Nov.10,1937	Lane Wm. Riggs
SUPPORTING RECORD 2.	Affidavit by sister (bd.Apr.15,1895)	Jan.8,1906	Idaho County WhiteBird, Idaho	Rovena M. Blackwell nee (Riggs)	Annie L. Richey	Jan.24,1969	-----	Lane W. Riggs
SUPPORTING RECORD 3.	photocopy of hospital record	Jan.8,1906	----	McCall Memorial Hospital, McCall, Idaho	Anne Riggs	----	July 1,1961	Lane Riggs

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Larson
Evidence reviewed by: Glenda Larson
Date Filed: Feb. 17, 1969

FORM BH 56067

1 copy paid

FEB 17 1969

243-21-9104-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-108

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dora Fern Sutton			2. Date Of Birth (month) 4 (day) 19 (year) 06
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Washington	b. City or Town of Birth: Cambridge Idaho.
FATHER	6. Full Name of Father: Oliver Elmer Sutton			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Rosa Ellen Hoffstatter			9. State or Country of Mother's Birth: Washington Canada in 1878.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fern Bain		11. Present Address of Registrant: Cambridge, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: February 18 1969	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible	By whom issued and signed: Family Records	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Apr.19,1906 / Birth Place: ----	Full Name of Mother: Rosa Ellen Hoffstatter	Name of Father: Oliver Elmer Sutton	
SUPPORTING RECORD 2.	Type of Document: Transcript of School Record	By whom issued and signed: Idaho State College, Pocatello Anna C. Mina, Registrar	Date Issued: Oct.23,1958	Date Orig. Entry: 1924
	Date of Birth: 1906 / Birth Place: Cambridge, Idaho	Full Name of Mother: ----	Name of Father: O. E. Sutton	
SUPPORTING RECORD 3.	Type of Document: Old West Life Ins, Co, Insurance Policy #17965	By whom issued and signed: Old West Life In.Co. of Boise, Idaho	Date Issued: Jan.29,1960	Date Orig. Entry: Dec.14,1959
	Date of Birth: Apr.19,1906 / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: Glenda Larson	Date Filed: Apr. 18, 1969

FORM BH 56067

FEB 1 8 1969

JAN 1 1 1973

249-215-028-939

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-181

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Valeria Delvine Smith
2. Date of Birth (month) (day) (year): Sept. 15, 1906.
3. Color or Race: Caucasian
4. Sex: Female
5. Place of Birth — a. County: Kootenai (now Bonner)
b. City or Town of Birth: 4 miles from Valley, Ida. (no town there now)

FATHER

6. Full Name of Father: Burgess Jefferson Smith
7. State or Country of Father's Birth: Clinton Co. Iowa.

MOTHER

8. Full Maiden Name of Mother: Ida May McDowell
9. State or Country of Mother's Birth: Montgomery Co. Kansas.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Valeria Baylor
11. Present Address of Registrant: Inchelium, Wash. 99138

NOTARY (Seal)

Subscribed and sworn to before me on: 18th of February 1969
12. Signature of Notary: Donald Curtis
13. Notary Commission expires: May 15 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record	U.S. Department of Commerce Bureau of the Census	Feb.13,1969	Apr.15,1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 3	Idaho	Ida M. Smith	Burgess J. Smith

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of page from family Bible	Family Bible Records	----	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.15,1906	Kootenai Co.,Ida.	Ida May McDowell	Burgess Jefferson Smith

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by brother Age:73	Homer L. Smith	Mar.3,1969	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.15,1906	Valley, Idaho (was the P.O.)	Ida May Smith	Burgess J. Smith

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

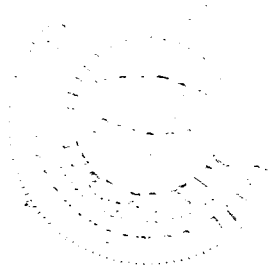
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	March 11,1969

FORM BH 56067

1-15-69

MAR 11 1969



1 568-29-06-343

205

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-205

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Voyce		2. Date of Birth (month) (day) (year): Oct. 29 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Cassia; b. City, or Town of Birth: Basin Idaho
FATHER	6. Full Name of Father: Frank Voyce		7. State or Country of Father's Birth: Springville Utah
MOTHER	8. Full Maiden Name of Mother: Lucilla Lucas		9. State or Country of Mother's Birth: Salt Lake City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel Ploeger	11. Present Address of Registrant: Emmett, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 24 1969	12. Signature of Notary: R O McMahan	13. Notary Commission expires: Oct 5 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Record	By whom issued and signed: St. Al's - Boise	Date Issued: Mar. 24, 1969	Date Orig. Entry: Patient July 14, 1948
	Date of Birth: Oct. 29, 1906 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 208676	Date Issued: ---	Date Orig. Entry: Child born Dec. 28, 1932
	Date of Birth: Age 26 / Birth Place: Basin, Idaho	Full Name of Mother: ----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Church Record	By whom issued and signed: L.D.S. Bishop Preston-Burley	Date Issued: Feb. 24, 1969	Date Orig. Entry: Married June 16, 1928
	Date of Birth: Oct. 29, 1906 / Birth Place: Basin, Idaho	Full Name of Mother: Lucilla Lucas	Name of Father: Frank Voyce	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 25, 1969

FORM BH 56067

MAR 26 1969

238-230-001-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-225

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Laurel Louise Wellamina Schroeder			2. Date of Birth (month) Sept (day) 30 (year) 06
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise Idaho
FATHER	6. Full Name of Father: Matt Schroeder			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Louise Kressler			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Laurel Helm		11. Present Address of Registrant: 5483 N Colonial Dr Fresno Co.
NOTARY (Seal)	Subscribed and sworn to before me on: February 11 1969	12. Signature of Notary: Walter O Hinkle		13. Notary Commission expires: OFFICIAL SEAL WALTER O. HINKLE NOTARY PUBLIC-CALIFORNIA FRESNO COUNTY My Commission Expires Oct. 12, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: State of Washington		Date Issued: Jun 30, 1959	Date Orig. Entry: child born Feb. 26, 1944
	Date of Birth: Age; 37	Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: Dec.19,1967	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 3	Birth Place: Idaho	Full Name of Mother: Louise Schroder	Name of Father: Mat Schroder	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister (bd.10-18-1900)	By whom issued and signed: Helen Johnson		Date Issued: Mar.7,1969	Date Orig. Entry: ----
	Date of Birth: Sep.30,1906	Birth Place: Boise, Idaho Ada County	Full Name of Mother: Louise Schroeder	Name of Father: Matt Schroeder	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml hh Glenda Larson	Mar.27,1969

FORM BH 56067

MAR 27 1969.

354-106-040-755

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De 69-241
Local Reg. No.
Reg. Dist. No.

STANISLAUS

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WILFRED [redacted] LEMIEUX
2. Date of Birth (month) MAY (day) 6 (year) 1906
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth a. County: WALLACE, IDAHO. SHOSHONE
b. City or Town of Birth: WALLACE IDAHO

FATHER

6. Full Name of Father: Albert Lemieux
7. State or Country of Father's Birth: St. Urban - PQ Canada

MOTHER

8. Full Maiden Name of Mother: Clara Gregras
9. State or Country of Mother's Birth: Calumet Michigan

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wilfred S Lemieux
11. Present Address of Registrant: SEATTLE 22 WASH 1103-16 AVE.

NOTARY (Seal)

Subscribed and sworn to before me on June 3 19 66

12. Signature of Notary: [illegible]
13. Notary Commission expires: June 23 19 68

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Statement regarding hospital records	Providence Hospital, Seattle Washington, J. Gregg, R.R.L.	Mar. 6, 1969	Feb. 10, 1958
Class*	Date of Birth: May 6, 1906 / Birth Place: ----	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Affidavit by Josephine Genereux - maternal aunt	Josephine Genereux (bd. 2-14-1881)	June 17, 1968	-----
Class	Date of Birth: May 6, 1906 / Birth Place: Wallace, Idaho	Full Name of Mother: Clara Lemieux	Name of Father: Albert Lemieux	
SUPPORTING RECORD 3.	photocopy of military discharge	Army of the United States, Arthur H. Schmitz, Major SIG C	Date Issued discharged Sep. 28, 1945	Date Orig. Entry enlisted April 16, 1942
Class	Date of Birth: May 6, 1906 / Birth Place: Wallace, Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Larson
Evidence reviewed by: Glenda Larson
Date Filed: April 2, 1969

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

(2) 6-16-66 gml

Lemieux

APR 3 1969

76 258-102-001-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-278

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clifford M Snyder		2. Date of Birth (month) February (day) 7 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada; b. City or Town of Birth: Star, Idaho
FATHER	6. Full Name of Father: Preston G. Snyder		7. State or Country of Father's Birth: Berryville, Arkansas
MOTHER	8. Full Maiden Name of Mother: Emma B Baldwin		9. State or Country of Mother's Birth: Boise, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clifford M Snyder	11. Present Address of Registrant: 5518 Lynnwood Place, Boise, Idaho 83704
NOTARY (Seal) X	Subscribed and sworn to before me on: April 9 1969	12. Signature of Notary: Helen M. Smith	13. Notary Commission expires: August 10 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #283137	By whom issued and signed: American National Ins.	Date Issued: Apr. 6, 1964	Date Orig. Entry: ----
	Date of Birth: Feb. 7, 1906 / Birth Place: Star, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Employment Record	By whom issued and signed: First Security Bank-Boise	Date Issued: ---	Date Orig. Entry: Mar. 20, 1939
	Date of Birth: Feb. 7, 1906 / Birth Place: Star, Idaho	Full Name of Mother: Emma B. Baldwin	Name of Father: Preston Snyder	
SUPPORTING RECORD 3.	Type of Document: (at time of birth) Affidavit by friend of family	By whom issued and signed: Everett Rambo	Date Issued: Apr 16, 1969	Date Orig. Entry: -----
	Date of Birth: Feb. 7, 1906 / Birth Place: Star, Idaho	Full Name of Mother: Emma Baldwin	Name of Father: Preston G. Snyder	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	April 16, 1969

FORM BH 56067

No search

APR 1 6 1969

AUG 5 1970

445-124-004-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-315

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thomas Merlin Dunn			2. Date Of Birth (month) (day) (year): September 24 1906
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Georgetown Idaho
FATHER	6. Full Name of Father: Jesse Dunn			7. State or Country of Father's Birth: Bear Lake County, Idaho
MOTHER	8. Full Maiden Name of Mother: Elizabeth Williams			9. State or Country of Mother's Birth: Bear Lake County, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thomas Merlin Dunn		11. Present Address of Registrant: Montpelier, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 25 1969	12. Signature of Notary: Tom L Bunyan		13. Notary Commission expires: 3/1/70 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Record of Membership	By whom issued and signed: LDS Church, Arthur H.Strong, Dustodian of Church Mem.Rec.		Date Issued: Apr.4,1969	Date Orig. Entry: baptized July 24,1916
	Date of Birth: Sep.24,1906	Birth Place: Georgetown, Idaho	Full Name of Mother: Elizabeth Williams	Name of Father: Jesse Dunn	
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin Age:92	By whom issued and signed: Charles H. Hauck		Date Issued: May 7,1969	Date Orig. Entry: ----
	Date of Birth: Sep.24,1906	Birth Place: Georgetown, Idaho Bear Lake County	Full Name of Mother: Elizabeth (Williams) Dunn	Name of Father: Jesse Dunn	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #218338		Date Issued: ----	Date Orig. Entry: child born Oct.18,1933
	Date of Birth: Age: 27	Birth Place: Georgetown, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: gml hh Glenda Larson	Date Filed: May 7, 1969

FORM BH 56067

MAY 7 1969

419-115-016-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-334

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Harold W. Martin
2. Date of Birth (month) (day) (year): July 15 1906
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Oakley Cassia
b. City or Town of Birth: Oakley Idaho

FATHER

6. Full Name of Father: William H. Martin
7. State or Country of Father's Birth: Tooele Utah

MOTHER

8. Full Maiden Name of Mother: Mary Jane Whittle
9. State or Country of Mother's Birth: Grantsville Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harold W. Martin
11. Present Address of Registrant: P.O. Box 1424 Elko, Nevada

(Seal)

Subscribed and sworn to before me on July 7 1969

12. Signature of Notary: Cleone M. Schweer
13. Notary Commission expires 89801: 7-24 1971

CLEONE M. SCHWEER
Notary Public - State of Nevada
Elko County, Nevada
Commission Expires July 24, 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of voting registration #14	Elko County, Nevada Prec.#1 Elko	----	Oct.3,1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 44	Oakley, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by uncle Age: 85	Joe H. Martin	Jan.10,1969	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jul.15,1906	Oakley, Idaho	Mary Jane Martin	William H. Martin

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for social security #518-18-7832	Social Security Adm.	Mar.26,1969	Oct.27,1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 15,1906	Oakley, Idaho	Mary Jane Whittle	Wm. H. Martin

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	May 9, 1969

FORM BH 56067

MAY 9 1969

DS3 21-033-652

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-340

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Minnie E. Beck			2. Date of Birth (month) April (day) 11 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Madison	b. City or Town of Birth: Burton mail Rexburg
FATHER	6. Full Name of Father: Johann Beck			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Wilhemina Weber			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Minnie E Beck		11. Present Address of Registrant: RFD 1, Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 9, 19 69	12. Signature of Notary: [illegible]		13. Notary Commission expires: 10-1, 19 72

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy #163187	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: Nov.16,1936	Date Orig. Entry: Nov.16,1936
	Date of Birth: Apr.11,1906 / Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #199986	Date Issued: ----	Date Orig. Entry: child born Jan.30,1932
	Date of Birth: Age: 25 / Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Duplicate Certificate of Blessing	By whom issued and signed: LDS Church, Norman E. Nef, Bishop, Rexburg 7th Ward	Date Issued: Apr.13,1969	Date Orig. Entry: blessed Aug.5,1906
	Date of Birth: Apr.11,1906 / Birth Place: Burton, Idaho Madison County	Full Name of Mother: Wilhelmine Weber	Name of Father: Johann Beck	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: May 13, 1969

FORM BH 56067

MAY 1 3 1969

962-10-203-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-376

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fredric D Rose			2. Date of Birth (month) October (day) 10 (year) 1906
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Caribou, (Bannock)	b. City or Town of Birth: Soda Springs
FATHER	6. Full Name of Father: Walter N. Rose			7. State or Country of Father's Birth: Soda Springs, Idaho
MOTHER	8. Full Maiden Name of Mother: Minnie L. Lau			9. State or Country of Mother's Birth: Soda Springs, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fredric D Rose		11. Present Address of Registrant: 3110 Treasure Dr Boise, Idaho 83703
NOTARY (Seal)	Subscribed and sworn to before me on: May 19, 1969	12. Signature of Notary: James L Bruce		13. Notary Commission expires: May 20, 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopies of employment record	By whom issued and signed: Idaho Power Company		Date Issued: ----	Date Orig. Entry: July 18,1934
	Date of Birth: Oct.10,1906	Birth Place: Soda Springs, Idaho	Full Name of Mother: Minnie L. Rose	Name of Father: Walter N. Rose	
SUPPORTING RECORD 2.	Type of Document: Claim for benefits of insured & physician's statement	By whom issued and signed: Provident Life & Accident Ins. Co., Chattanooga, Tenn.		Date Issued: Sep.3,1957	Date Orig. Entry: Sep.5,1957
	Date of Birth: Age: 50	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #257605		Date Issued: -----	Date Orig. Entry: child born July 10, 1937
	Date of Birth: Age: 30	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	May 21, 1969

FORM BH 56067

MAY 21 1969

155-130
201-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-463

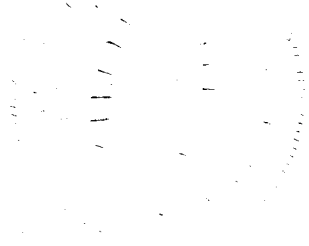
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edgar Jennings		2. Date of Birth (month) June (day) 30 (year) 1906
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Ada; b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Neal Jennings		7. State or Country of Father's Birth: Arkansas
MOTHER	8. Full Maiden Name of Mother: Mae Morehouse		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edgar Jennings	11. Present Address of Registrant: Route 1 Boise
NOTARY (Seal)	Subscribed and sworn to before me on July 1 1969	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother Age 90	By whom issued and signed: Mae Jennings	Date Issued: Jun 25,1969	Date Orig. Entry: -----
	Date of Birth: Jun.30,1906 / Birth Place: Boise, Idaho	Full Name of Mother: Mae Morehouse	Name of Father: Neal Jennings	
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: U.S. Dept. of Commerce	Date Issued: Apr 27,1968	Date Orig. Entry: Census Taken Jan 1, 1920
	Date of Birth: Age 13 / Birth Place: Idaho	Full Name of Mother: May Jennings	Name of Father: Neil Jennings	
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Jun.30,1906 / Birth Place: Boise, Idaho	Full Name of Mother: Mae Morehouse	Name of Father: Neal Jennings	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: July 1, 1969	

FORM BH 56067

JUL 1 1969



469-217-021-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-475

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Morrison Maleta Ann		2. Date of Birth (month) (day) (year): Feb. 17 1906
	3. Color or Race: English	4. Sex: Female	5. Place of Birth a. County: Franklin; b. City or Town of Birth: Idaho
FATHER	6. Full Name of Father: Morrison John E.		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Hawkins Hester Belle		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maleta A. Carter del Bonita	11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: FD-6 1969	12. Signature of Notary: [illegible]	13. Notary Commission expires: 31-IV 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L.D.S. Church	Date Issued:	Date Orig. Entry: Blessed May 1906
	Date of Birth: Feb. 17, 1906 / Birth Place: Idaho	Full Name of Mother: Hester Belle Hawkins	Name of Father: John E. Morrison	
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Feb. 17, 1906 / Birth Place: Franklin, Idaho	Full Name of Mother: Hester Belle Hawkins	Name of Father: John E. Morrison	
SUPPORTING RECORD 3.	Type of Document: Baptismal Record	By whom issued and signed: L.D.S Church - J.C. Huff	Date Issued: Jun. 9 1969	Date Orig. Entry: Baptized May 3, 1914
	Date of Birth: Feb. 17, 1906 / Birth Place: Franklin, Idaho	Full Name of Mother: Hester B. Hawkins	Name of Father: John E. Morrison	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	July 3, 1969

FORM BH 56067

ICC. pd - Rec # 17265

JUL 3 1969

519-218-014-514

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-509

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jewell Earner			2. Date of Birth (month) (day) (year): December 18 1906
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: John M. Earner			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Lucy Jane Eames			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jewell Earner		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: July 22 19 69	12. Signature of Notary: Eunice Johnson		13. Notary Commission expires: Jan 30 19 72

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Census	By whom issued and signed: Canyon County	Date Issued: July 16, 1969	Date Orig. Entry: School Census taken Sept. 2, 1914	
	Date of Birth: Age 7	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: John Earner	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister-in-law of mother	By whom issued and signed: Leomie Eames Age 84	Date Issued: July 16, 1969	Date Orig. Entry: ---	
	Date of Birth: Dec. 18, 1906	Birth Place: Caldwell, Idaho	Full Name of Mother: Lucy Jane Eames	Name of Father: John M. Earner	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 160438	Date Issued: ---	Date Orig. Entry: child born Feb. 27, 1928	
	Date of Birth: Age 21	Birth Place: Caldwell, Ida.	Full Name of Mother: ----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	July 24, 1969

FORM BH 56067

cp pd 1806

JUL 25 1969

533-109-010-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-513

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROWSEL ELLIS			2. Date of Birth (month) 12 (day) 9 (year) 1906
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth: a. County BONNEVILLE	b. City or Town of Birth: RUDY (IDAHO)
FATHER	6. Full Name of Father: WILSON ELLIS			7. State or Country of Father's Birth: IDAHO - USA
MOTHER	8. Full Maiden Name of Mother: SOFRONIA WOOLFLEY			9. State or Country of Mother's Birth: [redacted] WYO. USA (Wyoming)
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rowsel Ellis		11. Present Address of Registrant: 808 7th St. Lewiston, Id 83501
NOTARY (Seal)	Subscribed and sworn to before me on: March 20 1969	12. Signature of Notary: William H Stellmon		13. Notary Commission expires: Dec 19 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Membership Statement Coeur d'Alene, Idaho		By whom issued and signed: United Brotherhood of Carpenters & Joiners of America #1691	Date Issued: Jul.3,1942	Date Orig. Entry: July 3,1942
	Date of Birth: Dec.9,1906	Birth Place: ---	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: May 29,1969	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 13	Birth Place: Idaho	Full Name of Mother: Sofronia Ellis	Name of Father: Wilson Ellis	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #193718	Date Issued: ----	Date Orig. Entry: child born Aug.18,1931
	Date of Birth: Age: 24	Birth Place: Rudy, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	July 24, 1969

FORM BH 56067

F-E-68

Ellis

JUL 25 1969

239-123-028-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-514

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PAUL NICKOLAS STREETER		2. Date Of Birth (month) (day) (year): APRIL 23 1906
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: KOOTENAI; b. City or Town of Birth: BELMONT Mail Athol IDAHO
FATHER	6. Full Name of Father: JOHN BIRD STREETER		7. State or Country of Father's Birth: DES MOINES IOWA
MOTHER	8. Full Maiden Name of Mother: EMMA BADRAUN		9. State or Country of Mother's Birth: WARREN MINNESOTA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Paul N. Streeter	11. Present Address of Registrant: 425 N 12TH. ST. COEUR d'ALENE IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: May 28 1969	12. Signature of Notary: Donna Nelson	13. Notary Commission expires: October 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Certificate	By whom issued and signed: Roman Catholic Church of St. Mary of the Rosary, Chewelah, Wa.	Date issued: June 6, 1969	Date Orig. Entry: baptized Dec. 8, 1908
	Date of Birth: Apr. 23, 1906	Birth Place: Belmont (Athol), Idaho	Full Name of Mother: Emma Badraun	Name of Father: John Streeter
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother Age: 75	By whom issued and signed: Lyle C. Streeter	Date issued: May 28, 1969	Date Orig. Entry: ----
	Date of Birth: Apr. 23, 1906	Birth Place: Belmont, Idaho Kootenai County	Full Name of Mother: Emma Streeter	Name of Father: John Bird Streeter
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: Kootenai County, Idaho Dist. #29 Belmont, Idaho	Date issued: Apr. 24, 1969	Date Orig. Entry: Sept. 2, 1913
	Date of Birth: Age: 7	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

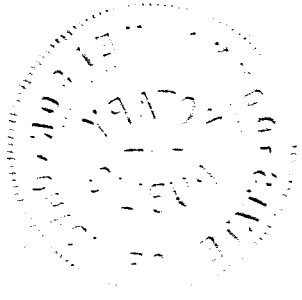
State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	July 24, 1969

FORM BH 56067

ICP [illegible] # 11887

4-9-67

JUL 25 1969



235-127-021-55

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-521

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Archie Dee Stephenson			2. Date of Birth (month) (day) (year): Dec 27 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Preston, Ida / Franklin	b. City or Town of Birth: Preston / Idaho	
FATHER	6. Full Name of Father: Daniel Preston Stephenson			7. State or Country of Father's Birth: Idaho / U S A	
MOTHER	8. Full Maiden Name of Mother: Agnes Annie Jensen			9. State or Country of Mother's Birth: Idaho / U S A	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: A. D. Stephenson		11. Present Address of Registrant: Route 1 McCammon	
NOTARY (Seal)	Subscribed and sworn to before me on: July 14 1969	12. Signature of Notary: Norman T. Stratford		13. Notary Commission expires: July 15 1969	8325c

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #419832		Date Issued: ---	Date Orig. Entry: child born May 15,1946
	Date of Birth: Age: 39	Birth Place: Preston, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit of personal knowledge by mother	By whom issued and signed: Agnes J. Stephenson		Date Issued: Jul.14,1969	Date Orig. Entry: ---
	Date of Birth: Dec.27,1906	Birth Place: Preston, Idaho	Full Name of Mother: Annie Agnes Jensen Stephenson	Name of Father: Daniel Preston Stephenson	
SUPPORTING RECORD 3.	Type of Document: Statement regarding church records	By whom issued and signed: LDS Church, McCammon, Idaho Wayne E. Hall, Bishop		Date Issued: Jul.10,1969	Date Orig. Entry: baptized Feb.23,1915
	Date of Birth: Dec.27,1906	Birth Place: Preston, Idaho Franklin County	Full Name of Mother: Annie Agnes Jensen	Name of Father: Daniel Preston Stephenson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: Glenda Larson	Date Filed: July 25, 1969

FORM BH 56067

6-16-69

JUL 2 5 1969

231-229-004-689

523

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-523

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Isabell Jackson Black			2. Date Of Birth: (month) Nov. (day) 29 (year) 1906	
	3. Color or Race: Caucasian	4. Sex: F	5. Place of Birth: Montpelier, Idaho — a. County: Bear Lake	b. City or Town of Birth: Montpelier	
FATHER	6. Full Name of Father: John Black			7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Frances Sarah Whinham			9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Isabell J Mangas		11. Present Address of Registrant: 3401 Hillcrest Dr. Boise, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: July 28 1969	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1972	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Montpelier 2nd Ward, David Hymas, Clerk		Date Issued: Aug. 27, 1915	Date Orig. Entry: baptized Aug. 27, 1915
	Date of Birth: Nov. 29, 1906	Birth Place: Montpelier, Idaho Bear Lake County	Full Name of Mother: Francis Whinham	Name of Father: John Black	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #151091		Date Issued: ----	Date Orig. Entry: child born Apr. 10, 1927
	Date of Birth: Age: 20	Birth Place: Montpelier, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #540 783 470M	By whom issued and signed: Metropolitan Life Ins. Co.		Date Issued: Jul. 1, 1954	Date Orig. Entry: July 1, 1954
	Date of Birth: Age next bd. 48 yrs.	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

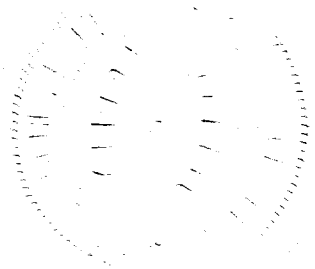
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Barron	Glenda Larson	July 28, 1969

FORM BH 56067

JUL 2 8 1969



BOTH DELAYED

DUP OF 1906 D77-207

455-12-026-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De69-546

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Oliver Andrew Meeds		2. Date Of Birth (month) (day) (year): Feb 21 - 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Menan Idaho; b. City or Town of Birth:
FATHER	6. Full Name of Father: Wayne A Meeds		7. State or Country of Father's Birth: Bellville Kansas
MOTHER	8. Full Maiden Name of Mother: Margaret Elizabeth Bowers		9. State or Country of Mother's Birth: Fairbury Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Oliver A Meeds	11. Present Address of Registrant: Grant Star Rt B Dillon Montana
NOTARY (Seal)	Subscribed and sworn to before me on: August 14 1969	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Family Record	By whom issued and signed: --------	Date Issued: -------	Date Orig. Entry: old
	Date of Birth: Feb 21,1906	Birth Place: Menan, Idaho	Full Name of Mother: ---------	Name of Father: ---------
SUPPORTING RECORD 2.	Type of Document: Certified copy of Marriage License & Certificate	By whom issued and signed: State of Montana,Clerk of Dist. Court	Date Issued: June 6,1953	Date Orig. Entry: July 4, 1929
	Date of Birth: age 23	Birth Place: Menan, Idaho	Full Name of Mother: Margaret A. Bowers	Name of Father: Wayne A. Meeds
SUPPORTING RECORD 3.	Type of Document: Notarized statement re school Census	By whom issued and signed: Theo E.Bay,County Supt. of Schools,Dillon, Montana	Date Issued: June 6,1953	Date Orig. Entry: Census of 1918
	Date of Birth: Feb. 21, 1906	Birth Place: --------	Full Name of Mother: Margaret Meeds	Name of Father: Wayne A. Meeds
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	Aug 14, 1969

FORM BH 56067

AUG 1 4 1969

695-17-1003-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-578

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Clifford Wiest		2. Date of Birth (month) Jan (day) 17 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: b. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: Joel Snyder Wiest		7. State or Country of Father's Birth: Pennsylvania, USA
MOTHER	8. Full Maiden Name of Mother: Lena Dell Dooley		9. State or Country of Mother's Birth: New York, USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Clifford Wiest	11. Present Address of Registrant: Box 182 L, Route 2, Harpers Ferry, W. Va. 25425
NOTARY (Seal)	Subscribed and sworn to before me on Aug 29 19 69. MY COMMISSION EXPIRES 20 MARCH 1973	12. Signature of Notary: Mary Jane Ravis	13. Notary Commission expires: MY COMMISSION EXPIRES 20 MARCH 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: PHOTOCOPY of application for insurance policy	By whom issued and signed: The Prudential Ins. Co. of America	Date Issued: ----	Date Orig. Entry: Aug.10,1948
	Date of Birth: Jan.17,1906	Birth Place: Pocatello, Idaho USA	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: photocopy of notification of personnel action	By whom issued and signed: Department of the Army	Date Issued: ---	Date Orig. Entry: Jan.13,1950
	Date of Birth: Jan.17,1906	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Lena Dell Dooley	Date Issued: Aug.11,1969	Date Orig. Entry: ----
	Date of Birth: Jan.17,1906	Birth Place: Pocatello, Idaho	Full Name of Mother: Mrs. Lena Dell Dooley	Name of Father: Joel S. Wiest
QUALIFYING INFORMATION				

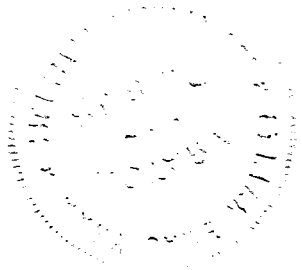
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Sept. 3, 1969

FORM BH 56067

SEP 4 1969



342-115-036-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-583

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Caleb F. Lusk		2. Date of Birth (month) (day) (year): Dec. 15, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Malad, Idaho Oneida; b. City or Town of Birth: Malad City, Idaho
FATHER	6. Full Name of Father: Perry Park Lusk		7. State or Country of Father's Birth: Malad City, Idaho, Oneida Co.
MOTHER	8. Full Maiden Name of Mother: Blanche Elizabeth Wilkes, Lusk		9. State or Country of Mother's Birth: Malad city Ldaho Oneida co.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X	10. Signature of Registrant: Caleb F. Lusk	11. Present Address of Registrant: Am Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 17th 1969	12. Signature of Notary: Mildred E. Lindenschmitt	13. Notary Commission expires: Dec 1st 1971

(APPLICANT — DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Church Certificate of birth		By whom issued and signed: LDS Church, Malad Stake, page 956, line 5	Date issued: Apr.18,1969	Date Orig. Entry: March 3,1907
	Date of Birth: Dec.15,1906	Birth Place: Malad, Idaho	Full Name of Mother: Blanch Wilks	Name of Father: Perry Lusk	
SUPPORTING RECORD 2.	Type of Document: Federal Census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Dec.19,1968	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 3	Birth Place: Idaho	Full Name of Mother: Blanche Lusk	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth		By whom issued and signed: J. R. Bishoff (bd.8-21-1896)	Date issued: May 17,1969	Date Orig. Entry: ----
	Date of Birth: Dec.15,1906	Birth Place: Malad City,Idaho	Full Name of Mother: Blanche Elizabeth Wilkes Lusk	Name of Father: Perry Park Lusk	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Sept. 5, 1969

FORM BH 56067 1 cp pd res # 34251 5-6-69 gml (b) ~~5-22-69 gml~~

Bischoff

SEP 5 1969

349-131-029-293

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-596
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dale Cecil Turner		2. Date Of Birth (month) (day) (year): Oct 31 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah b. City or Town of Birth: Juliaetta Idaho
FATHER	6. Full Name of Father: William Allen Turner		7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Minerva Lorena Kite		9. State or Country of Mother's Birth: Johnston Wash
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dale Cecil Turner	11. Present Address of Registrant: R2 Box 350 Tillamook Ore
NOTARY (Seal)	Subscribed and sworn to before me on: January 27 1969	12. Signature of Notary: Geo R. Arnold	13. Notary Commission expires: 3-26- 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle Age:68	By whom issued and signed: Charles E. Turner	Date Issued: July 26,1954	Date Orig. Entry: ---
Class*_____	Date of Birth: Oct.31,1906 / Birth Place: Juliaetta, Idaho Latah County	Full Name of Mother: Minerva Lorena Kite	Name of Father: William Allen Turner	
SUPPORTING RECORD 2.	Type of Document: Federal Census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Aug.15,1969	Date Orig. Entry: Apr.15,1910
Class_____	Date of Birth: Age: 3 / Birth Place: Idaho	Full Name of Mother: Minerva Turner	Name of Father: William A. Turner	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Old American Life Co.	Date Issued: ---	Date Orig. Entry: June 19,1948
Class_____	Date of Birth: Oct.31,1906 / Birth Place: Juliaetta, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	Sept. 5, 1969

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 5 1969

842-119-003-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69- 616

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Williams Hubbard.		2. Date of Birth (month) August (day) 19 (year) 1906
	3. Color or Race: White	4. Sex: Male.	5. Place of Birth a. County: Bench Idaho Bannock. b. City or Town of Birth: Bench, Bannock Co.
FATHER	6. Full Name of Father: Alma E Hubbard		7. State or Country of Father's Birth: Utah. Box Elder Co.
MOTHER	8. Full Maiden Name of Mother: Mana Williams.		9. State or Country of Mother's Birth: Idaho. Bear Lake Co
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John W Hubbard.	11. Present Address of Registrant: 603 N. Pioneer Cr Mesa Az.
NOTARY (Seal)	Subscribed and sworn to before me on: September 8 1969	12. Signature of Notary: Isabelle L. Lindner	13. Notary Commission expires: My Commission Expires July 4, 1972 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Wm. T. Fousler, Clerk, Bench Ward	Date issued: Sept.6,1914	Date Orig. Entry: baptized Aug.19,1914
	Date of Birth: Aug.19,1906	Birth Place: Bench, Bannock County, Idaho	Full Name of Mother: Mana Williams	Name of Father: Alma E. Hubbard	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #89		By whom issued and signed: Cache County, Utah, Duane H. Beck, City Recorder	Date issued: Aug.28,1969	Date Orig. Entry: child born Mar.23,1932
	Date of Birth: Age: 25	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certified copy of application for license to marry #880		By whom issued and signed: Cache County, Utah, Iver L. Larsen, County Clerk	Date issued: Aug.28,1969	Date Orig. Entry: June 10,1931
	Date of Birth: Aug.19,1906	Birth Place: Bench, Idaho	Full Name of Mother: Mana Williams	Name of Father: A. E. Hubbard	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Sept. 22,1969

FORM BH 56067

1 op pd rec # 18270 (H) 7-31-69 [illegible]

Hubbard

SEP 23 1969

231-123-029-385

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-627

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Floyd Melvin Standley		2. Date of Birth (month) Sep. (day) 23 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah; b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: Orn Ernest Standley		7. State or Country of Father's Birth: Bogard, Mo.
MOTHER	8. Full Maiden Name of Mother: Martha Ellen Lynch		9. State or Country of Mother's Birth: Quincy, Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Floyd Melvin Standley	11. Present Address of Registrant: Star Rt, Mesa, Wn
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 11 1968	12. Signature of Notary: Evelyn M. Lynch	13. Notary Commission expires: Feb 28 19 [illegible]

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by maternal uncle	By whom issued and signed: John Lynch Age: 78		Date Issued: May 6,1967	Date Orig. Entry: ----
	Date of Birth: Sep.23,1906	Birth Place: Moscow, Idaho	Full Name of Mother: Martha Ellen Standley	Name of Father: Oren Ernest Standley	
SUPPORTING RECORD 2.	Type of Document: photocopy of marriage return #10018 (certified)	By whom issued and signed: Whitman County, Washington Pauline Lust, Co. Auditor		Date Issued: Sep.16,1968	Date Orig. Entry: Nov.1,1935
	Date of Birth: Age: 29	Birth Place: Latah Co.,Idaho	Full Name of Mother: Martha Lynch	Name of Father: Orn Standley	
SUPPORTING RECORD 3.	Type of Document: notarized photocopy of pages from family Bible	By whom issued and signed: Family Bible Record		Date Issued: May 6,1967	Date Orig. Entry: obviously old
	Date of Birth: Sep.23,1906	Birth Place: ----	Full Name of Mother: Martha Standley	Name of Father: Orn Standley	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Sept. 23, 1969

FORM BH 56067

5-29-69

Standley

SEP 23 1969

705-11-00-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-638

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Walter Pancheri			2. Date of Birth (month) 12 (day) 11 (year) 1906	
	3. Color or Race: White	4. Sex: M	5. Place of Birth: Idaho Falls a. County: Bonneville	b. City or Town of Birth: Idaho Falls	
FATHER	6. Full Name of Father: Leopold Pancheri			7. State or Country of Father's Birth: Austria	
MOTHER	8. Full Maiden Name of Mother: Barbara Martin			9. State or Country of Mother's Birth: Austria	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Walter Pancheri		11. Present Address of Registrant: Star Route Box 4 Burns	
NOTARY (Seal)	Subscribed and sworn to before me on: 2nd Sept 1969	12. Signature of Notary: [illegible]		13. Notary Commission expires: May 1 1970	

APPLICANT - DO NOT WRITE BELOW THIS LINE

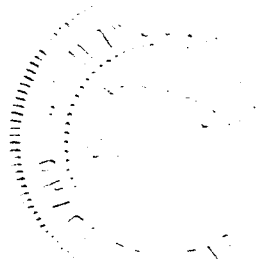
SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #518-42-9450	By whom issued and signed: Social Security Adm.		Date Issued: ----	Date Orig. Entry: Jan.4,1956
	Date of Birth: Dec.11,1906	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Barbara Martin	Name of Father: Leopold Pancheri	
SUPPORTING RECORD 2.	Type of Document: Church Certificate of birth LDS Church	By whom issued and signed: Idaho Falls Stake, 2nd Ward form E page 54 line 16-P-1		Date Issued: Jul.15,1969	Date Orig. Entry: Nov.17,1929
	Date of Birth: Dec.11,1906	Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Barbara Martin	Name of Father: Leo Pancheri	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: National Public Service Ins. Co., Seattle, Washington		Date Issued: ---	Date Orig. Entry: Feb.2,1943
	Date of Birth: Cec.11,1906	Birth Place: Bonneville Co., Ida.	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Barson	Evidence reviewed by: Glenda Larson		Date Filed: Oct. 1, 1969	

FORM BH 56067

(P) 5-27-6 mnl

Dawbarn

OCT 2 1969



263-120-016-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-673

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MAX MARRAL BOLEY		2. Date of Birth (month) (day) (year): July 20, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cassia County; b. City or Town of Birth: Burley, Idaho
FATHER	6. Full Name of [redacted]: Maylon Borne Boley		7. State or Country of Father's Birth: Utah, USA
MOTHER	8. Full Maiden Name of Mother: Orilla June Woodhouse		9. State or Country of Mother's Birth: Utah, USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: May M. Boley	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: September 28, 19 66	12. Signature of Notary: E N Beckhorn	13. Notary Commission expires: July 15, 1967, 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother age 82	By whom issued and signed: Orilla June Boley	Date Issued: Feb. 28, 1966	Date Orig. Entry: ----
	Date of Birth: July 20, 1906 / Birth Place: Burley, Idaho	Full Name of Mother: Orilla June Woodhouse	Name of Father: Maylon Borne Boley	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: (Bishop) L.D.S. Church-Andrew Field	Date Issued: Feb 3, 1917	Date Orig. Entry: Baptized Feb. 3, 1917
	Date of Birth: July 20, 1906 / Birth Place: Burley, Idaho	Full Name of Mother: Rilla June Woodhouse	Name of Father: Maylon Boley	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #10926	By whom issued and signed: Commercial Travelers Ins. Co	Date Issued: Mar. 27, 1946	Date Orig. Entry: Mar. 27, 1946
	Date of Birth: July 20, 1906 / Birth Place: Burley, Idaho	Full Name of Mother: -----	Name of Father: -----	

QUALIFYING INFORMATION

Marriage License application issued March 11, 1929 gives age as 22 years at time of marriage. Issued by County Recorder A. H. Jensen Minidoka County, Idaho.

REGISTRAR'S CERTIFICATION (seal)

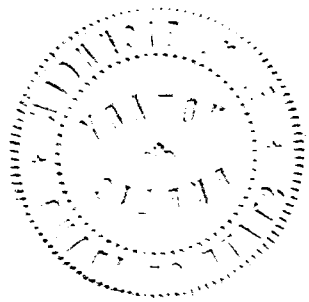
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	V. Florence Curtright	Oct. 24, 1969

FORM BH 56067

OCT 2 4 1969

[redacted]



719229-020-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-678

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cecile Virginia Parker		2. Date Of Birth (month) (day) (year): October 29 1906
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Elmore; b. City or Town of Birth: Pine, Idaho
FATHER	6. Full Name of Father: John M. Parker		7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Hazel Gertrude Nelson		9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: C. Virginia Jones	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: July 17 1969	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: College Record	By whom issued and signed: The College of Idaho	Date Issued: May 5,1943	Date Orig. Entry: Entrance Sept.10,1926
	Date of Birth: Oct.29,1906	Birth Place: Pine,Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 255927	Date Issued: ---	Date Orig. Entry: child born May 9, 1937
	Date of Birth: Age 30	Birth Place: Pine, Idaho	Full Name of Mother: -----	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Certified statement regarding marriage records	By whom issued and signed: W.H.Trail, Elmore County Auditor, Idaho	Date Issued: Mar.17,1969	Date Orig. Entry: Sept.8,1932
	Date of Birth: Age: 25	Birth Place: ----	Full Name of Mother: ----	Name of Father: ---

QUALIFYING INFORMATION

Affidavit by person present at time of birth, Nettie Gray Taylor, Age:69, signed August 19, 1969 gives birthdate - October 29, 1906; birthplace,- Pine, Idaho; parents' names - John M. Parker and Hazel Gertrude Parker.

REGISTRAR'S CERTIFICATION (seal)

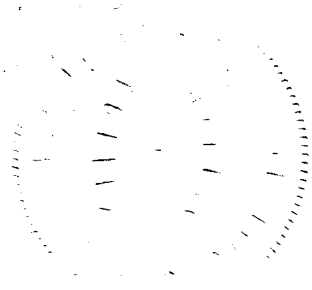
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	fc Glenda Larson	Oct. 29, 1969

FORM BH 56067

1 Cert. #20202

OCT 2 9 1969



168-413-022-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-694

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melvin LeRoy Johnston		2. Date of Birth (month) (day) (year): October 13 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Fremont (Marysville mail) b. City or Town of Birth: Ashton
FATHER	6. Full Name of Father: James Elija Johnston		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Hannah Elizabeth Househoulder		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melvin LeRoy Johnston	11. Present Address of Registrant: 1406 McKinley Spenard, Alaska
NOTARY (Seal)	Subscribed and sworn to before me on: August 26 1969	12. Signature of Notary: Dorothy E. Cobb	13. Notary Commission expires: My Commission Expires June 7, 1971 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal record		By whom issued and signed: Teton Stake, Weston H.Harris, Priest	Date issued: Apr.12,1931	Date Orig. Entry: Mar.29,1931
	Date of Birth: Oct.13,1906	Birth Place: Marysville,Idaho	Full Name of ~~Mother~~ father: James Elijah Johnston	Name of ~~Father~~ mother: Hanna Elizabeth Householder	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for employment		By whom issued and signed: Anchorage Ind. School Dist. Alaska	Date issued: ----	Date Orig. Entry: Dec.30,1960
	Date of Birth: Oct.13,1906	Birth Place: United States	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital certificate of own child's birth		By whom issued and signed: Cottonwood Maternity Hosp. Salt Lake City, Utah	Date issued: ----	Date Orig. Entry: child born Aug.5,1941
	Date of Birth: Oct.13,1906	Birth Place: Ashton, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	Nov. 6, 1969

FORM BH 56067

1 CP Add rec # 9476

3-6-69

Johnston

NOV 6 1969

384-19-028-714

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-750

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BURTON THOMAS CHUTE			2. Date of Birth (month) Jan. (day) 19 (year) 1906	
	3. Color or Race: Caucasion	4. Sex: Male	5. Place of Birth a. County: XXXXXXXXXX County	b. City or Town of Birth: Post Falls (Kootenai County)	
FATHER	6. Full Name of Father: Jesse Arthur Chute			7. State or Country of Father's Birth: Nebraska U. S. A.	
MOTHER	8. Full Maiden Name of Mother: Hilda Paulson			9. State or Country of Mother's Birth: North Dakota U. S. A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Burton Thomas Chute		11. Present Address of Registrant: 4406 - 4th Avenue S. Lethbridge, Alta.	
NOTARY (Seal)	Subscribed and sworn to before me on: November 20 1969	12. Signature of Notary: [illegible]		13. Notary Commission expires: At Will of Lt Gov in Council 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding National Registration of Canada Records	By whom issued and signed: Dominion Bureau of Statistics Ottawa, Canada-Census Div.		Date Issued: Aug.22,1969	Date Orig. Entry: Aug.20,1940
	Date of Birth: Jan.19,1906	Birth Place: Post Falls,U.S.A.	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Marriage	By whom issued and signed: Province of Alberta, Canada		Date Issued: June 11,1932	Date Orig. Entry: May 16, 1932
	Date of Birth: Age: 26	Birth Place: Post Falls, Idaho USA	Full Name of Mother: Hilda Paulson	Name of Father: Jess Chute	
SUPPORTING RECORD 3.	Type of Document: photocopy of statement regarding school records	By whom issued and signed: Murray J.Robison,Lethbridge School Div.#7,Coaldale,Canada		Date Issued: Oct.20,1955	Date Orig. Entry: Sept.1915
	Date of Birth: Age: 9	Birth Place: ----	Full Name of Mother: ----	Name of Father: ---	

QUALIFYING INFORMATION

Census record from Dominion Bureau of Statistics, Ottawa, Canada dated October 8, 1969 for the census taken June 1, 1911 shows birthdate as January 1906 in United States of America. living with Ellen Paulson.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	Dec. 3, 1969

FORM BH 56067 (C) 10-22 69 mc

Hazel, Atty. (Chute)

DEC 3 1969

695-114-025-483

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-816

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Laurence John Frei			2. Date of Birth (month) Feb. (day) 14 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Ferdinand
FATHER	6. Full Name of Father: Clemens Cristian Frei			7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Philomina Uhlorn			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Laurence J Frei		11. Present Address of Registrant: Ferdinand Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 13, 1969	12. Signature of Notary: Vincent B. Hattrup		13. Notary Commission expires: January 9, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism	By whom issued and signed: Rev. M. J. Keyes, Church of the Assumption, Ferdinand, ID	Date Issued: 9/4/32	Date Orig. Entry: 2/16/06 baptismal date	
	Date of Birth: 2/14/06	Birth Place: Ferdinand, Idaho	Full Name of Mother: Philomina Uhlorn	Name of Father: Clem Frei	
SUPPORTING RECORD 2.	Type of Document: photocopy of Insurance Application	By whom issued and signed: Northern Life Ins. Co.	Date Issued: 10/17/38	Date Orig. Entry: Oct. 17, 1938	
	Date of Birth: 2/14/06	Birth Place: Ferdinand, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle	By whom issued and signed: A. F. Uhlorn (Age: 76)	Date Issued: 11/13/69	Date Orig. Entry: ----	
	Date of Birth: 2/14/06	Birth Place: Ferdinand, Idaho	Full Name of Mother: Philomina Uhlorn Frei	Name of Father: Clemens C. Frei	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

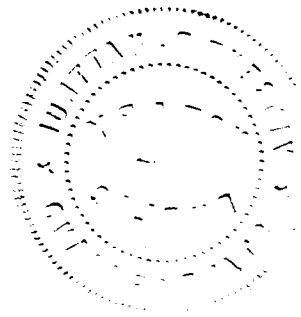
State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	Dec. 23, 1969

FORM BH 56067

11-7-69

Jules

DEC 24 1969



443-216-009-736

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-843

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Genevieve Catherine Mulvihill		2. Date of Birth (month) (day) (year): November 16, 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bonner; b. City or Town of Birth: Cabinet
FATHER	6. Full Name of Father: Michael Mulvihill		7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Frances C. Ploor		9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Genevieve C Wasi	11. Present Address of Registrant: 6403 Lansing Avenue Cleveland, Ohio 44105
NOTARY (Seal)	Subscribed and sworn to before me on: SEP. 20 1969 19	12. Signature of Notary: Robert J. Walkowiak	13. Notary Commission expires: ROBERT J. WALKOWIAK, Attorney NOTARY PUBLIC - STATE OF OHIO My commission has no expiration date. Section 147.03 R.C. 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Oct.22,1969	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 3	Birth Place: Idaho	Full Name of Mother: Frances C. Mulvihill	Name of Father: Michael E. Mulvihill	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age:72		By whom issued and signed: Frances LeBert	Date Issued: Oct.1,1969	Date Orig. Entry: ----
	Date of Birth: Nov.16,1906	Birth Place: Cabinet, Bonner County, Idaho	Full Name of Mother: Frances C. Ploor Mulvihill	Name of Father: Michael Mulvihill	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage license affidavit #82443		By whom issued and signed: Bonner County, Idaho	Date Issued: July 3,1969	Date Orig. Entry: Oct.3,1932
	Date of Birth: Age: 25	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	gml Glenda Larson	Dec. 31, 1969

FORM BH 56067

9-11-69

Wialkowski

JAN 2 1970

533-117-022-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-003

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MYRTHEN CHARLES ELLIOTT			2. Date Of Birth (month) Sept (day) 17 (year) 1906	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County *: REXBURG-IDAHO FREEMONT	b. City or Town of Birth: REXBURG, IDAHO	
FATHER	6. Full Name of Father: CHARLES ELLIOTT			7. State or Country of Father's Birth: TANKERSLEY YORKSHIRE ENGLAND	
MOTHER	8. Full Maiden Name of Mother: NELLIE JARVIS ELLIOTT			9. State or Country of Mother's Birth: SHEFFIELD ENGLAND	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: M. Elliott		11. Present Address of Registrant: 327 HOLLAND DRIVE NAMPA, IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: December 30, 1969	12. Signature of Notary: Burrell A. Brown		13. Notary Commission expires: February 17, 1970	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: U.S. Federal Census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: Nov.25,1969	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 3	Birth Place: Idaho	Full Name of Mother: Nellie Elliott	Name of Father: Charles Elliott	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #261606		Date Issued: ----	Date Orig. Entry: child born Nov.22,1937
	Date of Birth: Age: 31	Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by paternal uncle	By whom issued and signed: John T. Elliott (bd. 9-26-1889)		Date Issued: Dec.23,1969	Date Orig. Entry: ---
	Date of Birth: Sep.17,1906	Birth Place: Rexburg, Idaho Madison County	Full Name of Mother: Nellie Jarvis Elliott	Name of Father: Charles Elliott	
QUALIFYING INFORMATION	* now Madison County which was organized in 1914 from Fremont County.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson		Date Filed: Jan. 5, 1970	

FORM BH 56067

JAN 5 1970
SEP 9 1971

134-09-036-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-025

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Howard Aldridge			2. Date Of Birth (month) (day) (year): December 9, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Malad
FATHER	6. Full Name of Father: Joseph Aldridge			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Harriet Lucinda Landon			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Howard Aldridge	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: January 6 1970		12. Signature of Notary: Amanda J. White	13. Notary Commission expires: Notary Public of Montana Residing in Billings Montana My Commission Expires October 1, 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

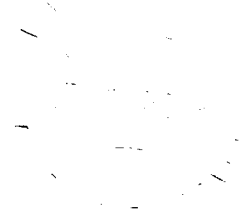
SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Harriet L. Aldridge	Date Issued: Aug.18,1941	Date Orig. Entry: ----
	Date of Birth: Dec.9,1906	Birth Place: Malad, Idaho Oneida County	Full Name of Mother: Harriet Lucinda Landon	Name of Father: Joseph Aldridge	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #432707	Date Issued: ----	Date Orig. Entry: child born Feb.22,1947
	Date of Birth: Age: 40	Birth Place: Malad City, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of chuch membership record		By whom issued and signed: LDS Church	Date Issued: ----	Date Orig. Entry: baptized Sept.5,1915
	Date of Birth: Dec.9,1906	Birth Place: Malad, Oneida County, Idaho	Full Name of Mother: Harriett Lucinda Landon	Name of Father: Joseph William Aldridge	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: Jan. 12, 1970

FORM BH 56067

Aldridge

JAN 12 1970



296-102-028-669

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-080

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLARENCE EDGAR BROWN			2. Date Of Birth: (month) Sep (day) 2 (year) 1906
	3. Color or Race: W	4. Sex: M	5. Place of Birth: a. County Kootenai	b. City or Town of Birth: Post Falls
FATHER	6. Full Name of Father: GEORGE WILLIAM BROWN			7. State or Country of Father's Birth: CANADA
MOTHER	8. Full Maiden Name of Mother: MARY MARGARET FORD			9. State or Country of Mother's Birth: CANADA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Clarence Edgar Brown	11. Present Address of Registrant: Rt 3, Spokane Wa 99203
NOTARY (Seal)	Subscribed and sworn to before me on: January 22, 1970 19___		12. Signature of Notary: Robert D. McGoldrick	13. Notary Commission expires: January 24, 1970 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage records #26-024977		By whom issued and signed: State of California Bureau of Vital Statistics	Date Issued: Jan.15,1970	Date Orig. Entry: Dec.19,1926
	Date of Birth: Sept.2,1906	Birth Place: Idaho	Full Name of Mother: M. Ford	Name of Father: George W. Brown	
SUPPORTING RECORD 2.	Type of Document: notarized photocopy of family record		By whom issued and signed: Family Record	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Sep.2,1906	Birth Place: Post Falls, Idaho	Full Name of Mother: Mary M. Ford	Name of Father: George W. Brown	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records (Lewis & Clark H.S.)		By whom issued and signed: Spokane Public Schools, Spokane, Washington	Date Issued: Dec.1,1969	Date Orig. Entry: Sept.8,1921
	Date of Birth: Sept.2,1906	Birth Place: ----	Full Name of Mother: ----	Name of Father: G. W. Brown	

QUALIFYING INFORMATION

Affidavit by sister who helped raise family after mother's death, Genevieve Marion Winslow, signed January 22, 1970 gives following: birthdate - Sept. 2, 1906; birthplace - Post Falls, Idaho; parents' names - Mary Margaret Ford Brown and George William Brown.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

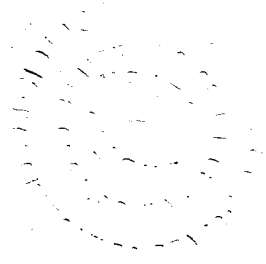
State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Jan. 28, 1970

FORM BH 56067

11-7-69

Bernard

JAN 28 1970



493-131-003-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-126

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Otto Millward		2. Date Of Birth (month) January (day) 31 (year) 1906
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Chesterfield
FATHER	6. Full Name of Father: George Henry Millward		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ada M Call		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Otto Millward	11. Present Address of Registrant: 1663 Homer Dr. Pocatello Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 7th 1970	12. Signature of Notary: D. W. Greenman	13. Notary Commission expires: May 1 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding employment record	By whom issued and signed: H.J.Bailey,Sup't.,Union Pacific RR Co.,Pocatello, Idaho	Date Issued: ----	Date Orig. Entry: Oct.11,1951
	Date of Birth: Jan.31,1906 / Birth Place: Chesterfield, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person who saw him date after he was born	By whom issued and signed: Columbia C. Jones Age:87	Date Issued: Feb.7,1970	Date Orig. Entry: ----
	Date of Birth: Jan.31,1906 / Birth Place: Chesterfield, Idaho	Full Name of Mother: Ada Call	Name of Father: George H. Millward	
SUPPORTING RECORD 3.	Type of Document: Statement regarding church records	By whom issued and signed: LDS Church,Pocatello 23rd Ward,Alameda Stake	Date Issued: ----	Date Orig. Entry: baptized July 5,1914
	Date of Birth: Jan.31,1906 / Birth Place: Chesterfield, Idaho	Full Name of Mother: Ada Call	Name of Father: George H. Millward	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 11, 1970

FORM BH 56067

FEB 12 1970

034-202-018-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-129

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Ellen Stuart
2. Date Of Birth: (month) April (day) 2 (year) 1906
3. Color or Race: White
4. Sex: F.
5. Place of Birth: a. County Clearwater; b. City or Town of Birth Fraser, Idaho

FATHER

6. Full Name of Father: Richard J. Stuart
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Emma Irene Marcks
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary E. Grasel
11. Present Address of Registrant: N. 1423 Jackson

NOTARY (Seal)

Subscribed and sworn to before me on February 6 1970

12. Signature of Notary: Jorge C Davis
13. Notary Commission expires: July 27 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of pages from family Bible	Family Bible Record	---	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.2,1906	Fraser, Idaho	Emma A. Marcks Stuart	Richard J. Stuart

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of statement regarding schoolcensus records	Clearwater County, Idaho School District #28	Aug.14,1969	Sept.7,1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 9	----	----	R. J. Stuart

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Emma A. Stuart	Aug.14,1969	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.2,1906	Clearwater County Fraser, Idaho	Emma A. Stuart	Richard J. Stuart

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Jensen	Glenda Larson	Feb. 16, 1970

FORM BH 56067

Copy Filed

FEB 16 1970

663204-005-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-160

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thelma Gertrude Folmer
2. Date Of Birth: October 4 1906
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Benewah; b. City or Town of Birth: St. Maries

FATHER

6. Full Name of Father: Frederick Christian Folmer
7. State or Country of Father's Birth: U.S.A.

MOTHER

8. Full Maiden Name of Mother: Goldie Idell Conrad
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thelma Gertrude West
11. Present Address of Registrant: 2027 N. Skidmore Terrace, Portland, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: October 31 19 69

12. Signature of Notary: Betty Spencer
13. Notary Commission expires: 8-9-72 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of own child's birth certificate	Vital Statistics Section, State of Oregon	Sep.17,1969	child born March 31, 1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 19	St.Maries, Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of marriage affidavits pg.263 book 7	State of Washington, Adams County Auditor's Office	Sept.9,1969	Jan.12,1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 17	----	Mrs. Goldie Camp	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt who attended the birth	Adah Eleanor Richardson Age: 85	Feb.9,1970	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.4,1906	St. Marys, Idaho	Goldie Idell Conrad (Folmer)	Fredrick Christian Folmer

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	gml Glenda Larson	Feb. 27, 1970

FORM BH 56067

10-14-68

West

FEB 27 1970

113-219-022-5-93

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-166

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Ann Jackson			2. Date Of Birth (month) July (day) 19 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont Co.	b. City or Town of Birth: Archer, Idaho
FATHER	6. Full Name of Father: John William Jackson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Eliza Ann Nichols			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence J. Swallow		11. Present Address of Registrant: Fillmore, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 24, 1970	12. Signature of Notary: Jane Rinnett		13. Notary Commission expires: June 12, 1973

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Eliza Ann Jackson	Date Issued: 1-28-59	Date Orig. Entry:
	Date of Birth: July 19, 1906 / Birth Place: Fremont Co. Archer, Idaho	Full Name of Mother: Eliza Ann Nichols Jackson	Name of Father: John William Jackson	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Archer Ward, Herb J. Williams, Clerk	Date Issued: ---	Date Orig. Entry: baptized July 31,1920
	Date of Birth: July 19,1906 / Birth Place: Archer, Idaho Fremont County	Full Name of Mother: Eliza Ann Nichols	Name of Father: John Wm. Jackson	
SUPPORTING RECORD 3.	Type of Document: Application for membership #22650, Fillmore, Utah	By whom issued and signed: The Society of Daughters of Utah Pioneers	Date Issued: Apr.5,1952	Date Orig. Entry: Oct.1,1951
	Date of Birth: July 19,1906 / Birth Place: ---	Full Name of Mother: Eliza Ann Nichols	Name of Father: John William Jackson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D Wilson	Evidence reviewed by: nr Glenda Larson	Date Filed: March 2, 1970

FORM BH 56067

MAR 10 1970

JUL 27

866-126-040-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-177

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALBERT HOWARD			2. Date Of Birth (month) Feb. (day) 26 (year) 1906.
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: WALLACE Shoshone County	b. City or Town of Birth: WALLACE Idaho.
FATHER	6. Full Name of Father: SAMUEL HOWARD			7. State or Country of Father's Birth: LIVERPOOL - ENGLAND.
MOTHER	8. Full Maiden Name of Mother: MARY JANE HOUGH.			9. State or Country of Mother's Birth: WARRINGTON, ENGLAND.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]		11. Present Address of Registrant: 1415 HILLSIDE AVE., VICTORIA, B.C., CANADA.
NOTARY (Seal)	Subscribed and sworn to before me on 24th February 1970	12. Signature of Notary: [signature] James G. J. Humphreys		13. Notary Commission expires: no expiry date 19 69/70

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Samuel Howard	Date Issued: Nov.12,1931	Date Orig. Entry: ---	
	Date of Birth: Feb.26,1906	Birth Place: Wallace, Idaho Shoshone County	Full Name of Mother: Mary Jane Hough	Name of Father: Samuel Howard	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage certificate #13327 & #5715B	By whom issued and signed: Division of Vital Statistics Victoria, B.C., Canada	Date Issued: Feb.13,1970	Date Orig. Entry: Dec.11,1931	
	Date of Birth: Age: 25	Birth Place: Wallace, Idaho USA	Full Name of Mother: Mary Jane Hough	Name of Father: Samuel Howard	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate #129	By whom issued and signed: Division of Vital Statistics Victoria, B.C., Canada	Date Issued: Feb.13,1970	Date Orig. Entry: child born Mar.2,1934	
	Date of Birth: Age: 28	Birth Place: Wallace, Idaho USA	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Glenda Larson	March 4, 1970

FORM BH 56067 NM.

(H) 2-4-70 gmc

MAR 5 1970

236231-025-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-205

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALMA JESSIE SLOAN			2. Date Of Birth (month) October (day) 31, (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Near Grangeville
FATHER	6. Full Name of Father: JAMES B. SLOAN			7. State or Country of Father's Birth: Tennessee
MOTHER	8. Full Maiden Name of Mother: GERTIE COOK			9. State or Country of Mother's Birth: Nevada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alma Jessie Sloan		11. Present Address of Registrant: Lewiston, Idaho 83501
NOTARY (Seal)	Subscribed and sworn to before me on: March 6, 1970	12. Signature of Notary: Shirley Dawn Keppler		13. Notary Commission expires: September 15, 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospitals records		By whom issued and signed: St.Joseph's Hospital,Lewiston Idaho, Ruthe Black, MRL	Date Issued: ----	Date Orig. Entry: Oct.16,1952
	Date of Birth: Oct.31,1906	Birth Place: Grangeville,Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by maternal aunt		By whom issued and signed: Allie Larson Age:78	Date Issued: Mar.5,1970	Date Orig. Entry: ----
	Date of Birth: Oct.31,1906	Birth Place: Grangeville,Idaho Idaho County	Full Name of Mother: Gertie Cook Sloan	Name of Father: James B. Sloan	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy#15,429-2P		By whom issued and signed: Pacific Empire Mutual Life Ins. Co.	Date Issued: Sep.8,1959	Date Orig. Entry: Sept.8,1959
	Date of Birth: Oct.31,1906	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	March 12, 1970

FORM BH 56067

MAR 13 1970

133-107-044-458

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-234

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRANK HENRY ALLISON			2. Date Of Birth (month) March (day) 7th (year) 1906
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Salubria, Idaho (Washington Cty)	b. City or Town of Birth: Salubria, Idaho (near Cambridge)
FATHER	6. Full Name of Father: William B. Allison			7. State or Country of Father's Birth: Salubria, Idaho (near Cambridge)
MOTHER	8. Full Maiden Name of Mother: Sylvia Meyers			9. State or Country of Mother's Birth: Nevada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frank Henry Allison		11. Present Address of Registrant: Fairbanks, Alaska Box 3162
NOTARY (Seal)	Subscribed and sworn to before me on: September 9th, 1969	12. Signature of Notary: John B. Lloyd		13. Notary Commission expires: April 1 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt Age 76		By whom issued and signed: Nora C. Meyers Widner	Date issued: Sept.9,1969	Date Orig. Entry: -----
	Date of Birth: Mar.7,1906	Birth Place: Salubria, Idaho	Full Name of Mother: Sylvia Meyers	Name of Father: William B. Allison	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records		By whom issued and signed: Mercy Hospital, Nampa, Idaho Carleta Hungerford, Med.Rec.Lib.	Date issued: Sept.29, 1969	Date Orig. Entry: Apr.3,1931
	Date of Birth: Mar.7,1906	Birth Place: Salubria, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Employment Record		By whom issued and signed: Golden Valley Electric Assn Fairbanks, Alaska	Date issued: Mar.10,1970	Date Orig. Entry: Employed Mar 25,1964
	Date of Birth: Mar.7,1906	Birth Place: Salubria, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc gml Florence Curtiright	March 20,1970

FORM BH 56067

No Record 1 cp. pd no. # 22737 gml

234

MAR 20 1970

692-128-001-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-266

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HARRY MARTIN FISK			2. Date of Birth (month) JULY (day) 28 (year) 1906	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: MERIDIAN ADA	b. City or Town of Birth: MERIDIAN - IDAHO	
FATHER	6. Full Name of Father: HARRY L. FISK			7. State or Country of Father's Birth: GREENWOOD CO. KANSAS	
MOTHER	8. Full Maiden Name of Mother: BIRDIE CRAWFORD			9. State or Country of Mother's Birth: NEUTRAL STRIP-- OKLAHOMA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harry M. Fisk		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: March 27 1970	12. Signature of Notary: George M. Hay		13. Notary Commission expires: April 6 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Selective Service Record	By whom issued and signed: State Headquarters - Idaho	Date Issued: Mar 27,1970	Date Orig. Entry: Registration Octy 16,1940	
	Date of Birth: July 28,1906	Birth Place: Meridian, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Meridian High School	Date Issued: May 22,1926	Date Orig. Entry: Entrance Mar. 23, 1925	
	Date of Birth: Age 18	Birth Place: Idaho	Full Name of Mother: Birdie Crawford Fisk	Name of Father: Harry L. Fisk	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 292346	Date Issued: ----	Date Orig. Entry: child born March 17, 1940	
	Date of Birth: Age 33	Birth Place: Meridian, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 30,1970

FORM BH 56067

Jack

MAR 31 1970

349-122-009-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-269

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DONALD RICE CURTIS		2. Date of Birth (month) (day) (year): March 22, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonner's Ferry, Idaho, U.S.A. b. City or Town of Birth: Bonner's Ferry
FATHER	6. Full Name of Father: Clarence John Curtis		7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Edith Lulu McCurrey		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donald Rice Curtis	11. Present Address of Registrant: 306 Edwards St. Victoria, B.C.
NOTARY (Seal)	Subscribed and sworn to before me on: December 19 19 69	12. Signature of Notary: Herbert L. Matthews	13. Notary Commission expires: For life on file American Embassy, Vancouver BC

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page of family records		By whom issued and signed: Family Records	Date issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Mar.22,1906	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: Edith L. Curtis	Name of Father: Clarence J. Curtis	
SUPPORTING RECORD 2.	Type of Document: Canadian Census record		By whom issued and signed: Dominion Bureau of Statistics Census Div., Ottawa, Canada	Date issued: Feb.24,1970	Date Orig. Entry: June 1,1921
	Date of Birth: Age: 15	Birth Place: U.S.A.	Full Name of Mother: Edith Curtis	Name of Father: Clarence Curtis	
SUPPORTING RECORD 3.	Type of Document: photocopy of government form CR 299-Minister of Citizenship & Immigration		By whom issued and signed: #841187 - Dept.File18437-65	Date issued: ----	Date Orig. Entry: May 14,1965
	Date of Birth: Mar.22,1906	Birth Place: U. S. A.	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

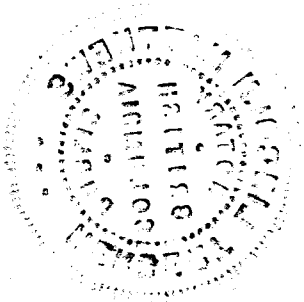
State Registrar	Evidence reviewed by	Date Filed
D W Benson	gml Glenda Larson	March 30,1970

FORM BH 56067

1-7-69

Curtis

MAR 30 1970



693-122-006-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-298

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Felix Lenard Williams		2. Date Of Birth (month) April (day) 22 (year) 1906
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Blackfoot Idaho, Bingham; b. City or Town of Birth: Wal[illegible] Bingham
FATHER	6. Full Name of Father: David John Williams		7. State or Country of Father's Birth: Do Not Know [illegible]
MOTHER	8. Full Maiden Name of Mother: Sarah Elibeth Slater		9. State or Country of Mother's Birth: Mothers date of Birth Feb. 22-1966
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Felix Lenard Williams	11. Present Address of Registrant: 189 Hoffman Pocatello Ida
NOTARY (Seal)	Subscribed and sworn to before me on: November 13 1969	12. Signature of Notary: Grace Bistline	13. Notary Commission expires: Aug 3 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage license and certificate		By whom issued and signed: Bannock County Recorder's office, Idaho	Date issued: Mar.19,1970	Date Orig. Entry: Mar.19,1964
	Date of Birth: Apr.22,1906	Birth Place: Blackfoot, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding employment records		By whom issued and signed: Union Pacific RR,H.J.Bailey, Supt.,Pocatello, Idaho	Date issued: Feb.27,1970	Date Orig. Entry: June 6,1944
	Date of Birth: Apr.22,1906	Birth Place: Blackfoot, Idaho	Full Name of Mother: Sarah Elizabeth Williams	Name of Father: David John Williams	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother (more than 10 yrs. older)		By whom issued and signed: John William Williams	Date issued: Nov.13,1969	Date Orig. Entry: ----
	Date of Birth: Apr.22,1906	Birth Place: Blackfoot, Idaho	Full Name of Mother: Sarah Elibeth Slater Williams	Name of Father: David John Williams	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

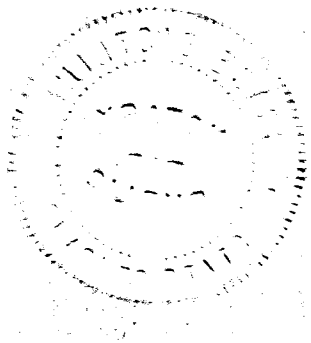
State Registrar	Evidence reviewed by	Date Filed
D W Benson	gml Glenda Larson	April 7, 1970

FORM BH 56067

4-30-69

Williams

APR 8 1970



294-125-033-212

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-303

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RALPH SIMMONS		2. Date Of Birth (month) 10 (day) 25 (year) 1911
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Madison; b. City or Town of Birth: REXBURG
FATHER	6. Full Name of Father: VARDUS JOHN SIMMONS		7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: ROZELLA BABCOCK		9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Ralph Simmons	11. Present Address of Registrant: 516 3d St Sultan Wash
NOTARY (Seal)	Subscribed and sworn to before me on: March 20, 1970.	12. Signature of Notary: Mary Lou Dykes	13. Notary Commission expires: April 17 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Mar.11,1970	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 8	Birth Place: Idaho	Full Name of Mother: Rozella Simmons	Name of Father: Bardus J. Simmons	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records		By whom issued and signed: Idaho Falls Hospital, Idaho Mrs.Lelia Garland,RRL,Med.Rec.Lib.	Date issued: Jan.6,1970	Date Orig. Entry: Jan.2,1951
	Date of Birth: Oct.25,1911	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage license and certificate #34644		By whom issued and signed: Butte County, Idaho	Date issued: Jan.8,1970	Date Orig. Entry: Nov.5,1956
	Date of Birth: Age: 45	Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

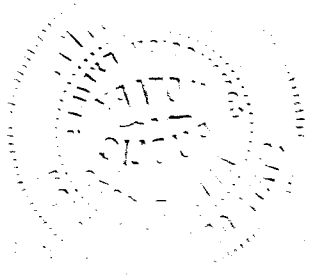
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	April 7, 1970

FORM BH 56067 1 Ck Ad Rec #24855 12-19-69

Limestone
Madison Co.

APR 8 1970



213-130-033-897

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-311

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Henry Ball			2. Date of Birth (month) Nov. (day) 30, (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Formerly Fremont Co. now Madison Co.	b. City or Town of Birth: Salem
FATHER	6. Full Name of Father: James Ball			7. State or Country of Father's Birth: Wales, England
MOTHER	8. Full Maiden Name of Mother: Harriet Malinda Higley			9. State or Country of Mother's Birth: Toocle, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Henry Ball		11. Present Address of Registrant: Rt 2, Rexburg, Idaho 83440
NOTARY (Seal)	Subscribed and sworn to before me on: April 9 1970	12. Signature of Notary: Vernon C. Mortensen		13. Notary Commission expires: 6-21 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother	By whom issued and signed: Frederick James Ball (bd. 9/12/1896)		Date Issued: Apr.10,1970	Date Orig. Entry: ----
	Date of Birth: Nov.30,1906	Birth Place: Salem, Idaho	Full Name of Mother: Harriet Malinda Higley Ball	Name of Father: James Ball	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #161180		Date Issued: ---	Date Orig. Entry: child born Feb. 9,1928
	Date of Birth: Age: 21	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Salem Ward, Harvey Roylance, Elder		Date Issued: Jan.6,1907	Date Orig. Entry: blessed Jan.6,1907
	Date of Birth: Nov.30,1906	Birth Place: Salem, Idaho Fremont County	Full Name of Mother: Hariett Higley	Name of Father: James Ball	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	Glenda Larson	April 14, 1970

FORM BH 56067

APR 15 1970

453-209-001-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-332

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Florence Metcalf		2. Date Of Birth (month) June (day) 9 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County Ada; b. City or Town of Birth Boise
FATHER	6. Full Name of Father: William Emma Metcalf		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Anne Florence Bowen		9. State or Country of Mother's Birth: Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary F. Chaplin	11. Present Address of Registrant: 3257 N. E. 60 St
NOTARY (Seal)	Subscribed and sworn to before me on: March 30 1970	12. Signature of Notary: Helen Shannon	13. Notary Commission expires: Feb 28 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Mar.10,1970	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 3	Birth Place: Idaho	Full Name of Mother: Anne Metcalf	Name of Father: William E. Metcalf	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Maternal Uncle		By whom issued and signed: Charles R. Bowen Age:75	Date Issued: Apr.7,1970	Date Orig. Entry: ----
	Date of Birth: June 9,1906	Birth Place: Boise, Idaho	Full Name of Mother: Anne Florence Metcalf	Name of Father: William E. Metcalf	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #532-36-9763		By whom issued and signed: Social Security Adm.	Date Issued: Mar.17,1970	Date Orig. Entry: May 9,1955
	Date of Birth: June 9,1906	Birth Place: Boise, Idaho	Full Name of Mother: Annie Florence Bowen	Name of Father: Wm. E. Metcalf	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. Bowen	Evidence reviewed by: Glenda Larson	Date Filed: April 17, 1970

FORM BH 56067

2-13-70

Chaplin

APR 17 1970

367-12-203-663

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-365

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FREDERICK HARRIS COX			2. Date of Birth (month) JAN (day) 21 (year) 1906	
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: BANNOCK	b. City or Town of Birth: POCATELLO	
FATHER	6. Full Name of Father: SAMUEL COX			7. State or Country of Father's Birth: BANNOCK COUNTY, IDAHO	
MOTHER	8. Full Maiden Name of Mother: MARY WATSON COX			9. State or Country of Mother's Birth: LOGAN UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frederick Harris Cox		11. Present Address of Registrant: 444 NORTHLAND	
NOTARY (Seal)	Subscribed and sworn to before me on: April 20 1970	12. Signature of Notary: Glenda K. Scott		13. Notary Commission expires: December 20 1973	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #242857		Date Issued: ----	Date Orig. Entry: child born May 22, 1936
	Date of Birth: Age: 30	Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: U.S. Passport #486897	By whom issued and signed: U.S. Department of State		Date Issued: Jan.9,1928	Date Orig. Entry: Jan.9,1928
	Date of Birth: Jan.21,1906	Birth Place: Pocatello,Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #60207	By whom issued and signed: Beneficial Life Ins. Co. of Utah		Date Issued: Nov.27,1925	Date Orig. Entry: Jan.23,1925
	Date of Birth: Jan.21,1906	Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: Samuel Cox	

QUALIFYING INFORMATION

Affidavit by elder brother, John H. Cox, signed April 14, 1970 shows birthplace - Pocatello, Idaho (Bannock County; birthdate - January 21, 1906; parents' names - Samuel Cox and Mary Watson Cox.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Glenda Larson	May 1, 1970

FORM BH 56067

4-2-70

JUN 3 1970

388 269-229-003-492

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-388

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDNA ELEASE SORENSEN		2. Date Of Birth (month) (day) (year): April 29, 1906
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Idaho, Bannock; b. City or Town of Birth: Lago
FATHER	6. Full Name of Father: John Peter Sorensen		7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Catherine Mikkelsen		9. State or Country of Mother's Birth: Cache County, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna S. Millar	11. Present Address of Registrant: 431 Mobley Dr., Boise, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: February 26, ~~Edna S. Millar~~ 1970	12. Signature of Notary: Vera Belnap	13. Notary Commission expires: 4-14 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record of Birth	By whom issued and signed: L.D.S. Church	Date issued: May 5, 1970	Date Orig. Entry: Entered on Record Jun. 2, 1906
	Date of Birth: Apr. 29, 1906; Birth Place: Lago, Idaho	Full Name of Mother: Sena Catherine Mikkelsen	Name of Father: John Peter Sorensen	
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: U.S. Dept. of Commerce	Date issued: Apr. 20, 1970	Date Orig. Entry: Census taken April 1910
	Date of Birth: Age 4; Birth Place: Idaho	Full Name of Mother: Catherine Sorensen	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age 76	By whom issued and signed: Nellie Caroline Nelson	Date issued: Jun. 2, 1970	Date Orig. Entry: ------
	Date of Birth: Apr. 29, 1906; Birth Place: Lago, Idaho	Full Name of Mother: Catherine Mikkelsen	Name of Father: John Peter Sorensen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	May 7, 1970

FORM BH 56067

2-25-70

MAY 8 1970

243-208-040-445

39

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-399

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Addie (Adeline) Sullivan-Butler		2. Date of Birth (month) July (day) 8 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone; b. City or Town: Murray; c. State: Idaho
FATHER	6. Full Name of Father: Charles C. Sullivan		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: India Duncan		9. State or Country of Mother's Birth: Hall County, Georgia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Adeline Butler	11. Present Address of Registrant: 602 S. Roosevelt, Boise
NOTARY (Seal)	Subscribed and sworn to before me on: 5-20-1970	12. Signature of Notary: Donna Jean Clisp	13. Notary Commission expires: 10-19-1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Murray, Idaho Town School	Date Issued: July 10, 1969	Date Orig. Entry: Attended 1911 - 1920
	Date of Birth: Jul.8,1906	Birth Place: Murray, Idaho	Full Name of Mother: India Duncan	Name of Father: Charles Sullivan
SUPPORTING RECORD 2.	Type of Document: Death Claim	By whom issued and signed: Dept.of Labor, New York	Date Issued: Apr.29,1931	Date Orig. Entry: -----
	Date of Birth: Jul.8,1906	Birth Place: ----	Full Name of Mother: ----	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho #108745	Date Issued: ----	Date Orig. Entry: Child born Dec.17,1922
	Date of Birth: Age 16	Birth Place: Murray, Idaho	Full Name of Mother: -------	Name of Father: - -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

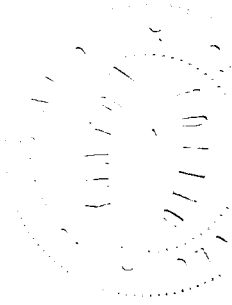
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	May 20, 1970

FORM BH 56067

MAY 20 1970

Childs Br # 108745 (?)



231-207-035-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-424

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MURIEL ROSETTA STAMPER	2. Date of Birth (month) DEC (day) 7 (year) 1906
	3. Color or Race: WHITE; 4. Sex: F; 5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: PECK, IDAHO
FATHER	6. Full Name of Father: Emmet L. Stamper	7. State or Country of Father's Birth: Athena, Oregon
MOTHER	8. Full Maiden Name of Mother: Elfie Attebery	9. State or Country of Mother's Birth: Neb.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Muriel R. Ball; 11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: February 24 1970	12. Signature of Notary: Catherine Urben; 13. Notary Commission expires: 11-2 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Emmet L. Stamper	Date issued: Dec.1,1969	Date Orig. Entry: ----
	Date of Birth: Dec.7,1906	Birth Place: Peck, Idaho	Full Name of Mother: Elfie Attebery Stamper	Name of Father: Emmet L. Stamper	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #306		By whom issued and signed: State of Washington Bureau of Vital Statistics	Date issued: July 24,1962	Date Orig. Entry: child born July 1,1944
	Date of Birth: Age: 37	Birth Place: Nez Perce Co.,Ida.	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital record		By whom issued and signed: New Valley Osteopathic Hosp.	Date issued: ----	Date Orig. Entry: Mar.26,1958
	Date of Birth: Dec.7,1906	Birth Place: Idaho	Full Name of Mother: Elfie Atteberry	Name of Father: Emmet Stamper	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	June 5,1970

FORM BH 56067 [illegible] (S) 3-10-70 gml

JUN 8 1970

294-210-006-859

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-434
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Sophie A. M. Bidinger
2. Date Of Birth (month) (day) (year): Jan. 10 1906
3. Color or Race: Caucasian
4. Sex: F
5. Place of Birth a. County: Blackfoot Bingham
b. City or Town of Birth: Blackfoot
6. Full Name of Father: Valentine Anton Bidinger
7. State or Country of Father's Birth: Luxembourg
8. Full Maiden Name of Mother: Josephine Hertert
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT (Seal)

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sophia B Sargent
11. Present Address of Registrant: 1211 Farrington Dr San Jose, Calif. 95127

Subscribed and sworn to before me on MAY 7 1970 19__

12. Signature of Notary: Ernest Roger Cook
13. Notary Commission expires: January 22 1971

Ernest Roger Cook
NOTARY PUBLIC
Santa Clara County, Calif.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt who was present at time of birth	Matilda K. Gwotney (bd.6-5-1892)	Mar.11,1970	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.10,1906	Blackfoot, Idaho Bingham County	Josephine Hertert Bidinger	Valentine Anton Bidinger

Class_____

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding school census records	School Dist. #8,Blackfoot,ID	Feb.6,1970	School year 1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 16	---	---	V. A. Bidinger

Class_____

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #171045	----	child born Apr.22,1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 23	Blackfoot, Idaho	----	---

Class_____

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	June 5, 1970

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 8 1970

JAN 29 1971

789-124-022-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-458

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leonard Joseph Phister		2. Date of Birth (month) (day) (year): June 24 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Sugar City
FATHER	6. Full Name of Father: Leonard William Phister		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Elizabeth Hannah Bennett		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leonard J. Phister	11. Present Address of Registrant: 4153 David St. Castro Valley, Calif. 94546
NOTARY (Seal)	Subscribed and sworn to before me on: May 29 1970	12. Signature of Notary: Joan Victor	13. Notary Commission expires: Jan 6 1974

OFFICIAL SEAL
JOAN VICTOR
NOTARY PUBLIC-CALIFORNIA
ALAMEDA COUNTY
My Commission Expires Jan. 6, 1974
Castro Valley Blvd., Castro Valley, Calif. 94546

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of LDS Church Certificate of birth	By whom issued and signed: Fremont Stake, Sugar Ward, Rec. members 15603, blessed line 103	Date issued: Apr.8,1970	Date Orig. Entry: Aug.5,1906
	Date of Birth: June 24,1906 / Birth Place: Sugar, Fremont County, Idaho	Full Name of Mother: Elizabeth H. ---	Name of Father: L. W. Phister	
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate	By whom issued and signed: Alameda County Health Dept. Oakland, California	Date issued: Oct.6,1959	Date Orig. Entry: child born July 29,1959
	Date of Birth: Age: 53 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of employment record - Emeryville, Calif.	By whom issued and signed: Charles Bloomer, Jr. office mgr., Boxcraft Paper Box Co.	Date issued: May 6,1970	Date Orig. Entry: Mar.25,1947
	Date of Birth: June 24,1906 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	June 15, 1970

FORM BH 56067

(P)

JUN 15 1970

963-131-026-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-473

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilbert Rolfe			2. Date of Birth (month) (day) (year): March 31, 1906
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Rigby
FATHER	6. Full Name of Father: Charles Gilbert Rolfe			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Ann Anderson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilbert Rolfe		11. Present Address of Registrant: 1137 E. Sublette, Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 14 1969	12. Signature of Notary: [signature]		13. Notary Commission expires: Sept. 10 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Jun.25,1969	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 13	Birth Place: Idaho	Full Name of Mother: Mary Ann Rolfe	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Insurance policy #0 970 919		By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Nov.2,1953	Date Orig. Entry: Oct.29,1953
	Date of Birth: Mar.31,1906	Birth Place: Rigby, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding employment records		By whom issued and signed: D.H.Kidd,Division Mgr.,Associated Food Stores,Inc.,Pocatello	Date Issued: Jan.7, 1970	Date Orig. Entry: Aug.24,1964
	Date of Birth: Mar.31,1906	Birth Place: ----	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

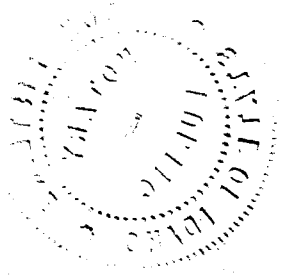
State Registrar	Evidence reviewed by	Date Filed
[signature]	gml Glenda Larson	June 17,1970

FORM BH 56067

4-23-69

JUN 18 1970

Rolfe



859-28-033-298

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-487

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth H ~~Ramsey~~ Hertzig			2. Date of Birth (month) Nov. (day) 28 (year) 1906
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Rexburg Madison	b. City or Town of Birth: Burton mail Rexburg
FATHER	6. Full Name of Father: Joseph H Hertzig			7. State or Country of Father's Birth: Logan-Cache Co. Utah
MOTHER	8. Full Maiden Name of Mother: Anna B. Szymkoviak			9. State or Country of Mother's Birth: Sorau Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth H. Daniels		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: 5 June 1970	12. Signature of Notary: M J Davidson		13. Notary Commission expires: 26 Feb 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of church record	By whom issued and signed: Reinhart Walz, Clerk, removed to Independence Ward, Fremont St.	Date Issued: ----	Date Orig. Entry: blessed Feb. 3, 1907
	Date of Birth: Nov. 28, 1906 / Birth Place: Burton, Idaho Fremont County	Full Name of Mother: Anna Braunig	Name of Father: Joseph Hertzig	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #250464	Date Issued: ----	Date Orig. Entry: child born Sep. 8, 1936
	Date of Birth: Age: 29 / Birth Place: Rexburg	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Carl Jensen (born July, 1895)	Date Issued: May 29, 1970	Date Orig. Entry: ----
	Date of Birth: Nov. 28, 1906 / Birth Place: ----	Full Name of Mother: Anna B. Szymkoviak Hertzig	Name of Father: Joseph H. Hertzig	
QUALIFYING INFORMATION				

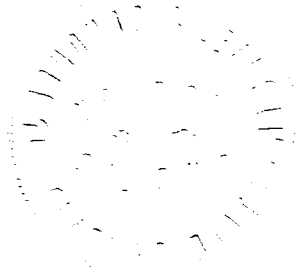
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	June 22, 1970

FORM BH 56067

JUN 22 1970



864-221-016-458

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE70-510

OFFICIAL SEAL ROBERT E. LINVILL NOTARY PUBLIC-CALIFORNIA PRINCIPAL OFFICE IN VENTURA COUNTY My Commission Expires March 22, 1974

REGISTRANT

1. Registrant's Full Name at Birth: Jessie Mae Young
2. Date of Birth (month) (day) (year): November 21 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Cassia; b. City or Town of Birth: Twin Falls

FATHER

6. Full Name of Father: James Andrew Young
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Emma Meyers
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby dec. are upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jessie M. Jones
11. Present Address of Registrant: 346 Blaine St Fillmore Calif

Subscribed and sworn to before me on: June 30, 1970

12. Signature of Notary: Robert E Linvill

13. Notary Commission expires: March 22, 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own Childs birth Certificate	Dist.# 5650 California # Ventura Cty	Child born Jan 13,1933	------
	Date of Birth / Birth Place: 26 years / Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Batismal Record	Idaho St. Edward Church-Twin Falls	May 31,1969	June 30, 1912
	Nov.21.1906 / Twin Falls,Idaho	Emma Meyers	James A. Young	
SUPPORTING RECORD 3.	Insurance Policy # 10069444	The Prudential Ins. Co of Amer.	Jan 7,1938	------
	Nov 21, 1906 / Twin Falls,Idaho	-----	--------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

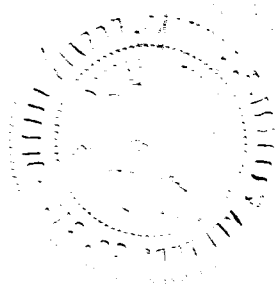
State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Sue Lowe	July 2, 1970

FORM BH 56067

In Office - no Corrects - No Record

Jones

JUL 2 1970



294-112-033-817

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-560

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Clive Simonsen		2. Date Of Birth (month) (day) (year): October 12 1906
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Sugar City Madison; b. City or Town of Birth
FATHER	6. Full Name of Father: James Jorgen Simonsen		7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Annie Hegsted		9. State or Country of Mother's Birth: Ogden Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Clive Simonsen	11. Present Address of Registrant: Salt Lake Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Sept - 22 1967	12. Signature of Notary: Ronald Barrus	13. Notary Commission expires: July 1971

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth		By whom issued and signed: LDS Church, Joseph F. Smith, Historian	Date Issued: Oct.19,1967	Date Orig. Entry: Feb.3,1907
	Date of Birth: Oct.12,1906	Birth Place: Sugar, Idaho	Full Name of Mother: Annie Hegsted	Name of Father: James Simonsen	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth		By whom issued and signed: Ezekiel Holman	Date Issued: Nov.15,1967	Date Orig. Entry: -----
	Date of Birth: Oct.12,1906	Birth Place: Sugar City, Idaho	Full Name of Mother: Annie Hegsted	Name of Father: James Jorgen Simonsen	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: New York Life Ins. Co.	Date Issued: Aug.27,1945	Date Orig. Entry: July 27, 1945
	Date of Birth: Oct.12,1906	Birth Place: Sugar City, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	July 24,1970

FORM BH 56067 Copy said rec 18641 (S) 12-20-67

Simon

JUL 28 1970

560

753-217-025-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-584

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frieda Hilda Peters			2. Date of Birth (month) (day) (year): November 17, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Winona
FATHER	6. Full Name of Father: Jacob F. Peters			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Marguerite Schaef			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frieda Hilda Ashley		11. Present Address of Registrant: Rt #2, Post Falls, Id 83854
NOTARY (Seal)	Subscribed and sworn to before me on: July 22 19 70	12. Signature of Notary: Lloyd Allder		13. Notary Commission expires: July 31 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: Sacred Heart Hospital, Spokane, WA Mrs. Joan Acres, RRL		Date Issued: May 12, 1970	Date Orig. Entry: June 24, 1951
	Date of Birth: Nov. 17, 1906	Birth Place: Idaho	Full Name of Mother: Marguerite Schaaf	Name of Father: Jacob Peters	
SUPPORTING RECORD 2.	Type of Document: Certified copy of certificate of marriage #41985	By whom issued and signed: Spokane County, Washington		Date Issued: May 6, 1970	Date Orig. Entry: Feb. 25, 1929
	Date of Birth: Age: 22	Birth Place: Idaho	Full Name of Mother: Schaef	Name of Father: Jacob Peters	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Northern Life Ins. Co. Seattle, WA		Date Issued: ----	Date Orig. Entry: Apr. 17, 1958
	Date of Birth: Nov. 17, 1906	Birth Place: Idaho County Winona, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	August 20, 1970

FORM BH 56067

(P) 7-15-70

AUG 2 1 1970

249-229-028-663

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-599

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Elizabeth Burke		2. Date Of Birth (month) January (day) 29 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: ~~Boundary~~ Kootenai; b. City or Town of Birth: Bonners Ferry
FATHER	6. Full Name of Father: William		7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Elizabeth Jane Foley		9. State or Country of Mother's Birth: Darcia Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Burke Townsend	11. Present Address of Registrant: 655 E Dussey Missoula, Mont
NOTARY (Seal)	Subscribed and sworn to before me on: 24 of July 1970	12. Signature of Notary: E. Jean Dunlap	NOTARY PUBLIC Commission expires Residing at Missoula, Montana My commission expires August 3, 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism	By whom issued and signed: Rev.James F.Kelly, Roman Cath. Church of St. Joseph's,Sandpoint,ID	Date Issued: ---	Date Orig. Entry: baptized Feb.25,1906	
	Date of Birth: Jan.29,1906	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: Elizabeth Foley	Name of Father: William Burke	
SUPPORTING RECORD 2.	Type of Document: photocopy of statement regarding school records	By whom issued and signed: Boundary County School Dist. #101,Bonners Ferry,ID H.M.Aldridge,Clerk	Date Issued: Apr.14,1970	Date Orig. Entry: Oct.23,1918	
	Date of Birth: Age:12	Birth Place: ----	Full Name of Mother: ----	Name of Father: W. J. Burke	
SUPPORTING RECORD 3.	Type of Document: Statement regarding college records-D.L.Pettit,Clk,Dist.1	By whom issued and signed: Eastern Washington College of Education,Cheney,WA	Date Issued: June 9,1970	Date Orig. Entry: Mar.13,1958	
	Date of Birth: Jan.29,1906	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	Aug. 27, 1970

FORM BH 56067

Amended 6-9-07

AUG 2 8 1970

799-201-006-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE70-611**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JUNE ESTELLA GRIMMETT			2. Date of Birth (month) 8 (day) 1 (year) 1906	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: BINGHAM	b. City or Town of Birth: MORELAND	
FATHER	6. Full Name of Father: HYRUM GRIMMETT			7. State or Country of Father's Birth: BERMINGHAM, WARWICK, ENGLAND	
MOTHER	8. Full Maiden Name of Mother: HANNAH ANN SLEIGHT			9. State or Country of Mother's Birth: PARIS, BEAR LAKE COUNTY	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: June E. Garrett	11. Present Address of Registrant: 2818 SUNSET AVE. BOISE	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 3 1970		12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20 1974	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record		By whom issued and signed: LDS Church -Howard W.Hunter	Date Issued: Oct.7,1906	Date Orig. Entry: Aug.25,1970
	Date of Birth: Aug.1,1906	Birth Place: Moreland,Idaho	Full Name of Mother: Hannah Sleight	Name of Father: Hyrum Grimmett	
SUPPORTING RECORD 2.	Type of Document: Cert. # 202517 Own childs birth Certificate		By whom issued and signed: State of Idaho	Date Issued: -----	Date Orig. Entry: Child born May 16,1932
	Date of Birth: Age 25years	Birth Place: Idaho	Full Name of Mother: --------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #185847		By whom issued and signed: Beneficial Life Ins.Co.	Date Issued: Sept.14,1938	Date Orig. Entry: ---------
	Date of Birth: Aug.1,1906	Birth Place: Moreland, Idaho	Full Name of Mother: -------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Sue Lowe	Sept. 3, 1970

FORM BH 56067

9-2-70

SEP 3 1970

652-210-009-652

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-621

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Bulah Webb		2. Date Of Birth (month) Aug (day) 10 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Granite Bonner	b. City or Town of Birth: Granite
FATHER	6. Full Name of Father: John Foster Webb		7. State or Country of Father's Birth: Springfield Missouri	
MOTHER	8. Full Maiden Name of Mother: Carrie Alma Webb		9. State or Country of Mother's Birth: Baxter Springs Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Alice B Hoover	11. Present Address of Registrant: x Rt 1 Box 922 E. K. Falls	
NOTARY (Seal)	Subscribed and sworn to before me on: April 2 19 70	12. Signature of Notary: Susan K. Meeker	13. Notary Commission expires: 3-8 19 71	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: Department of Commerce Bureau of the census	Date Issued: Mar.26,1970	Date Orig. Entry: April 15,1910	
	Date of Birth: Age: 3	Birth Place: Idaho	Full Name of Mother: Carrie Webb	Name of Father: John F. Webb	
SUPPORTING RECORD 2.	Type of Document: photocopy of insurance policy #446568 Camp No. 9898	By whom issued and signed: Royal Neighbors of America	Date Issued: July 1,1953	Date Orig. Entry: Apr.30, 1953	
	Date of Birth: Aug.10,1906	Birth Place: Granite, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Duplicate Purchaser's receipt application for ins. policy	By whom issued and signed: for Oregon Farmer underwritten Mutual of Omaha & Federal Life & Casualty Co.	Date Issued: ---	Date Orig. Entry: June 26,1965	
	Date of Birth: Aug.10,1906	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	Sept. 9, 1970

FORM BH 56067

7-25-67

SEP 1 0 1970

755126-031-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-624

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ernest Leroy Peer.
2. Date Of Birth (month) Nov. (day) 26 (year) 1906
3. Color or Race: white
4. Sex: Masculine
5. Place of Birth a. County: Reubens Lewis
b. City or Town of Birth: Reubens

FATHER

6. Full Name of Father: Alphonso Peer.
7. State or Country of Father's Birth: Winchester, Ohio.

MOTHER

8. Full Maiden Name of Mother: Mary Margaret Crawford
9. State or Country of Mother's Birth: Davenport, Wash.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ernest Leroy Peer
11. Present Address of Registrant: R.2. Culdesac Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Jan 2, 1964
12. Signature of Notary: Roy D Niswander
13. Notary Commission expires: Sept 25, 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Policy #7463A5	Gen State Mutual Life Assoc.	Oct.12,1936	Oct. 8, 1936
	Date of Birth / Birth Place: Nov.26,1906 Reubens, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Affidavit by mother	M. Margaret Peer	June 14,1969	----
	Nov.26,1906 / Reubens	M. Margaret Peer	Alphonso Peer	
SUPPORTING RECORD 3.	photocopy of family record	list of family records	----	appears old
	Nov.26,1906 / ----	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: gml Glenda Larson
Date Filed: Sept. 9, 1970

FORM BH 56067

SEP 10 1970

259-103-037-145

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-628
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Harry Claborn Berry
2. Date Of Birth: (month) July (day) 3 (year) 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County Bruneau Ida. Owyhee
b. City or Town of Birth: Bruneau, Idaho

FATHER

6. Full Name of Father: Cyrus C. Berry
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Essie America
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Harry C. Berry
11. Present Address of Registrant: 1527 16th Street, Lewiston, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: August 1 1967
12. Signature of Notary: Robert B. White
13. Notary Commission expires: March 1 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Essie Berry	Apr.18,1965	----
Class*	Date of Birth: July 3,1906 / Birth Place: Bruno, Idaho	Full Name of Mother: Essie Berry	Name of Father: Cyrus Berry	
SUPPORTING RECORD 2.	photocopy of selective service registration	Local Board Asotin County, Washington	Oct.17,1940	---
Class	Date of Birth: July 3,1906 / Birth Place: Bruneau, Idaho USA	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	photocopy of school records statement	Latah County Auditor's Office Moscow, Idaho	Jul.24,1970	Sept.10,1919
Class	Date of Birth: Age: 13 / Birth Place: ----	Full Name of Mother: ----	Name of Father: C. C. Berry	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Larson
Evidence reviewed by: gml Glenda Larson
Date Filed: Sept. 9, 1970

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

(B) 3-1-68 gml

Form DPH 49067

SEP 10 1970

Berry

666-227-035-781

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-631

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilma Mary Wood			2. Date Of Birth (month) Feb (day) 27 (year) 1906	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: ~~Lewiston~~-Nez Perce	b. City or Town of Birth: Sweetwater	
FATHER	6. Full Name of Father: William Fayette Wood			7. State or Country of Father's Birth: Washington	
MOTHER	8. Full Maiden Name of Mother: Florence Graham			9. State or Country of Mother's Birth: Virginia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Wilma Antrim	11. Present Address of Registrant: Brogan, Oregon 97903	
NOTARY (Seal)	Subscribed and sworn to before me on: April 13 1970		12. Signature of Notary: [illegible]	13. Notary Commission expires: Jan 24 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records		By whom issued and signed: School Dist. #5, Echo, Oregon L.K. Stanhope, Supt.	Date Issued: Apr. 1, 1970	Date Orig. Entry: Nov. 25, 1912
	Date of Birth: Age: 6	Birth Place: ---	Full Name of Mother: ----	Name of Father: W. F. Wood	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle who lived in house at time of birth		By whom issued and signed: Manuel Todhunter Age: 81	Date Issued: Aug. 3, 1970	Date Orig. Entry: ---
	Date of Birth: Feb. 27, 1906	Birth Place: Sweetwater, Idaho	Full Name of Mother: Florence G. Wood	Name of Father: William Fayette Wood	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #278436	Date Issued: ---	Date Orig. Entry: child born Mar. 11, 1939
	Date of Birth: Age: 33	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: gml Glenda Larson	Date Filed: Sept. 10, 1970

FORM BH 56067

4-2-10

SEP 10 1970

864-21-001-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-632

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HUGH C YOUNG		2. Date of Birth (month) (day) (year): 11 - 21 - 1906
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: ADA; b. City or Town of Birth: MERIDIAN, IDAHO
FATHER	6. Full Name of Father: HUGH COLUMBUS YOUNG		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: MARY MALIE BAILEY ([redacted])		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hugh C Young	11. Present Address of Registrant: P.O. Box 1394, KANSAS CITY, KANSAS
NOTARY (Seal)	Subscribed and sworn to before me on: MAY 4 1970	12. Signature of Notary: [illegible]	13. Notary Commission expires: 4 - 1 - 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Guardianship papers	By whom issued and signed: Children's Home of Missouri	Date Issued: Dec.1,1913	Date Orig. Entry: Dec.1,1913
	Date of Birth: Nov.21,1906	Birth Place: ----	Full Name of Mother: -----	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #2570698	By whom issued and signed: Nat'l Life & Accident Ins.	Date Issued: Jun.28,1955	Date Orig. Entry: April 5,1955
	Date of Birth: Nov.21,1906	Birth Place: Meridian,Idaho	Full Name of Mother: ------	Name of Father: -------
SUPPORTING RECORD 3.	Type of Document: Application for Social Sec.	By whom issued and signed: Treasury Dept.	Date Issued: Sept. 1970	Date Orig. Entry: May 6, 1941
	Date of Birth: Nov.21,1906	Birth Place: Ada County,Idaho	Full Name of Mother: Mary Malie Bailey	Name of Father: Hugh Columbus Young

QUALIFYING INFORMATION

Marriage License gives name as Huch C. Young born at Meridian, Idaho on Nov. 21, 1906 and married to Mary Lemmon at Republic, Mo. on May 8, 1941. Rev. L.E. McReynolds, Clergyman.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Sept. 10,1970

FORM BH 56067

4-22-70

SEP 10 1970

349-122-006-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE70-650

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Claudie "A" Turner			2. Date Of Birth (month) Feb. (day) 22, (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Riverside, Bingham, Idaho	b. City or Town of Birth: Riverside	
FATHER	6. Full Name of Father: James William Turner			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Mary Ann Mitchell			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Claudie A Turner	11. Present Address of Registrant: Fillmore, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 10, 1970 19		12. Signature of Notary: [illegible] Stanford A Turner	13. Notary Commission expires: Sept. 16, 1973 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle Age 79	By whom issued and signed: Hyrum S. Mitchell	Date Issued: Sept.10,1970	Date Orig. Entry: ---------
	Date of Birth: Feb.22.1906 / Birth Place: Riverside, Idaho	Full Name of Mother: Mary Ann Mitchell	Name of Father: James William Turner	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy # 31449469	By whom issued and signed: Fillmore, Utah Continental Casualty CO.	Date Issued: July 15,1964	Date Orig. Entry: -------
	Date of Birth: Feb.22,1906 / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church	Date Issued: July 9,1970	Date Orig. Entry: 1906
	Date of Birth: Feb.22,1906 / Birth Place: Riverside, Idaho	Full Name of Mother: Mary Ann Mitchell	Name of Father: James William Turner	
QUALIFYING INFORMATION				

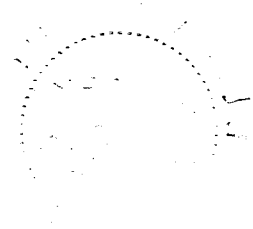
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Sue Lowe	Sept.15, 1970

FORM BH 56067

SEP 15 1970



389-103-003-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE70-651

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ellis Peter Christiansen			2. Date of Birth (month) Sept. (day) 3 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Bannock	b. City or Town of Birth: Downey	
FATHER	6. Full Name of Father: Peter Christiansen			7. State or Country of Father's Birth: Hyrum, Utah	
MOTHER	8. Full Maiden Name of Mother: Elnora Jensen			9. State or Country of Mother's Birth: Hyrum, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ellis P. Christiansen	11. Present Address of Registrant: 120 n. Lincoln - Pocatello	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 15, 1970		12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20 1974	

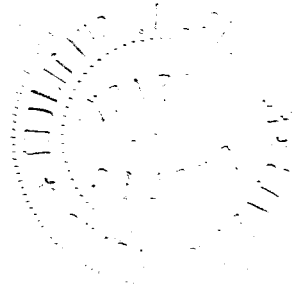
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Passport		By whom issued and signed: Department of State United States of America	Date Issued: March 28,1928	Date Orig. Entry: ----------
	Date of Birth: Sept.3,1906	Birth Place: Downey,Idaho	Full Name of Mother: -----	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Church Record		By whom issued and signed: LDS Church Downey, Idaho	Date Issued: Aug.1970	Date Orig. Entry: Baptized Sept.5,1914
	Date of Birth: Sept. 3,1906	Birth Place: Downey, Idaho	Full Name of Mother: Elnora(Christiansen)Jensen	Name of Father: Peter Christiansen	
SUPPORTING RECORD 3.	Type of Document: # 258708 Own childs birth Certificate		By whom issued and signed: State of Idaho	Date Issued: ------	Date Orig. Entry: Child born Sept.9,1937
	Date of Birth: Age 31 years	Birth Place: Downey, Idaho	Full Name of Mother: ------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Sue Lowe	Date Filed: Sept. 15, 1970

FORM BH 56067

SEP 15 1970



719-215-035-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-663

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Claudia Evangeline Paige
2. Date of Birth (month) (day) (year): Nov. 15 1906
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Lewiston Nez Perce
b. City or Town of Birth: Lewiston Idaho

FATHER

6. Full Name of Father: Philander Sylvester Paige
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Minnie Ann Dunning
9. State or Country of Mother's Birth: Minnesota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Claudia Evangeline Maze
11. Present Address of Registrant: 16474 - 111th S.E.

NOTARY (Seal)

Subscribed and sworn to before me on: June 26 19 70

12. Signature of Notary: E. J. Kendall
13. Notary Commission expires: Jan 21 19 73

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	certified copy of own child's birth certificate	Spokane County Health Dist., State of Washington	June 22,1970	child born Aug.30,1928
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 21 / Lewiston, Idaho	----	----	
SUPPORTING RECORD 2.	Affidavit by relative	George T. Varner Age: 81	Aug.18,1970	----
	Nov.15,1906 / Lewiston, Idaho	Minnie Ann Dunning	Philander S. Paige	
SUPPORTING RECORD 3.				
	Age: 19 / Lewiston, Idaho	Minnie Dunning	Philander S. Paige	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

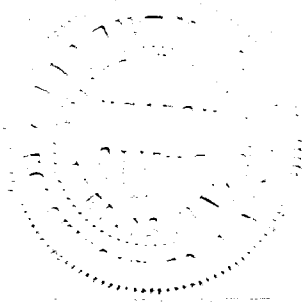
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: gml Glenda Larson
Date Filed: Sept. 18, 1970

FORM BH 56067

6-1

SEP 2 1 1970



449-107-022-845

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-688

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Orlando Edward Murri			2. Date of Birth (month) July (day) 7, (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: Rudolph Murri			7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Louisa Hunsiker			9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Orlando E. Murri		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on 10-2 1970	12. Signature of Notary: Florence Curtright		13. Notary Commission expires 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Ordination	By whom issued and signed: L.D.S.Church	Date Issued: Aug 23,1921	Date Orig. Entry: Baptized Jan.8,1914	
	Date of Birth: Jul.7,1906	Birth Place: St. Anthony, Ida.	Full Name of Mother: Louisa Hunziker	Name of Father: Orlando Edward Murri	
SUPPORTING RECORD 2.	Type of Document: Marriage Certificate	By whom issued and signed: Beaverland Co.,Montana	Date Issued: May 29,1933	Date Orig. Entry: Married May 29,1933	
	Date of Birth: Age 26	Birth Place: St. Anthony,Ida.	Full Name of Mother: Louisa Hunsaker	Name of Father: Rudolph Murri	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 222883	Date Issued: ---	Date Orig. Entry: child born June 3,1934	
	Date of Birth: Age 27	Birth Place: St. Anthony,Idaho	Full Name of Mother: ------	Name of Father: - -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

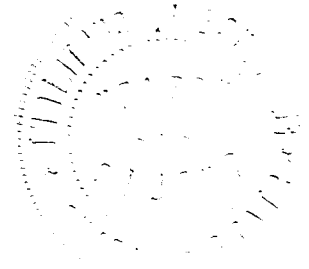
State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Oct. 2, 1970

FORM BH 56067

10-2-70

Mussi

OCT 2 1970



699116-022-719

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-727
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FARRELL WRIGHT			2. Date of Birth (month) (day) (year): JAN 16 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Fremont	b. City or Town of Birth: Wilford (mail St. Anthony)	
FATHER	6. Full Name of Father: HENRY WRIGHT			7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Katherine Flavilla Garn			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Farrell Wright		11. Present Address of Registrant: St. Anthony Idaho RI	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 2, 1960	12. Signature of Notary: Robert Smith		13. Notary Commission expires: Feb 2, 1961	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: California-Western States Life Ins. Co., Sacramento, CA		Date Issued: ----	Date Orig. Entry: Oct. 14, 1936
Class*	Date of Birth: Jan. 16, 1906	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age: 79	By whom issued and signed: Ivy Wright		Date Issued: Sep. 21, 1970	Date Orig. Entry: ---
Class	Date of Birth: Jan. 16, 1906	Birth Place: Wilford, Idaho	Full Name of Mother: Flavilla C. Garn Wright	Name of Father: Henry Wright	
SUPPORTING RECORD 3.	Type of Document: certified copy of school census record #471	By whom issued and signed: Fremont County, Idaho		Date Issued: Sep. 21, 1970	Date Orig. Entry: Sept. 1921
Class	Date of Birth: Age: 15	Birth Place: ----	Full Name of Mother: ----	Name of Father: Henry Wright	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 21, 1970

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 21 1970

418-22-022-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-802

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lorin Samuel Maynard			2. Date of Birth (month) April (day) 22 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lewisville Ida Fremont	b. City or Town of Birth: Lewisville
FATHER	6. Full Name of Father: William Harvey Maynard			7. State or Country of Father's Birth: White County Tennessee
MOTHER	8. Full Maiden Name of Mother: Luella Cope Maynard			9. State or Country of Mother's Birth: Chattanooga Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lorin S. Maynard		11. Present Address of Registrant: 313 N. Jackson Butte Montana
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 4, 1970	12. Signature of Notary: Margaret Ford		13. Notary Commission expires: 1/14 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Metropolitan Life Ins. Co.		Date Issued: Oct.24,1935	Date Orig. Entry: Oct.21,1935
	Date of Birth: Apr.22,1906	Birth Place: Lewisville, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: hospital certificate of own child's birth	By whom issued and signed: St.James Hospital, Butte, Montana		Date Issued: ---	Date Orig. Entry: child born Apr.13,1954
	Date of Birth: Apr.22,1906	Birth Place: Lewisville, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding church records	By whom issued and signed: LDS Church, Lewisville Ward, Rigby Stake, V.H.Lindstrom, Clk.		Date Issued: ----	Date Orig. Entry: blessed July 1, 1906
	Date of Birth: Apr.22,1906	Birth Place: Lewisville, Idaho Fremont County	Full Name of Mother: Luella Lawson	Name of Father: Harvey Maynard	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Dec. 1, 1970

FORM BH 56067

1 cp pd rec #39985

(M) 9-14-20 gml

DEC 1 1970

State of Montana, } ss.
County of Silver Bow.

I, WILLIAM T. DUCKHAM, County Clerk and ex-Officio Recorder in and for the County of Silver Bow, State of Montana, do hereby certify that Margaret Ford, *whose name is subscribed to the certificate of the proof or acknowledgment of the annexed instrument, was at the time of taking such proof or acknowledgment a Notary Public for the State of Montana, duly commissioned and sworn, and authorized by the laws of said State to take the proof of acknowledgment of deeds and other instruments in writing and to administer oaths or affirmations in said State; that I am well acquainted with his handwriting, and verily believe that the signature to the original certificate is genuine, and that the instrument to which this certificate is annexed is acknowledged according to the laws of the State of Montana.*

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the said County, at Butte, Montana, this

4th *day of* August, *A. D., 19*70

William T. Duckham

County Clerk and ex-Officio Recorder.

By Hazel Miller *Deputy.*

DEC 1 1970

689-105-026-555

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-828

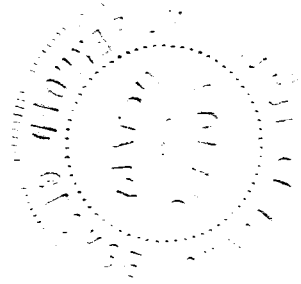
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carl Richard White		2. Date Of Birth (month) (day) (year): December 5, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Jefferson; b. City or Town of Birth: RFD #2, Rigby
FATHER	6. Full Name of Father: David White		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Bertha Everett		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carl R White	11. Present Address of Registrant: RFD #2, Rigby, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 15 19 70	12. Signature of Notary: [signature]	13. Notary Commission expires: September 19 19 71

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Bertha White Taylor	Date issued: Sept. 1970	Date Orig. Entry: ----
	Date of Birth: Dec.5,1906	Birth Place: Jefferson County, Idaho	Full Name of Mother: Bertha White Taylor	Name of Father: David White	
SUPPORTING RECORD 2.	Type of Document: photocopy of family record		By whom issued and signed: family records	Date issued: Sept.9,1970	Date Orig. Entry: ----
	Date of Birth: Dec.5,1906	Birth Place: -----	Full Name of Mother: Mrs. David White	Name of Father: Mr. David White	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: Goody Maternity Home - Rigby	Date issued: Dec.18,1942	Date Orig. Entry: Child born Dec.18,1942
	Date of Birth: Dec.5,1906	Birth Place: Rigby, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson		Evidence reviewed by: gml Florence Curtright	Date Filed: Dec.17,1970	

FORM BH 56067

DEC 17 1970



249-111-006-844

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-70-834

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Eugene Burke		2. Date Of Birth (month) Aug (day) 11 (year) 1906
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Jameston
FATHER	6. Full Name of Father: Oscar Burke		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Elizabeth Humphries		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Eugene Burke	11. Present Address of Registrant: Shelley B#1 Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 12 1970	12. Signature of Notary: Irene C. Shields	13. Notary Commission expires: June 2 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Jameston, Ward, John E. Farrer, Clerk	Date Issued: Sep.6,1914	Date Orig. Entry: baptized Sep.5,1914
	Date of Birth: Aug.11,1906	Birth Place: Jameston, Idaho Bingham County	Full Name of Mother: Sarah E. Humphries	Name of Father: Oscar Burke
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 256838	Date Issued: ----	Date Orig. Entry: child born July 8, 1937
	Date of Birth: Age 30	Birth Place: Jameston, Idaho	Full Name of Mother: ----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Dist. # 30 Shelley H.S.	Date Issued: ---	Date Orig. Entry: Registered Nov. 13, 1923
	Date of Birth: Aug.11,1906	Birth Place: ----	Full Name of Mother: ----	Name of Father: Oscar Burke
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	Dec.18, 1970

K

FORM BH 56067

5-24-61

DEC 18 1970

DECEASED

515-104-004-972

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70=843

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthur Abraham Van Orman		2. Date Of Birth (month) Aug. (day) 4 (year) 1906
	3. Color or Race: white	4. Sex: M.	5. Place of Birth a. County: Idaho Bear Lake; b. City or Town of Birth: Bennington
FATHER	6. Full Name of Father: Abraham Charles Van Orman		7. State or Country of Father's Birth: Idaho Bear Lake Montpelier
MOTHER	8. Full Maiden Name of Mother: Tennie Rozina Ipsen		9. State or Country of Mother's Birth: Utah Box Elder Mantua
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arthur Abraham Van Orman	11. Present Address of Registrant: 665 North 8th Street Montpelier B.L. Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 10-19 1973	12. Signature of Notary: Gabriel A. Mulart	13. Notary Commission expires: 9-16 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Duplicate Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Montpelier 2nd W. Lloyd S. Derricott, Bp.	Date issued: Oct.17,1970	Date Orig. Entry: baptized Aug.4,1914
	Date of Birth: Aug.4,1906 / Birth Place: Bennington, Idaho Bear Lake County	Full Name of Mother: Tennie Rozina Ipsen	Name of Father: Abraham Charles Van Orman	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: United Benefit Life Ins. Co.	Date issued: ---	Date Orig. Entry: Jan.27,1959
	Date of Birth: Aug.4,1906 / Birth Place: Bennington, Idaho	Full Name of Mother: Tennie I. VanOrman	Name of Father: Abraham C. VanOrman	
SUPPORTING RECORD 3.	Type of Document: patriarchal blessing #156	By whom issued and signed: Byron Edward Mumford, Patriarch of LDS Church	Date issued: Nov.28,1961	Date Orig. Entry: Nov.28,1961
	Date of Birth: Aug.4,1906 / Birth Place: Bennington, Idaho Bear Lake County	Full Name of Mother: Tennie Ipsen	Name of Father: Abraham C. Van Orman	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Dec. 21, 1970

FORM BH 56067

DEC 21 1970

713-223-029-216

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-849

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALICE LEOLA GATES			2. Date Of Birth (month) FEB (day) 23 (year) 1906	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth: ~~MOSCOW~~ a. County: LATAH	b. City or Town of Birth: MOSCOW	
FATHER	6. Full Name of Father: FRANK ROBERT GATES			7. State or Country of Father's Birth: ILLINOIS	
MOTHER	8. Full Maiden Name of Mother: IONE MATE SAWYER			9. State or Country of Mother's Birth: NEBRASKA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Leola Hand		11. Present Address of Registrant: 13900 SAN PABLO AVE SAN PABLO, CALIF. 94806	
NOTARY (Seal)	Subscribed and sworn to before me on: November 30, 1970	12. Signature of Notary: M. Patricia Hall		13. Notary Commission expires: May 30, 1971	

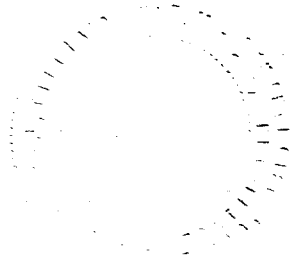
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of return of marriage	By whom issued and signed: Linn County, Oregon		Date Issued: Nov.9,1970	Date Orig. Entry: Apr.9,1926
	Date of Birth: Age: 20	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for admission	By whom issued and signed: Eugene Bible University, Eugene, Oregon		Date Issued: ---	Date Orig. Entry: Sept.24,1924
	Date of Birth: Feb.23,1906	Birth Place: Moscow, Idaho	Full Name of Mother: Ione Mate Sawyer	Name of Father: Frank R. Gates	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for Insurance policy	By whom issued and signed: National Hospital Assoc.		Date Issued: ---	Date Orig. Entry: May 27,1952
	Date of Birth: Feb.23,1906	Birth Place: Moscow, Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 21, 1970

FORM BH 56067

DEC 22 1970



269-112-016-435

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-851

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Henry Mac Boren			2. Date of Birth: March 12 1906	
	3. Color or Race: W	4. Sex: M	5. Place of Birth: Oakley; a. County: Cassia	b. City or Town of Birth: Oakley, Idaho	
FATHER	6. Full Name of Father: Reed A. Boren			7. State or Country of Father's Birth: Utah county, Utah	
MOTHER	8. Full Maiden Name of Mother: Mabel McEwan			9. State or Country of Mother's Birth: Utah County, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Henry Mac Boren	11. Present Address of Registrant: Box 48, Oakley, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: November 13 1970		12. Signature of Notary: Mari S. Porter	13. Notary Commission expires: Oct. 15 1972.	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of birth from church records	By whom issued and signed: LDS Church, Cassia Stake, Oakley 4th Ward, members #18581, bless. 223	Date Issued: May 11, 1970	Date Orig. Entry: Nov. 4, 1906	
	Date of Birth: Mar. 12, 1906	Birth Place: Oakley, Idaho Cassia County	Full Name of Mother: Mable McEwan	Name of Father: Reed A. Boren	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: State of Utah	Date Issued: Nov. 19, 1970	Date Orig. Entry: Oct. 27, 1927	
	Date of Birth: Age: 21	Birth Place: Oakley, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Occidental Life Ins. Co. of California	Date Issued: Jul. 19, 1954	Date Orig. Entry: July 14, 1954	
	Date of Birth: Mar. 12, 1906	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

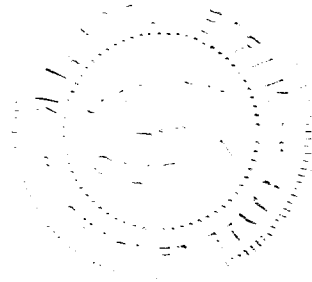
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Dec. 21, 1970

FORM BH 56067

5-21-70

DEC 22 1970



391-101-006-282

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-861

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: IRVIN B CRAYTHORN		2. Date of Birth (month) Sept. (day) 1 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Woodville Idaho
FATHER	6. Full Name of Father: EDMUND CRAYTHORN		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: EFFIE JOSEPHINE BYBEE		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Irvin B. Craythorn	11. Present Address of Registrant: 242 Burton Burley Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 3rd. 1970	12. Signature of Notary: L B Jardine	13. Notary Commission expires: May 1 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #225428	Date Issued: ----	Date Orig. Entry: child born June 23,1934	
	Date of Birth: Age: 27	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of ordination as an elder	By whom issued and signed: LDS Church, Emerson Ward, Arland B. Wilkins, Elder	Date Issued: ----	Date Orig. Entry: ordained Jan.22,1928	
	Date of Birth: Sept.1,1906	Birth Place: Woodville, Idaho	Full Name of Mother: Effie J. Biby	Name of Father: Edmund Craythron	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Woodville Ward, E. A. Huntsman, Clerk	Date Issued: Oct.7,1906	Date Orig. Entry: blessed Oct.7,1906	
	Date of Birth: Sept.1,1906	Birth Place: Woodville, Idaho Bingham County	Full Name of Mother: Effie Bybee	Name of Father: Edmund Crathorn	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

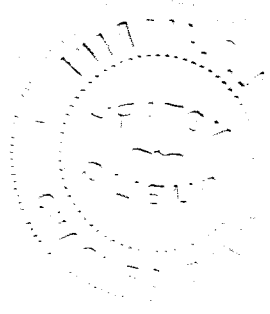
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Dec. 23, 1970

FORM BH 56067

Chapter 1

DEC 24 1970



33S-04-006-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-056

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jesse Leroy Clement			2. Date of Birth (month) (day) (year): November 4, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Moreland
FATHER	6. Full Name of Father: Alexander Morain Clement			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Thomas			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jesse Leroy Clement		11. Present Address of Registrant: Route 4 Box 46 Blackfoot
NOTARY (Seal)	Subscribed and sworn to before me on: January 13 1971	12. Signature of Notary: [signature]		13. Notary Commission expires: Aug. 1 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother	By whom issued and signed: Ezra Harold Clement (11 years older)	Date Issued: Dec.15,1970	Date Orig. Entry: ----
	Date of Birth: Nov.4,1906 / Birth Place: Moreland, Idaho Bingham County	Full Name of Mother: Sarah Thomas Clement	Name of Father: Alexander Morain Clement	
SUPPORTING RECORD 2.	Type of Document: Application for Membership Syringa Camp, Moreland City	By whom issued and signed: The Society of Daughters of the Utah Pioneers, #7806	Date Issued: June 10,1935	Date Orig. Entry: Apr.11,1935
	Date of Birth: Nov.4,1906 / Birth Place: Moreland, Idaho	Full Name of Mother: Sarah Thomas	Name of Father: Alexander Morain Clement	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Alma Ward, Ival Hunsaker, Clerk	Date Issued: ---	Date Orig. Entry: baptized May 1,1915
	Date of Birth: Nov.4,1906 / Birth Place: Moreland, Idaho Bingham County	Full Name of Mother: Sarah Thomas	Name of Father: Alexander M. Clement	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: January 19,1971

FORM BH 56067

1 cc. pd Sec #6982

JAN 19 1971

Williams (atty. for Clement)

764-104-035-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-058

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VILAS STANLEY GOUCHER		2. Date Of Birth (month) SEPTEMBER (day) 4 (year) 1906
	3. Color or Race: Caucasian	4. Sex: male	5. Place of Birth a. County: IDAHO NEZPERCE; b. City or Town of Birth: CULDESAC
FATHER ~~UNCLE~~	6. Full Name of Father: JOHN RILEY GOUCHER		7. State or Country of Father's Birth: MISSOURI
MOTHER	8. Full Maiden Name of Mother: ETHEL PERKINS GOUCHER		9. State or Country of Mother's Birth: MISSOURI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vilas Stanley Goucher	11. Present Address of Registrant: 1120 - 8th. St., CLARKSTON, WN?
NOTARY (Seal)	Subscribed and sworn to before me on: DECEMBER 29 19 70	12. Signature of Notary: Jo Anne Vaughn	13. Notary Commission expires: FEBRUARY 15 19 74

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of pages from family Bible		By whom issued and signed: Family Records in Bible	Date issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Sept.4,1906	Birth Place: ----	Full Name of Mother: Ethel Perkins Goucher	Name of Father: John Riley Goucher	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle		By whom issued and signed: Mathew Walker Doty Age:84	Date issued: Dec.29,1970	Date Orig. Entry: ---
	Date of Birth: Sept.4,1906	Birth Place: Culdesac, Idaho on Mission Creek	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #356804	Date issued: ----	Date Orig. Entry: child born Aug.19,1942
	Date of Birth: Age: 35	Birth Place: Culdesac, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	January 19,1971

FORM BH 56067

1 copy Pd Rec. #06462 12-11-70

JAN 22 1971

785-105-030-394

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-083

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Heyburn Holmes Pyeatt		2. Date Of Birth (month) (day) (year): Sept. 5, 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: Tendoy
FATHER	6. Full Name of Father: John Riley Pyeatt		7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Marrietta Tidd		9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: Box 22 Salmon, Idaho 83467	
NOTARY (Seal)	Subscribed and sworn to before me on: December 9, 1970	12. Signature of Notary: Frederick Hughes Snook	13. Notary Commission expires: October 1 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Friend of family at time of birth	By whom issued and signed: John W. Snook (bd. 10/20/76)	Date Issued: Dec.10,1970	Date Orig. Entry: ----	
	Date of Birth: Sept.5,1906	Birth Place: Tendoy, Lemhi County, Idaho	Full Name of Mother: Marrietta Tidd Pyeatt	Name of Father: John Riley Pyeatt	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy#406876-56M	By whom issued and signed: Mutual of Omaha, Mutual Benefit Health & Accident Policy	Date Issued: Nov.2,1956	Date Orig. Entry: Nov. 2, 1956	
	Date of Birth: Sept.5,1906	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: Lemhi County, Idaho School Dist. #8	Date Issued: Jan.18,1971	Date Orig. Entry: Sept.1,1914	
	Date of Birth: Age: 7	Birth Place: ----	Full Name of Mother: Etta (AKA Marietta) Pyeatt	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Brown	gml Glenda Larson	January 29,1971

FORM BH 56067

Fred H. Snooks (att. at Law)
for Pigeott

JAN 29 1971

652-226-006-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-113

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Daisy Arletta Webster			2. Date Of Birth (month) (day) (year): March 26 1906	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Rockford (Thomas) Bingham	b. City or Town of Birth: County, Idaho	
FATHER	6. Full Name of Father: George Thomas Webster			7. State or Country of Father's Birth: West Jordan, Utah	
MOTHER	8. Full Maiden Name of Mother: Ada Amelia Dansie			9. State or Country of Mother's Birth: Herriman, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Daisy A Rogers	11. Present Address of Registrant: Fillmore, Utah 84631	
NOTARY (Seal)	Subscribed and sworn to before me on: January 26, 1971		12. Signature of Notary: L. H. Harmer	13. Notary Commission expires: May 27 1974	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: LDS Church Certificate of Birth		By whom issued and signed: Northern Calif. Mission, Gridley Branch, members #9101 line 788	Date Issued: Sep.18,1970	Date Orig. Entry: Oct.4,1914
	Date of Birth: Mar.26,1906	Birth Place: Thomas, Idaho Bingham County	Full Name of Mother: Ada A. Dansie	Name of Father: George T. Webster	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage license		By whom issued and signed: Weber County, Utah	Date Issued: Jan.12,1971	Date Orig. Entry: Apr.20,1929
	Date of Birth: Age: 23	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age:75		By whom issued and signed: Mildred W. Borrowman	Date Issued: Dec.28,1970	Date Orig. Entry: ---
	Date of Birth: Mar.26,1906	Birth Place: Rockford (Thomas) Idaho	Full Name of Mother: Ada Amelia Dansie	Name of Father: George Thomas Webster	
QUALIFYING INFORMATION					

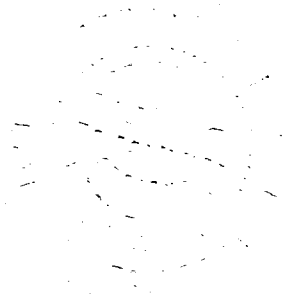
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	February 4,1971

FORM BH 56067

FEB 5 1971



469-229-010-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-124

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Bertha Moran		2. Date Of Birth (month) (day) (year): March 29, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: James Thomas Moran		7. State or Country of Father's Birth: Ireland
MOTHER	8. Full Maiden Name of Mother: Bertha Alice Freeze		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary M. Payne	11. Present Address of Registrant: Route 2, Box 151, Idaho Falls, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: February 4 1971	12. Signature of Notary: John Fernbauer	13. Notary Commission expires: JOHN FERENBAUER NOTARY PUBLIC IDAHO FALLS, IDAHO MY COMM. EXPS. 9-22-74

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: transcript of school record		By whom issued and signed: Idaho State College, Pocatello Anna C. Nunn, Registrar	Date issued: Aug.17,1954	Date Orig. Entry: June 1925
	Date of Birth: March, 1906	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #240347	Date issued: ---	Date Orig. Entry: child born Feb.28,1936
	Date of Birth: Age: 29	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Duplicate Certificate of Baptism		By whom issued and signed: Holy Rosary Church, Idaho Falls, Idaho, Roman Catholic Church	Date issued: Feb.3,1971	Date Orig. Entry: baptized Sept.9,1906
	Date of Birth: Mar.29,1906	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Bertha A. (Freeze) Pretsch	Name of Father: James Thomas Moran	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

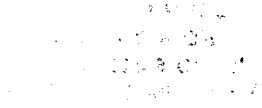
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Feb. 9, 1971

FORM BH 56067
NM.

2-1-71 gml

FEB 10 1971



296-123-033-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-126

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Deloy Brown			2. Date Of Birth (month) Sept. (day) 23 (year) 1906	
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Teton City Madison (formerly Fremont Co.)	b. City or Town of Birth: Teton City Idaho	
FATHER	6. Full Name of Father: George Newton Brown			7. State or Country of Father's Birth: Salt Lake City Utah	
MOTHER	8. Full Maiden Name of Mother: Chapple Arlena Gilbert			9. State or Country of Mother's Birth: St Joseph Lawrence Penn.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Deloy Brown		11. Present Address of Registrant: Victor Idaho 83455	
NOTARY (Seal)	Subscribed and sworn to before me on: December 10, 1970	12. Signature of Notary: Dennis C. Stone		13. Notary Commission expires: Clerk of the District Court 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding church records	By whom issued and signed: LDS Church, Merle G. Kunz, Bishop Chapin Ward		Date Issued: ----	Date Orig. Entry: baptized Sep.1,1917
	Date of Birth: Sep.23,1906	Birth Place: Teton, Idaho Fremont County	Full Name of Mother: Arlina Gilbert	Name of Father: George Newton Brown	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #419219		Date Issued: ---	Date Orig. Entry: child born Apr.21,1946
	Date of Birth: Age: 39	Birth Place: Teton City, Idaho	Full Name of Mother: - --	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Idaho Mutual Benefit Assoc.		Date Issued: ---	Date Orig. Entry: Sept.4,1958
	Date of Birth: Sep.23,1906	Birth Place: Teton City, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

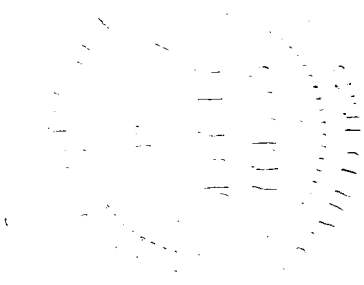
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	February 10,1971

FORM BH 56067

IBI 12-8-00 gml

FEB 10 1971



959-217,028-592

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-142

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pauline Rose Reilly		2. Date Of Birth (month) Nov. (day) 17 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Coeur d'Alene, Kootenai; b. City or Town of Birth: Coeur d'Alene, Idaho
FATHER	6. Full Name of Father: John Terrance Reilly		7. State or Country of Father's Birth: Iowa (Lawler)
MOTHER	8. Full Maiden Name of Mother: Barbara Claudia (Nibler) Reilly		9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sister Maria (Reilly) Pauline Reilly	11. Present Address of Registrant: 4809 Franklin, Vancouver, Wn.
NOTARY (Seal)	Subscribed and sworn to before me on: February 9th 19 71	12. Signature of Notary: John F Bukovi Jr	13. Notary Commission expires: May 21st 19 72

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Baptismal Certificate	By whom issued and signed: St.Thomas Church, Coeur d'Alene, ID	Date issued: ---	Date Orig. Entry: baptized Nov.25,1906
	Date of Birth: Nov.17,1906 / Birth Place: ---	Full Name of Mother: Barbara C. Nibler	Name of Father: John T. Reilly	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Records in Bible	Date issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Nov.17,1906 / Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Barbara Claudia Nibler	Name of Father: John Terrence Reilly	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital records	By whom issued and signed: Julia G.Bullock,ART,Med.Rec. Lib.,St.Joseph Hospital	Date issued: Feb.8,1971	Date Orig. Entry: Apr.19,1964
	Date of Birth: Nov.17,1906 / Birth Place: Idaho	Full Name of Mother: Barbara	Name of Father: John T. Reilly	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Glenda Larson	Feb. 12, 1971

FORM BH 56067 NM.

RUSH 2-3-71 gml

FEB 12 1971

296-112-028-942

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-165
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vernice Franklin Brother	2. Date Of Birth (month) 6 (day) 12 (year) 06
	3. Color or Race: White; 4. Sex: M.; 5. Place of Birth a. County: Idaho - Kootenai	b. City or Town of Birth: Chatcolete
FATHER	6. Full Name of Father: Henry Nathanial Brother	7. State or Country of Father's Birth: Auxvasse Missouri
MOTHER	8. Full Maiden Name of Mother: Birdie Augusta Ruby	9. State or Country of Mother's Birth: Fairmont Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vernice Franklin Brother; 11. Present Address of Registrant: N. 5104 Sycamore Spokane Wash
NOTARY (Seal)	Subscribed and sworn to before me on: February 12 1971	12. Signature of Notary: Mildred M. Enzler; 13. Notary Commission expires: July 30, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record		By whom issued and signed: Family	Date issued: -----	Date Orig. Entry: obviously old
Class*	Date of Birth: Jun. 12, 1906	Birth Place: Chatcolet, Ida.	Full Name of Mother: Birdie A. Ruby	Name of Father: Henry Nathaniel Brother	
SUPPORTING RECORD 2.	Type of Document: School Record		By whom issued and signed: Spokane Public Schools	Date issued: July 17, 69	Date Orig. Entry: School Census May 1, 1915
Class	Date of Birth: Jun. 12, 1906	Birth Place: -----	Full Name of Mother: Mrs. H. N. Brother	Name of Father: H. N. Brother	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 4252291		By whom issued and signed: Prudential Ins. Co. Of Amer.	Date issued: Apr. 3, 1923	Date Orig. Entry: Apr. 3, 1923
Class	Date of Birth: Jun. 12, 1906	Birth Place: Idaho	Full Name of Mother: Birdie A. Brother	Name of Father: -------	

QUALIFYING INFORMATION

Affidavity by mother dated March 1, 1947 states that Vernice Franklin Brother was born June 12, 1906 in Chatcolet, Idaho. Mother - Birdie Augusta Ruby Father - Henry Nathanial Brother

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Feb. 22, 1971

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

FEB 26 1971

133-210-004-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-179

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lasca Elizabeth Allred		2. Date Of Birth: October 10 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Paris, Idaho
FATHER	6. Full Name of Father: William Ezra Allred		7. State or Country of Father's Birth: Paris, Idaho	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Wallentine		9. State or Country of Mother's Birth: Paris, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lasca C. Stucki	11. Present Address of Registrant: 344 Hazard Rupert Ida. 83340	
NOTARY (Seal)	Subscribed and sworn to before me on: February 17 1971	12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20 1974	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: LDS Church	Date Issued: ------	Date Orig. Entry: Obviously Old	
	Date of Birth: Oct.10,1906	Birth Place: Paris, Idaho	Full Name of Mother: Elizabeth Wallentine	Name of Father: William Ezra Allred	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho File#48-11232	Date Issued: -----	Date Orig. Entry: child born Sept 2,1948	
	Date of Birth: Age 41 yrs	Birth Place: Paris, Idaho	Full Name of Mother: ----------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 202253	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: Apr.2,1940	Date Orig. Entry: Apr.2,1940	
	Date of Birth: Oct.10,1906	Birth Place: Paris, Idaho	Full Name of Mother: -----	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sl Florence Curtright	February 25,1971

FORM BH 56067

FEB 25 1971

553-108-039-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-192

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LARS FENTON NELSON			2. Date Of Birth (month) (day) (year): November 8, 1906
	3. Color or Race: Caucasian	4. Sex: Male	5. Place of Birth a. County: Rockland, Power County	b. City or Town of Birth: Rockland,
FATHER	6. Full Name of Father: LARS CHRISTOFFER NELSON			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: EMMA SEARS WAITE NELSON			9. State or Country of Mother's Birth: United States, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lars Fenton Nelson		11. Present Address of Registrant: American Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 2 19 71	12. Signature of Notary: Ben Cavaness		13. Notary Commission expires: November 5, 19 73

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Temporary Membership Record	By whom issued and signed: Weldon Poulson, Ward Clerk, LDS Church, Amer.Falls 2nd W.		Date Issued: ---	Date Orig. Entry: blessed Feb.3,1907
	Date of Birth: Nov.8,1906	Birth Place: Rockland, Idaho Power County	Full Name of Mother: Emma Sears Waite	Name of Father: Lars Christoffer Nelson	
SUPPORTING RECORD 2.	Type of Document: photocopy of affidavit by mother	By whom issued and signed: Emily S. Nelson		Date Issued: ---	Date Orig. Entry: Dec.29,1958
	Date of Birth: Nov.8,1906	Birth Place: Rockland, Idaho	Full Name of Mother: Emily S. Nelson	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Statement regarding lodge records	By whom issued and signed: W. Bob Koompin		Date Issued: Feb.16,1971	Date Orig. Entry: ---
	Date of Birth: Nov.8,1906	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	gml Glenda Larson	March 8, 1971

FORM BH 56067

1-26-71

MAR 9 1971

239-202-022-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-203

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ELIZABETH HARRIET STRONG
2. Date of Birth (month) SEPT. (day) 2 (year) 1906
3. Color or Race: white
4. Sex: FEMALE
5. Place of Birth a. County: IDAHO FREMONT
b. City or Town of Birth: ST. ANTHONY

FATHER

6. Full Name of Father: EDWARD ALLEN STRONG
7. State or Country of Father's Birth: IOWA

MOTHER

8. Full Maiden Name of Mother: SARAH SMITH
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elizabeth H. Johnson
11. Present Address of Registrant: 981 E. VILLA PASADENA - CALIF

NOTARY (Seal)

Subscribed and sworn to before me on Dec. 5, 1970

12. Signature of Notary: Mabel Horn
13. Notary Commission expires 19

OFFICIAL SEAL
ANGEL A. HORN
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires Oct 29, 1972
1000 E. Walnut St., Suite 101, Pasadena, Calif. 91109

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Policy #H90 075 289	The Prudential Ins. Co. of America	Aug.11,1955	Aug.11,1955
	Date of Birth: Sept.2,1906 / Birth Place: St.Anthony,Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Affidavit by mother	Sarah Strong	Feb.26,1971	---
	Date of Birth: Sept.2,1906 / Birth Place: St.Anthony,Idaho	Full Name of Mother: Sarah Smith Strong	Name of Father: Edward Allen Strong	
SUPPORTING RECORD 3.	Federal Census Record	U.S. Department of Commerce Bureau of the Census	Nov.16,1942	Jan.1,1920
	Date of Birth: Age: 13 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: Edward Strong	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Glenda Larson	March 10, 1971

FORM BH 56067 2nd form sent 8-1-67 ~~copy~~ copy pd re. # 364 (5)

Stirling

MAR 11 1971

413-129-036-884

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-218

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Weldon Hyde Dalley			2. Date Of Birth (month) (day) (year): Jan. 29 1906	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho Oneida	b. City or Town of Birth: Preston	
FATHER	6. Full Name of Father: Albert Chester Dalley			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Edna Estelle Hyde			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: W. Weldon Dalley	11. Present Address of Registrant: 9335 Cedar St. Bellflower	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 26th 19 71		12. Signature of Notary: Lloyd W. Hanson	13. Notary Commission expires: My Commission Expires Dec. 9, 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Kansas City Life Ins. Co.	Date Issued: June 24, 1946	Date Orig. Entry: June 24, 1946
	Date of Birth: Jan. 29, 1906	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of church Record of Membership		By whom issued and signed: LDS Church	Date Issued: ---	Date Orig. Entry: baptized Feb. 28, 1914
	Date of Birth: Jan. 29, 1906	Birth Place: Preston, Idaho Oneida County USA	Full Name of Mother: Edna E. Hyde	Name of Father: Albert C. Dalley	
SUPPORTING RECORD 3.	Type of Document: Statement by physician		By whom issued and signed: William C. Buss, M.D., Long Beach, Calif.	Date Issued: Feb. 22, 1971	Date Orig. Entry: Feb. 11, 1956
	Date of Birth: Age: 50	Birth Place: ----	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Larson	Evidence reviewed by: Glenda Larson	Date Filed: March 15, 1971

FORM BH 56067

MAR 15 1971

643-117-044-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-225

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clell James Williamson			2. Date Of Birth (month) November (day) 17 (year) 1906	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington	b. City or Town of Birth: Weiser	
FATHER	6. Full Name of Father: James I. Williamson			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Maud Ellen Saling			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clell J. Williamson		11. Present Address of Registrant: Weiser, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 16 1971	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Record of childs certificate	By whom issued and signed: Weiser General Hospital		Date Issued: Nov.18,46	Date Orig. Entry: Child born Nov.18,1946
	Date of Birth: Nov.17,1906	Birth Place: Weiser, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Nationwide		Date Issued: Jun.23,1966	Date Orig. Entry: April 5,1966
	Date of Birth: Nov.17,1906	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Uncle Age 78	By whom issued and signed: W. Don Williamson		Date Issued: Mar.16,1971	Date Orig. Entry: -----
	Date of Birth: Nov.17,1906	Birth Place: Weiser, Idaho	Full Name of Mother: Maude Ellen Saling	Name of Father: James I. Williamson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	March 17, 1971

FORM BH 56067

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MAR 1 7 1971

375

653-219-001-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-232

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elsie Irene Fetters		2. Date Of Birth (month) 1 (day) 19 (year) 06
	3. Color or Race: W	4. Sex: F	5. Place of Birth: Idaho a. County: Ada; b. City or Town of Birth: Meridian
FATHER	6. Full Name of Father: Michael Fetters		7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: America Ann Kaiser		9. State or Country of Mother's Birth: West Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: C. Irene Donaldson	11. Present Address of Registrant: 1829 Harvard St. Las Vegas, Nev.
NOTARY (Seal)	Subscribed and sworn to before me on: July 21 1966	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Rosella Moon Age: 71		Date Issued: July 21,1966	Date Orig. Entry: ---
	Date of Birth: Jan.19,1906	Birth Place: Meridian, Idaho	Full Name of Mother: America Ann Kaiser	Name of Father: Michael Fetters	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church 7th Ward, Las Vegas Stake		Date Issued: Jan.13,1957	Date Orig. Entry: baptized Jan.13,1957
	Date of Birth: Jan.19,1906	Birth Place: Meridian, Idaho	Full Name of Mother: America Ann Kiser	Name of Father: Michael Fetters	
SUPPORTING RECORD 3.	Type of Document: transcript of school records	By whom issued and signed: University of Nevada, Reno. Muriel M. Parks, Registrar		Date Issued: July 23,1959	Date Orig. Entry: --
	Date of Birth: Jan.19,1906	Birth Place: Meradian, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	March 19,1971

FORM BH 56067

7-21-66

MAR 19 1971

993-121-033-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-260

REGISTRANT (Person whose Birth is being registered)	**1. Registrant's Full Name at Birth** Lorin R. RICKS			**2. Date Of Birth** (month) (day) (year) 12/21/06	
	3. Color or Race White	**4. Sex** N	**5. Place of Birth** a. County Sugar, Idaho Madison	b. City or Town of Birth Sugar, Idaho	
FATHER	**6. Full Name of Father** Alfred Ricks			**7. State or Country of Father's Birth** Logan, Utah 11/28/1869	
MOTHER	**8. Full Maiden Name of Mother** Winniefred Roberts			**9. State or Country of Mother's Birth** Malad, Idaho 12/17/1875	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		**10. Signature of Registrant** Lorin R. Ricks	**11. Present Address of Registrant** Apt. 709 440 Davis St. San Francisco 94111	
NOTARY (Seal)	**Subscribed and sworn to before me on** March 19 19 71		**12. Signature of Notary**	**13. Notary Commission expires** April 16 19 71	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	**Type of Document** Statement and copy of employment records		**By whom issued and signed** John L. Murphy, Mgr. Payroll Western Pacific RR Co., SF, CA	**Date Issued** Mar. 18, 1971	**Date Orig. Entry** Mar. 16, 1937
	Date of Birth Dec. 21, 1906	**Birth Place** ---	**Full Name of Mother** ---	**Name of Father** ---	
SUPPORTING RECORD 2.	**Type of Document** photocopy of federal census record		**By whom issued and signed** U.S Department of Commerce Bureau of the Census	**Date Issued** Nov. 1, 1956	**Date Orig. Entry** Jan. 1, 1920
	Date of Birth Age: 13	**Birth Place** Idaho	**Full Name of Mother** Winifred Ricks	**Name of Father** Alfred Ricks	
SUPPORTING RECORD 3.	**Type of Document** photocopy of Certificate of Record of Membership		**By whom issued and signed** LDS Church	**Date Issued** Oct. 6, 1961	**Date Orig. Entry** Jan. 2, 1915
	Date of Birth Dec. 21, 1906	**Birth Place** Sugar City, Idaho	**Full Name of Mother** Winnifred Roberts	**Name of Father** Alfred Ricks	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar D W Peterson	**Evidence reviewed by** Glenda Larson	**Date Filed** March 25, 1971

FORM BH 56067

MAR 26 1971

847-222-044-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE71-265

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beulah Bell Hughes		2. Date Of Birth (month) June (day) 22 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington; b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: James Henry Hughes		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Cynthia May Catterson		9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beulah Bell (Hughes) Hendry	11. Present Address of Registrant: 1069 State St Weiser Ida
NOTARY (Seal)	Subscribed and sworn to before me on: March 26 1971	12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho File# 135916	Date issued: ------	Date Orig. Entry: Child born July 27,1925
	Date of Birth: age 19 yrs; Birth Place: Weiser, Idaho	Full Name of Mother: -------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Family Bible	By whom issued and signed: Family	Date issued: ------	Date Orig. Entry: Obviously Old
	Date of Birth: June 22,1906; Birth Place: Washington County Idaho	Full Name of Mother: May(Hughes) Catterson	Name of Father: J. H. Hughes	
SUPPORTING RECORD 3.	Type of Document: Statement of Hospital Record	By whom issued and signed: Boise, Idaho St. Alphonsus Hospital	Date issued: March 26,1971	Date Orig. Entry: April 11,1965
	Date of Birth: June 22, 1906; Birth Place: -----	Full Name of Mother: ------	Name of Father: --------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sl Sue Lowe	March 26, 1971

FORM BH 56067

MAR 26 1971

335-129-010-444

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-274

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ray Oral Clagg		2. Date Of Birth (month) 3 (day) 29 (year) 1906
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: Willow Creek Bonneville now Ucon Idaho. b. City or Town of Birth: Willow Creek (now Ucon, Ida)
FATHER	6. Full Name of Father: William James Clegg.		7. State or Country of Father's Birth: Weber City, Utah.
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Mudd		9. State or Country of Mother's Birth: Salt Lake City, Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ray Oral Clegg	11. Present Address of Registrant: Ucon, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: March 11 1971	12. Signature of Notary: Alene M. Hill	13. Notary Commission expires: June 25 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person who knew family at time of birth	By whom issued and signed: Mary Maxfield Age:88	Date Issued: Mar.11,1971	Date Orig. Entry: -- -
	Date of Birth: Mar.29,1906 / Birth Place: Willow Creek, Ida. (now Ucon, Ida.)	Full Name of Mother: Mary Elizabeth Clegg	Name of Father: William James Clegg	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #210661	Date Issued: ----	Date Orig. Entry: child born Feb.19,1933
	Date of Birth: Age: 26 / Birth Place: Ucon, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Mar.25,1971	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 4 / Birth Place: Idaho	Full Name of Mother: Mary E. Clagg	Name of Father: William Clagg	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	March 31, 1971

FORM BH 56067

1 cr. pd rec. 4592 (C) 3-9-71 gml

C. Clegg

APR 1 1971

493-201-0026-966

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-281

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Isabelle Miller		2. Date Of Birth (month) (day) (year): September 1, 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Fremont b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Ephriam Lorenzo Miller		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Margaret Rowland Miller		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Isabelle Miller	11. Present Address of Registrant: Box 247 Ririe Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 28 1967	12. Signature of Notary: [illegible]	13. Notary Commission expires: July 15 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of baptism	By whom issued and signed: Ririe Presbyterian church J.E.S.Lahman, Pastor	Date Issued: -----	Date Orig. Entry: baptized Aug.8,1920
	Date of Birth: Sept.1,1906 / Birth Place: Ririe, Idaho	Full Name of Mother: Margaret Miller	Name of Father: Ephraim Lorenzo Miller	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy 18-394-610	By whom issued and signed: New York Life Ins. Co.	Date Issued: -----	Date Orig. Entry: May 12,1943
	Date of Birth: Sept.1,1906 / Birth Place: Ririe, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: Roland H. Miller Age: 76	Date Issued: Mar.29,1971	Date Orig. Entry: ----
	Date of Birth: Sep.1,1906 / Birth Place: Ririe, Idaho	Full Name of Mother: Margaret Miller	Name of Father: Ephriam L. Miller	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	April 1, 1971

FORM BH 56067

Application # 14647

(m) 11-21-67 gml

APR 2 1971

231-219-044-683

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-283

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VIVIAN CAROLINE BLAKESLEE		2. Date Of Birth (month) 2/ (day) 19/ (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: CAMBRIDGE; b. City or Town of Birth: CAMBRIDGE, IDAHO
FATHER	6. Full Name of Father: Winfred Wilson Blakeslee		7. State or Country of Father's Birth: Union, Oregon
MOTHER	8. Full Maiden Name of Mother: Julia Agnes Wilson		9. State or Country of Mother's Birth: Joseph, Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vivian B. Yuyen	11. Present Address of Registrant: 7406 N. McKenna - Portland
NOTARY (Seal)	Subscribed and sworn to before me on: April 1 1971	12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20 1974

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Attendant Age81		By whom issued and signed: Effie W. Bradshaw	Date issued: Apr.22,1970	Date Orig. Entry: -----
	Date of Birth: Feb.19,1906	Birth Place: Cambridge, Idaho	Full Name of Mother: Julia Agnes Wilson	Name of Father: Winfred Wilson Blakeslee	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: Health Dept.- Utah	Date issued: Jun 18,1947	Date Orig. Entry: child born Oct.15,1929
	Date of Birth: Age 23	Birth Place: Cambridge, Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Employment Record		By whom issued and signed: U.S. Civil Service Comm.	Date issued: Sept.4,1942	Date Orig. Entry: ----
	Date of Birth: Feb.19,1906	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	April 1 1971

FORM BH 56067 [illegible] rec # 26684 1-6-70

FEB 2 3 1972

APR 1 1971

165-127010-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-284

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Miles Jones		2. Date Of Birth (month) May (day) 27 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Iona
FATHER	6. Full Name of Father: Merlin Ezekiel Jones		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Elsie May Carson		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Miles Jones	11. Present Address of Registrant: 3029 North Evergreen Phoenix, Arizona
NOTARY (Seal)	Subscribed and sworn to before me on: March 8 19 71	12. Signature of Notary: Delia J Daly	13. Notary Commission expires: My Commission Expires ____ 19__

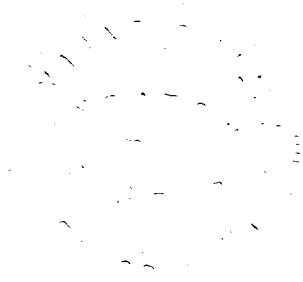
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Ordination as a Priest	By whom issued and signed: LDS Church, Ogden 7th Ward, Ray K. Donaldson, Asst.W.Clk.	Date issued: Jan.28,1925	Date Orig. Entry: ordained Jan.25,1925
	Date of Birth: May 27,1906	Birth Place: Iona, Bonneville County, Idaho	Full Name of Mother: Elsie Carson	Name of Father: Merlin Jones
SUPPORTING RECORD 2.	Type of Document: Driver's License #K 50735	By whom issued and signed: State of Utah	Date issued: Oct.20,1951	Date Orig. Entry: Oct.20,1951
	Date of Birth: May 27,1906	Birth Place: ---	Full Name of Mother: ----	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Patriarchal Blessing	By whom issued and signed: Edward A. Olsen, Patriarch	Date issued: Apr.4,1929	Date Orig. Entry: Apr.4,1929
	Date of Birth: May 27,1906	Birth Place: Iona, Idaho	Full Name of Mother: Elsie Carson Jones	Name of Father: Murlin E. Jones
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: April 2, 1971

FORM BH 56067

APR 5 1971



964-21-029-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-287

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cleo Beryl Rodgers		2. Date Of Birth (month) Nov (day) 21 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: Charles Belten Rodgers		7. State or Country of Father's Birth: N C	
MOTHER	8. Full Maiden Name of Mother: Edna Jane Cole		9. State or Country of Mother's Birth: N C	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beryl R. Taylor	11. Present Address of Registrant: 810 West 12th The Dalles, ORE 97058	
NOTARY (Seal)	Subscribed and sworn to before me on 5th day of March 19 71	12. Signature of Notary: Donald E Lapreau	13. Notary Commission expires: 1-21 19 73	

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy #17364	By whom issued and signed: Church Life Ins. Copr.,NY,NY	Date Issued: ---	Date Orig. Entry: Jan.16,1948	
	Date of Birth: Nov.21,1906	Birth Place: Moscow, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Records in Bible	Date Issued: ----	Date Orig. Entry: appears old	
	Date of Birth: Nov.21,1906	Birth Place: ----	Full Name of Mother: Edna Jane Cole	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of school record	By whom issued and signed: Marshal T. Keating, Supt. Moscow, ID Moscow High School	Date Issued: ---	Date Orig. Entry: 1921-24	
	Date of Birth: Nov.21,1906	Birth Place: ----	Full Name of Mother: ----	Name of Father: C B. Rodgers	

QUALIFYING INFORMATION

Affidavit by mother, Edna Jane Cole Rodgers, dated March 21, 1971 states that Cleo Beryl Rodgers was born on November 21, 1906 at Moscow, Idaho.

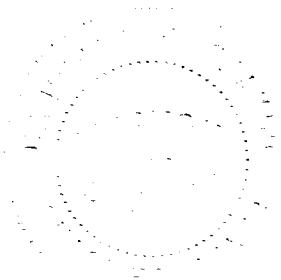
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	April 6, 1971

FORM BH 56067

APR 7 1971



543-130-021-387

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE71-312
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Russell Elmer Edlefsen		2. Date Of Birth (month) 9 (day) 30 (year) 06	
	3. Color or Race: White	4. Sex: M	5. Place of Birth: Idaho a. County: Franklin	b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: James Lauritz Edlefsen		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Lettie Thatcher Edlefsen		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: R. E. Edlefsen	11. Present Address of Registrant: 1918 N. 29th Boise, Id.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 14 1971	12. Signature of Notary: Gordon M. Hunter	13. Notary Commission expires: Feb 5 1974	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*	Type of Document: Affidavit by Cousin Age 78yrs	By whom issued and signed: Rachel Gilgen	Date Issued: May 4, 1970	Date Orig. Entry: --------
	Date of Birth: Sept30,1906 / Birth Place: Preston, Idaho	Full Name of Mother: Lettie Thatcher	Name of Father: James L. Edlefsen	
SUPPORTING RECORD 2. Class	Type of Document: Church Record	By whom issued and signed: LDS Church Boise, Idaho	Date Issued: Feb.20,1932	Date Orig. Entry: Baptized April 6,1921
	Date of Birth: Sept.30,1906 / Birth Place: Preston, Idaho	Full Name of Mother: Lettie Thatcher	Name of Father: James L. Edlefsen	
SUPPORTING RECORD 3. Class	Type of Document: Insurance Policy # 3666426	By whom issued and signed: Mutual Life Insurance Co. of New York	Date Issued: July 10,1926	Date Orig. Entry: -------
	Date of Birth: Sept 30,1906 / Birth Place: Preston,Idaho	Full Name of Mother: Lettie Thatcher Edlefsen	Name of Father: --------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Sue Lowe	Date Filed: April 14, 1971

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 14 1971

362-202-006-692

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De 71-320**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cecelia Cosgrove		2. Date Of Birth (month) (day) (year): January 2, 1906
	3. Color or Race: Indian 3/4	4. Sex: Female	5. Place of Birth a. County: b. City or Town of Birth: Fort Hall Indian Reservation
FATHER	6. Full Name of Father: Thomas K, Cosgrove (1/2 Bannock Indian)		7. State or Country of Father's Birth: Wyoming
MOTHER	8. Full Maiden Name of Mother: Nancy Wishwop (4/4 Shoshone Indian)		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cecelia A. Eschief	11. Present Address of Registrant: Box 327, Fort Hall, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 14 1971	12. Signature of Notary: Nellie C. Broncho	13. Notary Commission expires: January 27 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. *	Type of Document: photocopy of Indian Census Roll		By whom issued and signed: Fort Hall Reservation, Idaho	Date issued: Apr.7,1971	Date Orig. Entry: Jan.1,1947
	Date of Birth: Jan.2,1906	Birth Place: -----	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #251776	Date issued: --	Date Orig. Entry: child born Feb.14,1937
	Date of Birth: Age: 31	Birth Place: Fort Hall, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Nancy Wishwop Cosgrove	Date issued: Apr.14,1971	Date Orig. Entry: ---
	Date of Birth: Jan.2,1906	Birth Place: Lincoln Creek, Fort Hall Reservation	Full Name of Mother: Nancy Wishwop Cosgrove	Name of Father: Thomas K. Cosgrove	
QUALIFYING INFORMATION	*tribe Sho-Ban. 3/4 blood.				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	April 16, 1971

FORM BH 56067

APR 16 1971

-234-108-025-369

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-332

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Everett Frederick Stuber			2. Date Of Birth: (month) Sept. (day) 8 (year) 1906
	3. Color or Race: White	4. Sex: M	5. Place of Birth: a. County IDAHO	b. City or Town of Birth: Cottonwood
FATHER	6. Full Name of Father: George F. Stuber			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Elizabeth Corcoran			9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Everett F. Stuber		11. Present Address of Registrant: Rt 3 Box 3182 Wapato, Wn 98951
NOTARY (Seal)	Subscribed and sworn to before me on: April 3, 1971	12. Signature of Notary: Margaret C. Gwinn		13. Notary Commission expires: February 16 1975

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of own child's birth certificate	By whom issued and signed: Child born in Wapato, Washington	Date Issued: ----	Date Orig. Entry: child born Oct.4,1931
	Date of Birth: Age: 25 / Birth Place: Cottonwood, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of Baptismal certificate	By whom issued and signed: Roman Catholic Church Cottonwood, Idaho	Date Issued: Nov.9,1967	Date Orig. Entry: baptized Sept.23,1906
	Date of Birth: Sept.8,1906 / Birth Place: Cottonwood, Idaho	Full Name of Mother: Elizabeth Corcoran	Name of Father: George F. Stubber	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother (bd. 1-22-1896)	By whom issued and signed: George W. Stuber	Date Issued: Apr.18,1971	Date Orig. Entry: ---
	Date of Birth: Sept.8,1906 / Birth Place: Cottonwood, Idaho	Full Name of Mother: Lizzie Corcoran	Name of Father: George F. Stuber	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: April 21, 1971

FORM BH 56067

APR 2 2 1971

123-210-001-425

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-338

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ines Azcuenaga (Ines is Spanish for Inez)			2. Date Of Birth (month) 7 (day) 10 (year) 1906	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Boise, Idaho Ada	b. City or Town of Birth: Boise	
FATHER	6. Full Name of Father: Antonio Azcuenaga			7. State or Country of Father's Birth: Spain	
MOTHER	8. Full Maiden Name of Mother: Maria Conception Uberuaga			9. State or Country of Mother's Birth: Spain	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Inez A. Wilcomb	11. Present Address of Registrant: 1450 So. 2200 E Salt Lake City, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: April 16, 1971		12. Signature of Notary: Newell K. Gaff	13. Notary Commission expires: May 25, 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of baptismal certificate		By whom issued and signed: St.John's Cathedral,Boise,ID Rt.Rev.K.F.Rowe,	Date Issued: Sep.8,1962	Date Orig. Entry: baptized Sept.11,1906
	Date of Birth: July 10,1906	Birth Place: ----	Full Name of Mother: Maria Conception Uberuaga	Name of Father: Antonio Azcuenaga	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: The Northwestern Mutual Life Ins. Co., Milwaukee, WI	Date Issued: ----	Date Orig. Entry: March 31,1952
	Date of Birth: July 10,1906	Birth Place: Boise, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: U.S. Passport #Y106300		By whom issued and signed: U.S. Secretary of State	Date Issued: Sep.18,1962	Date Orig. Entry: Sep.18,1962
	Date of Birth: July 10,1906	Birth Place: Idaho, U.S.A.	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: April 23, 1971

FORM BH 56067

3-17-71

APR 23 1971

295-123-029-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-353

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lyle Thomas Kinsella
2. Date Of Birth: (month) 12 (day) 23 (year) 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: LATAH; b. City or Town of Birth: Potlatch

FATHER

6. Full Name of Father: Nicholas Edward Kinsella
7. State or Country of Father's Birth: New York

MOTHER

8. Full Maiden Name of Mother: Elizabeth - ? Scallon
9. State or Country of Mother's Birth: Canada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lyle T. Kinsella
11. Present Address of Registrant: 116 N Howard Moscow Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 5, 1971
12. Signature of Notary: W. Bohnen
13. Notary Commission expires: 7-1-1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of employment record	Potlatch Company, Idaho	---	1922
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.23,1906 / Potlatch, Idaho	---	----	
SUPPORTING RECORD 2.	Statement regarding school records Dist. #94	Latah County, Idaho	June 5,1970	Sept. 1919
	Age: 12 / ----	Mrs. E. Kinsella	----	
SUPPORTING RECORD 3.	photocopy of application for social security #518-01-0551	Social Security Adm.	Dec.3,1936	Dec.3,1936
	Dec.23,1906 / Potlatch, Idaho	Elizabeth Gertrude Scallon	Micolas Kinsella	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	April 29, 1971

FORM BH 56067

APR 30 1971

433-208-023-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE 71-372**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rilla Fay McConnell	2. Date Of Birth (month) (day) (year): Dec 8 - 1906
	3. Color or Race: white; 4. Sex: F; 5. Place of Birth a. County: Grand Mothers home - Gem	b. City or Town of Birth: Emmett, Idaho.
FATHER	6. Full Name of Father: Orville George McConnell	7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Patten	9. State or Country of Mother's Birth: Manti, Sanpete, Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rilla Fay Rosenlund; 11. Present Address of Registrant: Gunnison, Utah.
NOTARY (Seal)	Subscribed and sworn to before me on: May 3, 1971	12. Signature of Notary: [signature]; 13. Notary Commission expires: August 3 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Leo D.Bardsley, Clerk, Gunnison 2nd Ward	Date issued: Feb.25,1962	Date Orig. Entry: baptized Feb.24,1962
	Date of Birth: Dec.8,1906; Birth Place: Emmett, Idaho Gem County	Full Name of Mother: Mary Ellen Patten	Name of Father: Orville George McConnell	
SUPPORTING RECORD 2.	Type of Document: photocopy of patriarchal blessing	By whom issued and signed: Charles S. Hansen, Patriarch Gunnison St., Centerfield, UT	Date issued: ---	Date Orig. Entry: Jan.28,1963
	Date of Birth: Dec.8,1906; Birth Place: Emmett, Idaho	Full Name of Mother: Mary Ellen Patten	Name of Father: Orville George McConnell	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #168794	Date issued: ---	Date Orig. Entry: child born Feb.4,1929
	Date of Birth: Age: 22; Birth Place: Emmett, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	May 6, 1971

FORM BH 56067

4-28-71

MAY 6 1971

915-209-033-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-398

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jessie Virginia Rands			2. Date Of Birth (month) 9 (day) 9 (year) 1906
	3. Color or Race: Cauc	4. Sex: Female	5. Place of Birth a. County: Madison	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Hyrum (N) Rands			7. State or Country of Father's Birth: South Africa
MOTHER	8. Full Maiden Name of Mother: Sarah Phyllis Winter			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Jessie Virginia Rands Hope	11. Present Address of Registrant: 586 E. 2850 No No Ogden Utah
NOTARY (Seal)	Subscribed and sworn to before me on: May 12 1971		12. Signature of Notary: Glenn Larson	13. Notary Commission expires: April 25 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

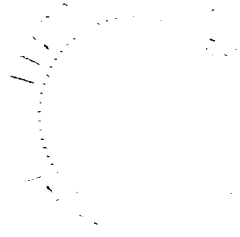
SUPPORTING RECORD 1.	Type of Document: LDS Church Certificate of Birth		By whom Issued and signed: Fremont Stake, Rexburg 2nd Ward Book 22489 blessed entry #156	Date Issued: Apr.22,1971	Date Orig. Entry: Nov.4,1906
	Date of Birth: Sep.9,1906	Birth Place: Rexburg, Idaho	Full Name of Mother: Sarah P. Winter	Name of Father: Hyrum Rands	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister		By whom issued and signed: Bertha McKinley (bd.7-16-1886)	Date Issued: Apr.21,1971	Date Orig. Entry: ---
	Date of Birth: Sep.9,1906	Birth Place: Rexburg, Idaho	Full Name of Mother: Sarah P. Winter	Name of Father: Hyrum Rands	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #302720		By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: ---	Date Orig. Entry: Aug.8,1947
	Date of Birth: Sep.9,1906	Birth Place: Rexburg, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: May 19, 1971

FORM BH 56067

U-14-71

MAY 19 1971



193-223-033-456

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-404

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Archibald			2. Date Of Birth (month) April (day) 23 (year) 1906
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Fremont Idaho	b. City or Town of Birth: Rexburg, Idaho
FATHER	6. Full Name of Father: Robert Archibald			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Lois Sewellings			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred A Draper		11. Present Address of Registrant: 4335 aldrich ave So. Minneapolis, Minn 55409
NOTARY (Seal)	Subscribed and sworn to before me on: April 17 1971	12. Signature of Notary: C Laurel Birdsall		13. Notary Commission expires: G. LAUREL BIRDSALL Notary Public, Hennepin County, Minn. ~~My Commission Expires Dec. 26, 1978~~ 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of hospital record	By whom issued and signed: Mayo Clinic, Rochester, MN M.G.Brataas' of Administration	Date Issued: Apr.14,1971	Date Orig. Entry: Aug.31,1966	
	Date of Birth: April 23,1906	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of Own child's birth certificate	By whom issued and signed: State of Minnesota, City of Minneapolis #459	Date Issued: July 1,1953	Date Orig. Entry: child born Aug.23,1935	
	Date of Birth: Age: 29	Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: University of Idaho, Moscow M.E. Telin, Registrar	Date Issued: May 12,1971	Date Orig. Entry: matriculated Sept.17,1925	
	Date of Birth: Apr.23,1906	Birth Place: Rexburg, Idaho	Full Name of Mother: Mrs. R. G. Archibald	Name of Father: Mr. R. G. Archibald	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	May 20, 1971

FORM BH 56067

4 - X - 71

MAY 21 1971

281-23-001-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-434

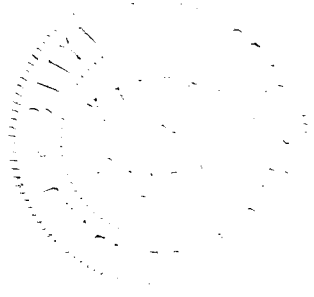
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Velna Editha Shanks			2. Date Of Birth (month) (day) (year): August 31, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Meridian
FATHER	6. Full Name of Father: John Herman Shanks			7. State or Country of Father's Birth:
MOTHER	8. Full Maiden Name of Mother: Emma Dell Long			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Velna Editha Shanks	11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: June 2, 19 71		12. Signature of Notary: Carolyn H. Cryer	13. Notary Commission expires: July 15 19 77

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #FSP-1-2059	By whom issued and signed: National Public Service Ins. Co. of Seattle, WA	Date Issued: Dec. 4, 1944	Date Orig. Entry: Oct. 29, 1944
	Date of Birth: Aug. 31, 1906 / Birth Place: Meridian, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Hospital Certificate of own child's birth certificate	By whom issued and signed: St. Alphonsus Hospital, Boise Idaho	Date Issued: -- -	Date Orig. Entry: child born July 31, 1940
	Date of Birth: Aug. 31, 1906 / Birth Place: Meridian, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Family Bible	By whom issued and signed: Family Records in Bible	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Aug. 31, 1906 / Birth Place: Meridian, Idaho	Full Name of Mother: Emma Shank (nee Long)	Name of Father: John Shanks	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. M. Barron	Evidence reviewed by: gml Glenda Larson		Date Filed: June 2, 1971

FORM BH 56067

JUN 2 1971



238728-031-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-470

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John Edward Schmidlkofer
2. Date Of Birth (month) (day) (year): December 28 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Lewis
b. City or Town of Birth: Nez Perce

FATHER

6. Full Name of Father: Matthew Schmidlkofer
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Elizabeth Lauby
9. State or Country of Mother's Birth: Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John E Schmidlkofer
11. Present Address of Registrant: Chewelah, Wash. 99109

NOTARY (Seal)

Subscribed and sworn to before me on June 2 19 71

12. Signature of Notary: Phillip P Shook
13. Notary Commission expires: Feb. 17 19 75

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	certified copy of register of voters	Stevens County, WA	May 5,1971	Aug.3,1956
	Date of Birth Dec.28,1906 / **Birth Place** NezPerce, Idaho	**Full Name of Mother** ---	**Name of Father** ---	
SUPPORTING RECORD 2.	photocopy of hospital record	St.Joseph's Hospital, Chewelah Washington	---	Apr.4,1946
	Date of Birth Age:39 Dec.28 / **Birth Place** ---	**Full Name of Mother** Mrs. Mathew Schmidlkofer	**Name of Father** ---	
SUPPORTING RECORD 3.	photocopy of a page from the family Bible	Family Records in Bible		
	Date of Birth Dec.28,1906 / **Birth Place** Nez Perce, Idaho	**Full Name of Mother** ---	**Name of Father** ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	June 17, 1971

FORM BH 56067

lcppd rec # 14254

6-23-71

Schmidlkofer

JUN 17 1971

795-202-025-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-496

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELLA JUNE PREUSYGER		2. Date Of Birth (month) Nov. (day) 2 (year) 1906
	3. Color or Race: White	4. Sex: Fem.	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Kidder
FATHER	6. Full Name of Father: ROBERT PREUSYGER		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: BARBARA MITCHELL		9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ella J Preusyger	11. Present Address of Registrant: 209 West 45th St. Vancouver, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: April 7 1971	12. Signature of Notary: James L Drew	13. Notary Commission expires: May 21 1972

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding voting records	By whom issued and signed: City of Vancouver, WA	Date Issued: Jan.28,1971	Date Orig. Entry: Feb.5,1954
	Date of Birth: Nov.2,1906	Birth Place: Kidder, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Certified copy of Certificate of Marriage #A 8307	By whom issued and signed: Clark County, Washington	Date Issued: May 10,1971	Date Orig. Entry: May 29,1926
	Date of Birth: Age: 19	Birth Place: Idaho	Full Name of Mother: Barbara Mitchell	Name of Father: Robert Preusyger
SUPPORTING RECORD 3.	Type of Document: Church record	By whom issued and signed: Geo.Finke,Ev.Luth. Pastor Kendrick, Idaho	Date Issued: ---	Date Orig. Entry: Dec.1,1912
	Date of Birth: Nov.2,1906	Birth Place: Kidder, Idaho	Full Name of Mother: Barbara Michel	Name of Father: Robert Preussger

QUALIFYING INFORMATION

Affidavit by Wade T. Keene, Age: 83, signed May 16, 1971 who was a friend of the family at time of birth gives: birthdate - November 2, 1906; birthplace - Kidder, Idaho; parents - Robert and Barbara Preusyger.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	June 24, 1971

FORM BH 56067

JUN 24 1971

864-108-036-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-510

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Brigham Lowe Young		2. Date Of Birth (month) (day) (year): June 8, 1906
	3. Color or Race: Wh	4. Sex: M	5. Place of Birth: a. County: Preston Oneida; b. City or Town of Birth: Preston, Idaho
FATHER	6. Full Name of Father: George Young		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Rosetta Barfus		9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Brigham Lowe Young	11. Present Address of Registrant: Grace, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: JUN 18 1971 19	12. Signature of Notary: [signature]	13. Notary Commission expires: Mar. 18, 1973

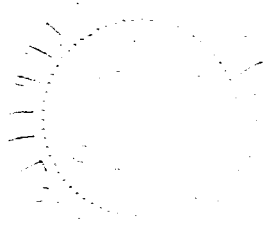
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy # 19335	By whom issued and signed: National Public Service Ins.	Date Issued: Feb.26,1952	Date Orig. Entry: Feb.13,1952
	Date of Birth: Jun.8,1906 / Birth Place: Preston, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination	By whom issued and signed: L.D.S.Church	Date Issued: Jan.24,1926	Date Orig. Entry: Ordained Jan. 24,1926
	Date of Birth: Jun.8,1906 / Birth Place: Preston,Idaho	Full Name of Mother: Rosetta Barfus	Name of Father: George Young	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Rosetta Young	Date Issued: May 10,1971	Date Orig. Entry: -----
	Date of Birth: Jun.8,1906 / Birth Place: Preston,Idaho	Full Name of Mother: Rosetta Barfus	Name of Father: George Young	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: July 1, 1971

FORM BH 56067

JUL 1 1971



692-21-022-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-511

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ralph Berreton Fisher			2. Date Of Birth: (month) April (day) 21 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: (Idaho) a. County: Fremont	b. City or Town of Birth: Edmonds
FATHER	6. Full Name of Father: John Thomas Fisher			7. State or Country of Father's Birth: Utah USA
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Compton			9. State or Country of Mother's Birth: Utah USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ralph Berreton Fisher		11. Present Address of Registrant: 237 North 6th East, St. Anthony, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 5 19 71	12. Signature of Notary: [illegible]		13. Notary Commission expires: State of Idaho, February 6 19 72

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school census records	By whom issued and signed: Fremont County, Idaho		Date Issued: Feb.24,1971	Date Orig. Entry: Sept. 1918
	Date of Birth: Age: 12	Birth Place: ----	Full Name of Mother: ---	Name of Father: John T. Fisher	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Ethel F. Quayle (b.d. jan.26,1891)		Date Issued: Feb.27,1971	Date Orig. Entry: ---
	Date of Birth: Apr.21,1906	Birth Place: Edmonds, IDAHO	Full Name of Mother: Mary E. Fisher	Name of Father: John T. Fisher	
SUPPORTING RECORD 3.	Type of Document: U. S. Census	By whom issued and signed: U.S. Dept. of Commerce		Date Issued: Jun.22,1971	Date Orig. Entry: Census taken Apr.15,1910
	Date of Birth: Age 3	Birth Place: Idaho	Full Name of Mother: Mary E. Fisher	Name of Father: John T. Fisher	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	July 1, 1971

FORM BH 56067

JUL 1 1971

692-110-035-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-526

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN HOOD FISKE			2. Date Of Birth (month) (day) (year): December 10 1906
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Ilo (now Craigmont)
FATHER	6. Full Name of Father: Nathan Milo Fiske			7. State or Country of Father's Birth: Minnesota, USA
MOTHER	8. Full Maiden Name of Mother: Mary Eliza Hood			9. State or Country of Mother's Birth: Illinois, USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Hood Fiske		11. Present Address of Registrant: 4031 45th Ave. SW Seattle, Washing. 98116
NOTARY (Seal)	Subscribed and sworn to before me on: June 28 1971	12. Signature of Notary: Dorothy Knack		13. Notary Commission expires: April 1 1974

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: N. M. Fiske - Eliza Fiske		Date Issued: Apr.7,1952	Date Orig. Entry: ------
	Date of Birth: Dec.10,1906	Birth Place: Ilo, Idaho	Full Name of Mother: Mary Eliza Hood	Name of Father: Nathan Milo Fiske	
SUPPORTING RECORD 2.	Type of Document: Appl.for Security Clearance	By whom issued and signed: Corps of Engineers,U.S.Army		Date Issued: Nov.17,1952	Date Orig. Entry: Sept.23,1948
	Date of Birth: Dec.10,1906	Birth Place: Ilo, Idaho	Full Name of Mother: Eliza Hood Fiske	Name of Father: Nathan Milo Fiske	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Ins. Co.		Date Issued: Dec.8,1921	Date Orig. Entry: Dec.8,1921
	Date of Birth: Dec.10,1906	Birth Place: Ilo, Idaho	Full Name of Mother: -----	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

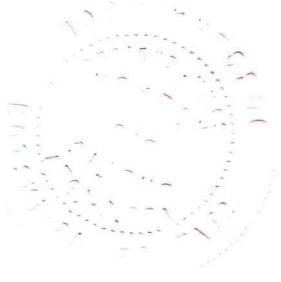
State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	July 8, 1971

FORM BH 56067

6-3-71

Mike

JUL 8 1971



553-11-8-041-852

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-528

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Warren Edmond Nelson			2. Date Of Birth (month) October (day) 18 (year) 1906
	3. Color or Race: W	4. Sex: M	5. Place of Birth: Driggs, Idaho a. County: Teton	b. City or Town of Birth: Driggd, Idaho
FATHER	6. Full Name of Father: Edmond William Nelson			7. State or Country of Father's Birth: Franklin, Idaho
MOTHER	8. Full Maiden Name of Mother: Phoebe Hannah Hebdon			9. State or Country of Mother's Birth: Paris, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Warren E. Nelson		11. Present Address of Registrant: Box 666, Homedale, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 14 19 71	12. Signature of Notary: Lucie Bidwell		13. Notary Commission expires: April 18 19 73

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho File # 48-6298		Date Issued: ----------	Date Orig. Entry: Child born June 9, 1948
	Date of Birth: Age 41 Yrs	Birth Place: Driggs, Idaho	Full Name of Mother: -------	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement of Hospital Record	By whom issued and signed: Caldwell Memorial Hospital Lorraine Schimmels, Mgn Dir. Med. Records		Date Issued: June 14, 1971	Date Orig. Entry: March 4, 1960
	Date of Birth: Oct. 18, 1906	Birth Place: Driggs, Idaho	Full Name of Mother: ----	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Phoebe Hebdon Nelson		Date Issued: Mar. 2, 1929	Date Orig. Entry: ----
	Date of Birth: Oct. 18, 1906	Birth Place: Driggs, Idaho	Full Name of Mother: Phebe H. Hebdon	Name of Father: Edmond William Nelson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: sl Florence Curtright	Date Filed: July 9, 1971

FORM BH 56067

JUL 9 1971

238-209-008-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-673

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilma Agnes Schneider		2. Date of Birth (month) November (day) 9 (year) 1906
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Boise, b. City or Town of Birth: Gardena
FATHER	6. Full Name of Father: Wilfred Albert Schneider		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Carrie May Harrington		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilma Agnes Vaughn	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on Sept. 17 1971	12. Signature of Notary: Florence Curtright	13. Notary Commission expires 4-20 1974

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Report	By whom issued and signed: U.S. Dept. of Commerce	Date Issued: Jun.10,1971	Date Orig. Entry: Census Taken Apr.15,1910
	Date of Birth: Age 3 / Birth Place: Idaho	Full Name of Mother: Carrie Schneider	Name of Father: Wilfred A. Schneider	
SUPPORTING RECORD 2.	Type of Document: School Report	By whom issued and signed: Boise County, Idaho	Date Issued: Sept.14,1971	Date Orig. Entry: Sept. 1915
	Date of Birth: Age 8 / Birth Place: ---	Full Name of Mother: Carrie Schneider	Name of Father: Wilfred Schneider	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: Family	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Nov.9,1906 / Birth Place: Gardena,Idaho	Full Name of Mother: Carrie Harrington	Name of Father: Wilfred Albert Schneider	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: Sept. 23,1971

FORM BH 56067

SEP 23 1971

437227-029-546

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-681

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth McGreal		2. Date Of Birth (month) 12 (day) 27 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah; b. City or Town of Birth: Potlatch
FATHER	6. Full Name of Father: William Lawrence McGreal		7. State or Country of Father's Birth: Calif.
MOTHER	8. Full Maiden Name of Mother: Penelope Edwards		9. State or Country of Mother's Birth: Tenn.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Saad	11. Present Address of Registrant: Potlatch.
NOTARY (Seal)	Subscribed and sworn to before me on: June 11, 1971	12. Signature of Notary: James P. McGreal	13. Notary Commission expires: August 3 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school records		By whom issued and signed: Latah County, Idaho School Dist. #94	Date issued: May 21,1971	Date Orig. Entry: Sept.2,1919
	Date of Birth: Age: 12	Birth Place: ---	Full Name of Mother: ---	Name of Father: William McGreal	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance		By whom issued and signed: Montana Life Ins. Co. of Helena, MT	Date issued: ----	Date Orig. Entry: Apr.11,1936
	Date of Birth: Dec.27,1906	Birth Place: Potlatch, Idaho	Full Name of Mother: Nettie McGreal	Name of Father: William L. McGreal	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #303940	Date issued: ----	Date Orig. Entry: child born Nov.17,1940
	Date of Birth: Age: 33	Birth Place: Potlatch, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Sept. 29, 1971

FORM BH 56067

1 copy rec # 16712

(m) 6-2-71 gml

SEP 30 1971

794-228-028-843

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-695

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Germaine Jeanette Gimble		2. Date Of Birth (month) (day) (year): February 28, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootenai — b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: Edward Everett Gimble		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Mary Renick Hull		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Germaine (Gimble) Grigsby	11. Present Address of Registrant: 6656 Lenard Road RR1 Coopersville, Michigan 49404
NOTARY (Seal)	Subscribed and sworn to before me on 9/20/ 19 71	12. Signature of Notary: [illegible]	13. Notary Commission expires: WILLIAM J. MILLER Notary Public Residing at Coeur d'Alene, Idaho 19 — My commission expires Feb. 17, 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement and copy of school records - Spokane, WA	By whom issued and signed: C. William Anderson, Principal Lewis & Clark High School	Date Issued: Apr.19,1971	Date Orig. Entry: Sept.8,1921
	Date of Birth: Feb.28,1906 / Birth Place: ----	Full Name of Mother: ----	Name of Father: E. E. Gimble	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person present at time of birth	By whom issued and signed: Regina Moran Age: 74	Date Issued: July 13,1971	Date Orig. Entry: ----
	Date of Birth: Feb.28,1906 / Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Mary R. Gimble	Name of Father: Edward E. Gimble	
SUPPORTING RECORD 3.	Type of Document: transcript of school record	By whom issued and signed: University of Idaho, M.E. Telin, Registrar	Date Issued: July 13,1971	Date Orig. Entry: Sept.17,1925
	Date of Birth: Feb.28,1906 / Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ----	Name of Father: E. E. Gimble	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	October 5, 1971

FORM BH 56067

OCT 6 1971

236-101-021-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-696

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lorin Housley Stone			2. Date Of Birth (month) Oct. (day) 1 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Mapleton
FATHER	6. Full Name of Father: Joseph Aaron Stone			7. State or Country of Father's Birth: Florence, Nebraska
MOTHER	8. Full Maiden Name of Mother: Anna Eliza Housley			9. State or Country of Mother's Birth: Paradise, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lorin H. Stone		11. Present Address of Registrant: Soda Springs, Idaho. Lorin H. Stone
NOTARY (Seal)	Subscribed and sworn to before me on: March 25 1971	12. Signature of Notary: Florence Cartright		13. Notary Commission expires: 4-20 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own Childs birth certificate	By whom issued and signed: State of Idaho File # 391113	Date Issued: -----	Date Orig. Entry: Child born May 11, 1944
	Date of Birth: Age 37 yrs / Birth Place: Mapleton, Idaho	Full Name of Mother: --------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy # H9098929	By whom issued and signed: The Prudential Insurance Co of America-Pres.Carrol Shanks	Date Issued: July 10.1958	Date Orig. Entry: ---------
	Date of Birth: Oct.1,1906 / Birth Place: Mapleton, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: Joseph H. Stone Age:83	Date Issued: Sept.3,1971	Date Orig. Entry: ---
	Date of Birth: Oct.1,1906 / Birth Place: Mapleton, Idaho	Full Name of Mother: Anna Eliza Housley Stone	Name of Father: Joseph A. Stone	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: sl Glenda Larson	Date Filed: October 5, 1971

FORM BH 56067

5-25-71

Stone

OCT 6 1971

386-123-038-495

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-761

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: RONALD GERALD THOMPSON
2. Date Of Birth (month) DEC. (day) 23, (year) 1906
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: AT HOME
a. County: PAYETTE
b. City or Town of Birth: PAYETTE

FATHER

6. Full Name of Father: WALTER COLFAX THOMPSON
7. State or Country of Father's Birth: MO. ANDREW COUNTY

MOTHER

8. Full Maiden Name of Mother: ELLA URENN
9. State or Country of Mother's Birth: GRASS VALLEY, CALIFORNIA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ronald G Thompson
11. Present Address of Registrant: 736 WEST "I" ST. COLTON, CALIF.

(seal) NOTARY PUBLIC - CALIFORNIA PRINCIPAL OFFICE IN COUNTY OF SAN BERNARDINO MY COMMISSION EXPIRES JUNE 11, 1972

Subscribed and sworn to before me on 11-7 1971

12. Signature of Notary: Wilbur R. Ladd
13. Notary Commission expires: June 11 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by maternal aunt	By whom issued and signed: Melba Cook Age: 90	Date Issued: Feb.3,1967	Date Orig. Entry: ---
	Date of Birth: Dec.23,1906 / Birth Place: Payette, Idaho	Full Name of Mother: Ella Urenn	Name of Father: Walter Colfax Thompson	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #549-46-3866	By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: Jan.17,1952
	Date of Birth: Dec.23,1906 (Age:45) / Birth Place: Payette, Idaho	Full Name of Mother: Ella Uream	Name of Father: Walter Thompson	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from baby book	By whom issued and signed: Family Records	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Dec.23,1906 / Birth Place: Payette, Idaho	Full Name of Mother: Ella Thompson	Name of Father: Walter C. Thompson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	gml Glenda Larson	November 4,1971

FORM BH 56067

NOV 5 1971

622-228-014-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-772

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Agnes Osburn			2. Date of Birth (month) (day) (year): September 28, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Greenleaf
FATHER	6. Full Name of Father: William C. Osburn (William C. Osburn)			7. State or Country of Father's Birth: Iowa I think - U.S.A.
MOTHER	8. Full Maiden Name of Mother: Zelma Dillon (called Della)			9. State or Country of Mother's Birth: Iowa U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Agnes Osburn Doubleday		11. Present Address of Registrant: 747 Gayley Ave, Los Angeles Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: October 25 1971	12. Signature of Notary: Samuel C. [illegible]		13. Notary Commission expires: March 9 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of federal census record-Arapahoe Co.,CO		By whom issued and signed: U.S. Department of Commerce Bureau of the census	Date issued: Orig.dated Jan.26,1953	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age:13	Birth Place: Idaho	Full Name of Mother: Zelma Osburn	Name of Father: William Osburn	
SUPPORTING RECORD 2.	Type of Document: photocopy of statement regarding school census records		By whom issued and signed: Canyon County,Idaho School Dist. #21	Date issued: orig.dated Mar.10,1969	Date Orig. Entry: Sept.1,1913
	Date of Birth: Age: 6	Birth Place: ----	Full Name of Mother: ---	Name of Father: W. C. Osburn	
SUPPORTING RECORD 3.	Type of Document: photocopy of transcript of university records		By whom issued and signed: University of California	Date issued: orig.dated June 9,1948	Date Orig. Entry: 1940-41
	Date of Birth: Sep.28,1906	Birth Place: Greenleaf,Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	November 12, 1971

FORM BH 56067

[illegible] #24996 "O" 10-15-71 [illegible]

NOV 1 2 1971

AUG 2 7 1976

253-102-021-843

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-845

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alvin Hull Beckstead			2. Date Of Birth (month) August (day) 2 (year) 1906
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Whitney - Franklin County	b. City or Town of Birth: Whitney, Idaho just S. of Preston
FATHER Sidney	6. Full Name of Father: Sidney Marcus Beckstead			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lela Hull			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alvin H Beckstead		11. Present Address of Registrant: Rt.#1, Preston, Idaho 83263
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 9, 1971 19	12. Signature of Notary: J R Garner		13. Notary Commission expires: 5-31-75 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement and copy from church membership records	By whom issued and signed: LDS Church, Wm. G. Reese, Clerk Whitney Ward, Preston, Idaho		Date Issued: July 9, 1971	Date Orig. Entry: blessed Aug. 10, 1906
	Date of Birth: Aug. 2, 1906	Birth Place: Whitney, Idaho Franklin County	Full Name of Mother: Lela Eliza Hull	Name of Father: Sidney Marcus Beckstead	
SUPPORTING RECORD 2.	Type of Document: certified copy of application for license to marry #911	By whom issued and signed: Cache County, Utah		Date Issued: Nov. 15, 1971	Date Orig. Entry: June 15, 1923
	Date of Birth: Aug. 2, 1906	Birth Place: Whitney, Idaho	Full Name of Mother: Lela Hull	Name of Father: Sidney Beckstead	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #120373		Date Issued: ---	Date Orig. Entry: child born Mar. 13, 1924
	Date of Birth: Age: 17	Birth Place: Whitney, Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION: Affidavit by neighbor, Winifred Foster Reese, more than ten years older dated July 6, 1971 gives birthdate as August 1906.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Dec. 10, 1971

FORM BH 56067

DEC 13 1971
JAN 8 1986

942128-040-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-004

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James F. Herbert Russell			2. Date Of Birth (month) Dec (day) 28 (year) 1906
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County	b. City or Town of Birth: Burke, Idaho
FATHER	6. Full Name of Father: James Lee Russell			7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Dora E. Ritter (Edith)			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Herbert Russell		11. Present Address of Registrant: N2721 Atlantic Spokane, Wa
NOTARY (Seal)	Subscribed and sworn to before me on 12-3 19 71	12. Signature of Notary		13. Notary Commission expires 5/5 19 73

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized photocopy of page from family Bible	By whom issued and signed: Family Records in Bible		Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Dec.28,1906	Birth Place: ----	Full Name of Mother: Dora Edith Russell	Name of Father: James L. Russell	
SUPPORTING RECORD 2.	Type of Document: Statement regarding lodge records	By whom issued and signed: Oriental Lodge #74 F.& A.M. Spokane, WA T.P.Nau, Sec.		Date Issued: Dec.14,1971	Date Orig. Entry: Dec.13,1943
	Date of Birth: Dec.28,1906	Birth Place: Burke, Idaho	Full Name of Mother: --- -	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Bertha Mae Russell Wall (bd.4/1/91)		Date Issued: Nov.15,1971	Date Orig. Entry: ----
	Date of Birth: Dec.28,1906	Birth Place: Burke, Idaho	Full Name of Mother: Dora Edith Ritter	Name of Father: James Lee Russell	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	gml Glenda Larson	January 5,1972

FORM BH 56067

JAN 6 1972

DELAYED

Dup of 1906-315094

615-214-008-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-117

REGISTRANT

1. Registrant's Full Name at Birth: Dora Fjeld
2. Date Of Birth (month) (day) (year): November 14, 1906
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Boise
   b. City or Town of Birth: Sweet

FATHER

6. Full Name of Father: Martin E. Fjeld
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Anne Kolstad (also known as Annie)
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dora Fjeld
11. Present Address of Registrant: 1118 S. Citrus, Escondido, Calif. 92025

Subscribed and sworn to before me on: February 11 1972

12. Signature of Notary: Mabel E. Brown

13. Notary Commission expires: April 28 1974

OFFICIAL SEAL — MABEL E. BROWN — NOTARY PUBLIC — CALIFORNIA — PRINCIPAL OFFICE IN SAN DIEGO COUNTY — My Commission Expires April 28, 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1.	Statement regarding church records	Nov.14,1906	----	Morris Wee,PH.D, Pastor,Bethel Lutheran Church,Madison,WI	Annie Fjeld	Aug.1,1940	Martin Fjeld	baptized Mar.7,1907
SUPPORTING RECORD 2.	Statement regarding medical records	Nov.14,1906	Sweet, Idaho	M.B.Graybill,M.D., Graybill Clinic,Escondido, CA	----	Feb.14,1972	----	Mar.17,1965
SUPPORTING RECORD 3.	Affidavit by mother	Nov.14,1906	Sweet, Boise County, Idaho	Anne Kolstad Fjeld	Anne Kolstad (AKA Annie)	Feb.11,1972	Martin E. Fjeld	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Larson

Evidence reviewed by: Glenda Larson

Date Filed: Feb. 18, 1972

FORM BH 56067

FEB 18 1972

OFFICIAL SEAL
MABEL E. BROWN
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Expires April 28, 1974

391-116-022-864

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-145
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GEORGE LAVELL CRAPO	2. Date Of Birth (month) June (day) 16 (year) 1906
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth a. County: Fremont	b. City or Town of Birth: Parker, Idaho
FATHER	6. Full Name of Father: GEORGE ALBERT CRAPO	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: ELIZABETH HOUSLEY	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George L. Crapo; 11. Present Address of Registrant: IDAHO FALLS, IDAHO 292 Eleventh St.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 22 1972	12. Signature of Notary: Dorothy Greenwell; 13. Notary Commission expires: May 10 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #282302	Date issued: ----	Date Orig. Entry: child born July 2, 1939
Class*	Date of Birth: Age: 33	Birth Place: Parker, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Blessing		By whom issued and signed: LDS Church, Parker Ward James.B.Mason,Clerk	Date issued: ----	Date Orig. Entry: blessed Aug.5,1906
Class	Date of Birth: June 16,1906	Birth Place: Parker, Idaho Fremont County	Full Name of Mother: Elizabeth Housley	Name of Father: George Albert Crapo	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Parker Ward,Yellowstone Stake,Arnold D.Miller,Jr.Bp.	Date issued: ---	Date Orig. Entry: baptized July 3,1914
Class	Date of Birth: June 16,1906	Birth Place: Parker, Idaho Fremont County	Full Name of Mother: Elizabeth Housley	Name of Father: Geo. A. Crapo	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Feb. 28, 1972

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 3 1972

396-117-028-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-215

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Edwin Kroetch			2. Date Of Birth (month) 2 (day) 17 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Harrison Kootenai	b. City or Town of Birth: Harrison
FATHER	6. Full Name of Father: Joseph J. Kroetch			7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Helene Clair Crane			9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Edwin Kroetch		11. Present Address of Registrant: P.O Box 1201 Coeur d'Alene, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on 9-4 19 71	12. Signature of Notary: [illegible]		13. Notary Commission expires 8-8 19 73

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. Thomas Church, Coeur d' Alene, ID, Thomas J. Purcell, REV.	Date Issued: Aug. 11, 1966	Date Orig. Entry: baptized May 20, 1906	
	Date of Birth: Feb. 17, 1906	Birth Place: Harrison, Idaho	Full Name of Mother: Helene Crane	Name of Father: Joseph Kroetch	
SUPPORTING RECORD 2.	Type of Document: photocopy of school record	By whom issued and signed: Craig Savage, Registrar Gonzaga Univ., Spokane, WA	Date Issued: ----	Date Orig. Entry: Sept. 1924	
	Date of Birth: Feb. 17, 1906	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Helene Clair Kroetch (nee Crane)	Date Issued: Oct. 4, 1971	Date Orig. Entry: ----	
	Date of Birth: Feb. 17, 1906	Birth Place: Harrison, Idaho Kootenai County	Full Name of Mother: Helene Clair Kroetch (nee Crane)	Name of Father: Joseph J. Kroetch	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Glenda Larson	April 7, 1972

FORM BH 56067

APR 1 0 1972

269-125-029-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-255

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthur Harald Borgen		2. Date Of Birth (month) (day) (year): September 25 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Latah; b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: Amund Borgen		7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Hawkina Peterson		9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arthur Harald Borgen	11. Present Address of Registrant: R.R.I Genesee Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 12 1972	12. Signature of Notary: [illegible]	13. Notary Commission expires: Feb 7 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #295647	Date Issued: ---	Date Orig. Entry: child born Jun. 25, 1940
	Date of Birth: Age: 33	Birth Place: Moscow, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Statement regarding baptismal records		By whom issued and signed: Emmanuel Lutheran Church, ID Martin D. Larsen, Pastor, Moscow	Date Issued: Mar. 16, 1971	Date Orig. Entry: baptized Oct. 21, 1906
	Date of Birth: Sep. 25, 1906	Birth Place: ---	Full Name of Mother: Hawkina Borgen	Name of Father: Amund Borgen	
SUPPORTING RECORD 3.	Type of Document: Certificate of Confirmation		By whom issued and signed: Genesee Valley Lutheran Church B. O. Steffenson, Pastor	Date Issued: ---	Date Orig. Entry: confirmed Oct. 23, 1921
	Date of Birth: Sept. 25, 1906	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	April 20, 1972

FORM BH 56067

12-24-69

APR 26 1972

292-206-003-691

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-274

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: *Alice Aileen Kibler*			2. Date Of Birth (month) *March* (day) *6* (year) *1906*
	3. Color or Race: *Caucasian*	4. Sex: *Female*	5. Place of Birth a. County: *Bannock*	b. City or Town of Birth: *Pocatello*
FATHER	6. Full Name of Father: *Charles Henry Kibler*			7. State or Country of Father's Birth: *Nebraska*
MOTHER	8. Full Maiden Name of Mother: *Mame Camille Franklin*			9. State or Country of Mother's Birth: *Idaho*
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: *Alice A. Hetherington*		11. Present Address of Registrant: *Rt. 1 Box 104C Arco, Idaho*
NOTARY (Seal)	Subscribed and sworn to before me on: *April 17* 19*72*	12. Signature of Notary: *Virginia Dover*		13. Notary Commission expires: ~~April 17~~ *Feb 15 75* 19~~72~~

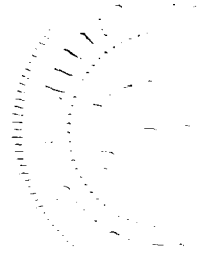
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho - # 202072	Date Issued: ----	Date Orig. Entry: child born April 7,1932	
	Date of Birth: Age 26	Birth Place: Pocatello,Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Baptismal Record	By whom issued and signed: Trinity Church - Pocatello	Date Issued: ----	Date Orig. Entry: Baptized July 19,1914	
	Date of Birth: Mar.6,1906	Birth Place: Pocatello,Idaho	Full Name of Mother: Mamie C.Kibler	Name of Father: Charles Henry Kibler	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Columbian National Life Ins.Co.	Date Issued: Jan.13,1926	Date Orig. Entry: Jan.13,1926	
	Date of Birth: Mar.6,1906	Birth Place: Pocatello, Idaho	Full Name of Mother: Mayme Kibler	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: April 27,1972

FORM BH 56067

MAY 3 1972



557-230-036-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-285

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Pearl Evans			2. Date Of Birth (month) July (day) 30 (year) 1906	
	3. Color or Race: white	4. Sex: female	5. Place of Birth: Malad city a. County: Oneida	b. City or Town of Birth: Malad City, Idaho	
FATHER	6. Full Name of Father: William Evans			7. State or Country of Father's Birth: Idaho - Oneida	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Jones			9. State or Country of Mother's Birth: Idaho, Cherry Creek	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Pearl E. Jones	11. Present Address of Registrant: 1821 Michael, Idaho Fall	
NOTARY (Seal)	Subscribed and sworn to before me on: April 15 19 72		12. Signature of Notary: [signature]	13. Notary Commission expires: Aug 22 19 72	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate		By whom issued and signed: State of Utah Division of Vital Statistics	Date Issued: Sep.29,1953	Date Orig. Entry: child born Jan.6,1929
	Date of Birth: Age: 22	Birth Place: Malad, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Record of Membership		By whom issued and signed: LDS Church, Arthur H. Strong, Custodian of Mem. records	Date Issued: Sep.25,1968	Date Orig. Entry: blessed Dec.2,1906
	Date of Birth: July 30,1906	Birth Place: Malad, Idaho	Full Name of Mother: Elizabeth Jones Evans	Name of Father: William Evans	
SUPPORTING RECORD 3.	Type of Document: Baptismal Record		By whom issued and signed: L.D.S.Church	Date Issued: Oct.2,1960	Date Orig. Entry: Recommended Oct.2,1960
	Date of Birth: Jul.30,1960	Birth Place: Malad,Idaho	Full Name of Mother: Elizabeth Jones Evans	Name of Father: William Evans	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Florence Curtright	Date Filed: May 2, 1972

FORM BH 56067

9-12-68

MAY 2 1972

389-223-037-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 72-339

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: (JETTA) EVELYN JETTA CHRISTENSEN
2. Date Of Birth: (month) DEC. (day) 23 (year) 1906
3. Color or Race: W.
4. Sex: F
5. Place of Birth: a. County: OWYHEE; b. City or Town of Birth: DEWEY, IDAHO.

FATHER

6. Full Name of Father: PAUL DENNIS CHRISTENSEN.
7. State or Country of Father's Birth: IOWA. - BRAYTON COUNTY U.S.A.

MOTHER

8. Full Maiden Name of Mother: EVELYN BROWN.
9. State or Country of Mother's Birth: UTAH - MURRAY - U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: ✓ Jetta E. Jacobs
11. Present Address of Registrant: 4300 Cal. Long Beach Cal.

NOTARY (Seal)

Subscribed and sworn to before me on: May 9 1972

12. Signature of Notary: Virginia N Stickler
13. Notary Commission expires: 12-6-1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: LDS Church Certificate of Birth	By whom issued and signed: Sevier Stake, Richfield 1st Ward, Members #8716, bless, ln. 422	Date Issued: Mar. 30, 1972	Date Orig. Entry: Jan. 27, 1907
	Date of Birth: Dec. 23, 1906 / Birth Place: Dewey, Idaho Owyhee County	Full Name of Mother: Evelyn Brown	Name of Father: Paul D. Christensen	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record Sevier Co., Utah	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Apr. 14, 1972	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age; 13 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: certified copy of Own child's birth certificate	By whom issued and signed: State of California	Date Issued: Apr. 21, 1972	Date Orig. Entry: child born Jan. 26, 1933
	Date of Birth: Age: 26 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

Affidavit by half brother, Melvin E. Miner (12 yrs. older), signed March 31, 1971 gives birthdate as December 23, 1906 in Dewey, Owyhee County, Idaho to Evelyn Brown Miner and Paul Dennis Christensen.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	May 15, 1972

FORM BH 56067

MAY 15 1972

814-205-035-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-374

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harriet Elizabeth Hamblen			2. Date of Birth (month) (day) (year): September 5, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Culdesac Nez Perce	b. City or Town of Birth: Culdesac
FATHER	6. Full Name of Father: Grant Hamblen			7. State or Country of Father's Birth: Iowa Fremont Co.
MOTHER	8. Full Maiden Name of Mother: Cora Bell McCoy			9. State or Country of Mother's Birth: Idaho Clearwater Co.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Betty E. Slaughter		11. Present Address of Registrant: 12989 Coast Hwy. North Bend, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: MARCH 18 1972	12. Signature of Notary: Marion A. Parish		13. Notary Commission Expires: 10-12 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: A.H.Haberly, Dist.Supt.of Schools, Wallowa Co., Oregon		Date Issued: Feb.2,1972	Date Orig. Entry: Nov. 1911
	Date of Birth: Age: 5	Birth Place: ----	Full Name of Mother: ---	Name of Father: Grant Hamblin	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On File Idaho #90969		Date Issued: ---	Date Orig. Entry: child born Mar.6,1921
	Date of Birth: Age: 14	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt	By whom issued and signed: Mrs. Zepha Hamblen Age:89		Date Issued: May 4,1972	Date Orig. Entry: ---
	Date of Birth: Sept.5,1906	Birth Place: Culdesac, Idaho	Full Name of Mother: Cora (McCoy) Hamblen	Name of Father: Grant Hamblen	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson		Date Filed: June 13, 1972	

FORM BH 56067

JUN 13 1972

319-214-022-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-428

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ardella Laird			2. Date Of Birth (month) Nov (day) 14 (year) 1906
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Dubois Fremont (now Clark	b. City or Town of Birth: Dubois, Ida.
FATHER	6. Full Name of Father: James Laird			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mamie V. Harries			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ardella Laird Park		11. Present Address of Registrant: Box 606, Mission, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: 6-22 1972	12. Signature of Notary: [signature]		13. Notary Commission expires: 8-31 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of Application for License to marry #59305	By whom issued and signed: Salt Lake County, Utah		Date Issued: May 22,1968	Date Orig. Entry: Feb.19,1930
	Date of Birth: Nov.14,1906	Birth Place: Idaho	Full Name of Mother: Mamie Harries	Name of Father: James Laird	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #51-1462		Date Issued: ---	Date Orig. Entry: child born Feb.20,1951
	Date of Birth: Age: 44	Birth Place: Dubois, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy 10,951,364	By whom issued and signed: The New York Life Ins. Co.		Date Issued: ---	Date Orig. Entry: Dec.31,1929
	Date of Birth: Nov.14,1906	Birth Place: Dubois, Idaho	Full Name of Mother: ---	Name of Father: James Laird	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	June 26,1972

FORM BH 56067

Park

JUN 27 1972

331-116-001-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-450

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Earl Demont Clark
2. Date Of Birth (month) (day) (year): August 16, 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Ada
b. City or Town of Birth: Star

FATHER

6. Full Name of Father: George Green Clark
7. State or Country of Father's Birth: Star, Idaho

MOTHER

8. Full Maiden Name of Mother: Carrie L. Brown
9. State or Country of Mother's Birth: Bellevue, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Earl Demont Clark
11. Present Address of Registrant: LOYALTON, CA

NOTARY (Seal)

OFFICIAL SEAL
IVY Y. SNIDER
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SHASTA COUNTY
My Commission Expires Jan. 16, 1976

Subscribed and sworn to before me on 9 19 72

12. Signature of Notary: Ivy Y. Snider
13. Notary Commission expires: 1-16 1976

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Bible Record
By whom issued and signed: Family Records
Date Issued: ---
Date Orig. Entry: May 22, 1912

Date of Birth: Aug. 16, 1906
Birth Place: Star, Idaho
Full Name of Mother: Carrie L. Clark
Name of Father: George G. Clark

SUPPORTING RECORD 2.

Type of Document: Affidavit by Mother, Age 71
By whom issued and signed: Mrs. Carrie L. DeVaux
Date Issued: Aug. 18, 1959
Date Orig. Entry:

Date of Birth: Aug. 16, 1906
Birth Place: Star, Idaho
Full Name of Mother: Carrie L. Brown
Name of Father: George Green Clark

SUPPORTING RECORD 3.

Type of Document: Statement regarding school records
By whom issued and signed: Helen P. Baker, Supt., Benton Co Corvallis, OR Dist. #36
Date Issued: Sep. 5, 1956
Date Orig. Entry: 1919 census

Date of Birth: Age: 13
Birth Place: ---
Full Name of Mother: ---
Name of Father: G. G. Clark

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: ses Glenda Larson
Date Filed: July 11, 1972

FORM BH 56067

1 COPY PD

JUL 12 1972

SEP 30 1974

389-27-006-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE72-470

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leonard Christensen
2. Date Of Birth (month) (day) (year): Apr 27 1906
3. Color or Race: White
4. Sex: M.
5. Place of Birth a. County: Bingham
b. City or Town of Birth: Shelley, Idaho

FATHER

6. Full Name of Father: Antone Erastus Christensen
7. State or Country of Father's Birth: Sanpete County Utah

MOTHER

8. Full Maiden Name of Mother: Annie Christena Jensen
9. State or Country of Mother's Birth: Sanpete County Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leonard Christensen
11. Present Address of Registrant: Rt #3 Box 170 Idaho Falls, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on July 14 1972

12. Signature of Notary: Florence Cartright
13. Notary Commission expires: 4-20 1974

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Baptism
By whom issued and signed: LDS Church Shelley, Idaho E. J. Bennett, Bishop
Date Issued: -----
Date Orig. Entry: Baptized Apr 27,1914
Date of Birth: Apr 27,1906
Birth Place: Shelley, Idaho
Full Name of Mother: Annie C. Jensen
Name of Father: Antone E. Christensen

SUPPORTING RECORD 2.

Type of Document: Application for Membership Society of Dghtrs of Utah Pioneers)
By whom issued and signed: Society of Daughters of Utah Pioneers (Medena Pickett Christensen)
Date Issued: ------
Date Orig. Entry: Aug 1,1952
Date of Birth: Apr 27,1906
Birth Place: ------
Full Name of Mother: -------
Name of Father: ---------

SUPPORTING RECORD 3.

Type of Document: Own childs birth certificate
By whom issued and signed: Shad HyrumChristensen State File No.360762(Idaho)
Date Issued: ------
Date Orig. Entry: Child born Oct.2,1942
Date of Birth: Age 36 yrs
Birth Place: Shelley, Idaho
Full Name of Mother: --------
Name of Father: ---------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: sl Sue Lowe
Date Filed: July 14, 1972

FORM BH 56067 (C) 4-6-65. nm

JUL 1 4 1972

818-118-001-575

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 72-566

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marshall Jacob Hayden			2. Date Of Birth (month) (day) (year): October 18, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Meridian
FATHER	6. Full Name of Father: William Marshall Ambrose Hayden			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Mirinda Francis VanCamp			9. State or Country of Mother's Birth: Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marshall J. Hayden		11. Present Address of Registrant: 520 Midway Ave. Colma, Calif.
	Subscribed and sworn to before me on: August 23, 1972	12. Signature of Notary: Brian C. Upton		13. Notary Commission expires: Feb. 16, 1974

NOTARY (Seal) BRIAN C. UPTON NOTARY PUBLIC San Mateo County, California My commission expires Feb. 16, 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mirinda Francis Hayden	Date Issued: June 6, 1942	Date Orig. Entry: ---
	Date of Birth: Oct. 18, 1906 / Birth Place: Meridian, Idaho Ada County	Full Name of Mother: Mirinda Francis VanCamp	Name of Father: William Marshall Ambrose Hayden	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #873046	By whom issued and signed: Guarantee Mutual Life Co. Omaha, NB	Date Issued: Oct. 20, 1934	Date Orig. Entry: Sept. 27, 1934
	Date of Birth: Oct. 18, 1906 / Birth Place: Meridian, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #766895	By whom issued and signed: Bankers Life Company Des Moines, Iowa	Date Issued: Aug. 8, 1927	Date Orig. Entry: August 8, 1927
	Date of Birth: Oct. 18, 1906 / Birth Place: Idaho	Full Name of Mother: Minnie F. Hayden	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Larson	gml Glenda Larson	August 28, 1972

FORM BH 56067

8-18-72 gml

AUG 2 8 1972

331-118-006-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-571

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Andrew Mitchell Clark			2. Date Of Birth (month) (day) (year): February 18 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Moreland
FATHER	6. Full Name of Father: Joseph Clark			7. State or Country of Father's Birth: Scotland
MOTHER	8. Full Maiden Name of Mother: Martha Vilate Adams			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Andrew Mitchell Clark		11. Present Address of Registrant: R[illegible], Blackfoot, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 2 1965	12. Signature of Notary: Elden D. Felt		13. Notary Commission expires: Feb. 19 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Riverside Ward Blackfoot, Idaho	Date Issued: May 2,1954	Date Orig. Entry: baptized May 1, 1954
	Date of Birth: Feb.18,1906 / Birth Place: Moreland, Bingham County, Idaho	Full Name of Mother: Martha Vilate Adams		Name of Father: Joseph Clark
SUPPORTING RECORD 2.	Type of Document: Marriage License and Certificate	By whom issued and signed: On file Idaho #55-4812	Date Issued: -----	Date Orig. Entry: Aug.13,1955
	Date of Birth: Age 49 / Birth Place: Moreland, Idaho	Full Name of Mother: -----		Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Affidavit by maternal aunt (b.d. 2/15/1894)	By whom issued and signed: Vetris Isabell Adams Barnes	Date Issued: August 25, 1972	Date Orig. Entry: ----
	Date of Birth: Feb. 18, 1906 / Birth Place: Moreland, Bingham County, Idaho	Full Name of Mother: Martha Vilate Adams Clark		Name of Father: Joseph Clark
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: Aug. 31, 1972

FORM BH 56067

5-3-67

AUG 31 1972

693-12-1-040-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-584

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Leander Wilson			2. Date Of Birth (month) Feb (day) 21, (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Kellogg, Idaho
FATHER	6. Full Name of Father: John James Wilson			7. State or Country of Father's Birth: Wisconsin USA
MOTHER	8. Full Maiden Name of Mother: Olive F. Berg(Aletta Bergsvendsen)			9. State or Country of Mother's Birth: Retvik, Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James F Wilson		11. Present Address of Registrant: 711 Cedar Kellogg Id
NOTARY (Seal)	Subscribed and sworn to before me on: October 21 1971	12. Signature of Notary: Florence Cartright		13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho File#320750	Date Issued: ------	Date Orig. Entry: Child born Aug.1,1941
	Date of Birth: Age 35yrs	Birth Place: Kellogg, Idaho	Full Name of Mother: -----	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: Church Record- Kellogg, Idaho	By whom issued and signed: O. M. Holden- Priest	Date Issued: Sept 18,1906	Date Orig. Entry: ------
	Date of Birth: Feb 21,1906	Birth Place: Kellogg, Idaho	Full Name of Mother: Olive Berg(Wilson)	Name of Father: John J. Wilson
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend of family & neighbor at time of birth	By whom issued and signed: Frank F. Bottinelli Age:77	Date Issued: Sept.5,1972	Date Orig. Entry: ---
	Date of Birth: Feb.21,1906	Birth Place: Home near ballpark Kellogg, Idaho	Full Name of Mother: Aletha (Alley) Wilson	Name of Father: John J. Wilson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: Sept.12,1972

FORM BH 56067

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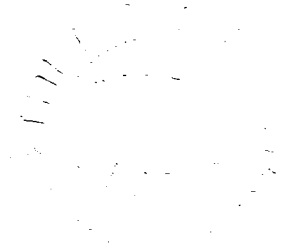
SEP 13 1972



632-203-005-683

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-744

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ellen Pearl Olsen			2. Date Of Birth (month) June (day) 3 (year) 1906
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Martin Olsen			7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Sarah Ellen Williams			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ellen Pearl Olsen		11. Present Address of Registrant: 4068 S. 850 W. Bountiful, Utah 84010
NOTARY (Seal)	Subscribed and sworn to before me on: October 25 19 72	12. Signature of Notary: Geraldine C. Orson		13. Notary Commission expires: 4/1 19 73

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister		By whom issued and signed: Annie S. Edwards (bd. 12/6/1889)	Date Issued: Oct. 25, 1972	Date Orig. Entry: ---
	Date of Birth: June 3, 1906	Birth Place: Pocatello, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of birth from Church records		By whom issued and signed: LDS Church, Pocatello Stake Mebers #21057, line 780	Date Issued: Nov. 13, 1972	Date Orig. Entry: Feb. 22, 1907
	Date of Birth: June 3, 1906	Birth Place: Pocatello, IDAHO Bannock County	Full Name of Mother: Sarah Ellen Williams	Name of Father: Martin Olsen	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #157263	Date Issued: ---	Date Orig. Entry: child born Nov. 29, 1927
	Date of Birth: Age: 21	Birth Place: Pocatello, IDAHO	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	November 30, 1972

FORM BH 56067

DEC 1 1972

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355-212-017-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-027

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verla Valoy Lee			2. Date Of Birth (month) (day) (year): September 12, 1906
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Clark	b. City or Town of Birth: Spencer
FATHER	6. Full Name of Father: Samuel Wolcott Lee			7. State or Country of Father's Birth: Toole, Utah
MOTHER	8. Full Maiden Name of Mother: Minnie Bircher			9. State or Country of Mother's Birth: Coalville, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verla Lee Reimann		11. Present Address of Registrant: Box 232 Ashton, Ida 83420
NOTARY (Seal)	Subscribed and sworn to before me on: January 11 1973	12. Signature of Notary: [illegible]		13. Notary Commission expires: 7/31 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister ~~Age:77~~		By whom issued and signed: Ada L. Whittemore	Date issued: Jan.6,1972	Date Orig. Entry: ---
	Date of Birth: Sep.12,1906	Birth Place: Spencer, Idaho	Full Name of Mother: Minnie Bircher Lee	Name of Father: Samuel Wolcott Lee	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy 0257314		By whom issued and signed: Bankers Life and Casualty Co.	Date issued: July 23, 1964	Date Orig. Entry: July 15,1964
	Date of Birth: Sep.12,1906	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #266112	Date issued: ---	Date Orig. Entry: child born April 24,1938
	Date of Birth: Age: 31	Birth Place: Spencer, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	January 16,1973

FORM BH 56067

JAN 1 6 1973

693-204-0297-452

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-132

2740 W. Lincoln Ave., Anaheim, CA 92801

OFFICIAL SEAL — RUTH M. CARTER — NOTARY PUBLIC-CALIFORNIA — ORANGE COUNTY — My Commission Expires Dec. 22, 1975

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Ruth June Orcutt		2. Date Of Birth (month) June (day) 4 (year) 1906
	3. Color or Race: White	4. Sex: Fem.	5. Place of Birth a. County: Troy Idaho Latah; b. City or Town of Birth: Troy, Idaho
FATHER	6. Full Name of Father: Peter La Dow Orcutt		7. State or Country of Father's Birth: United States
MOTHER	8. Full Maiden Name of Mother: Anna Gertrude De Bolt		9. State or Country of Mother's Birth: Missouri U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth J Edmondson	131 S. Magnolia, Apt. 17 Anaheim, California 92804
NOTARY (Seal)	Subscribed and sworn to before me on 6-18-72	12. Signature of Notary: Ruth M. Carter	13. Notary Commission expires 12-22-75

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school record	By whom issued and signed: North Central High School	Date Issued: ---	Date Orig. Entry: Sept.6,1923
	Date of Birth: June 4,1906 / Birth Place: ---	Full Name of Mother: ----	Name of Father: P. L. Orcutt	
SUPPORTING RECORD 2.	Type of Document: photocopies of pages from Family Bible	By whom issued and signed: Family Records in Bible	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: June 4,1906 / Birth Place: ---	Full Name of Mother: A. G. DeBolt	Name of Father: Peter LaDow Orcutt	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #538-12-0708	By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: Jan. 5, 1942
	Date of Birth: June 4,1906 / Birth Place: Troy, Idaho Latah County	Full Name of Mother: Gertrude De Bolt	Name of Father: Peter DaDow Orcutt	
QUALIFYING INFORMATION	Transcript from Eastern Washington College of Education, Chaney, Washington gives birthdate as June 4, 1906 in Troy, Idaho, 1926-27			

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Mick	Evidence reviewed by: gml Glenda Larson	Date Filed: Feb. 28, 1973

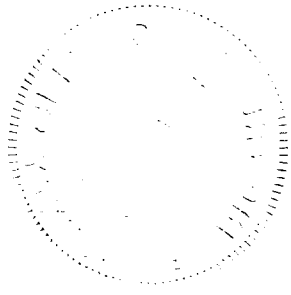
FORM BH 56067

mc. #

6-7-72

Edmondson

FEB 28 1973



572-123-0411-437

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-178

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Richard Alexander Egbert			2. Date Of Birth (month) (day) (year): August 23, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Teton	b. City or Town of Birth: Tetonia
FATHER	6. Full Name of Father: Hyrum S. Egbert			7. State or Country of Father's Birth: Jordan, Utah
MOTHER	8. Full Maiden Name of Mother: Annie McGhie			9. State or Country of Mother's Birth: Wyoming
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Richard A. Egbert		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: January 19 1972	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: #211711 on file with State of Idaho	Date Issued: -----	Date Orig. Entry: child born Apr. 20, 1933
	Date of Birth: Age 26	Birth Place: Tetonia, Idaho	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Church Record		By whom issued and signed: Adrian Cook-Ward Clerk, LDS	Date Issued: Feb. 28, 1973	Date Orig. Entry: Blessed Oct. 7, 1906
	Date of Birth: Aug. 23, 1906	Birth Place: Idaho	Full Name of Mother: Annie McGee	Name of Father: Hyrum S. Egbert	
SUPPORTING RECORD 3.	Type of Document: Family Record		By whom issued and signed: Family	Date Issued: -----	Date Orig. Entry: Obviously old
	Date of Birth: Aug 23, 1906	Birth Place: Tetonia, Idaho	Full Name of Mother: Annie Rebecca McGhie	Name of Father: Hyrum Smith Egbert	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	fc Florence Curtright	March 14, 1973

FORM BH 56067

MAR 6 1974

MAR 1 4 1973

DECEASED

299-106-022-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-328

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Noah LaVerne Kirkham		2. Date Of Birth (month) (day) (year): March 6 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Ashton
FATHER	6. Full Name of Father: Daniel Kirkham		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Johannah Kirkham		9. State or Country of Mother's Birth: Benson Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Noah LaVerne Kirkham	11. Present Address of Registrant: Ashton, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on June 6 19 68	12. Signature of Notary: La Monte Bauer	13. Notary Commission expires: elective 19

Clerk Of The District Court

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #228990	Date issued: ---	Date Orig. Entry: child born Jan.26,1935
	Date of Birth: Age: 28	Birth Place: Ashton, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of school record - census		By whom issued and signed: Fremont County, Idaho	Date issued: June 6,1968	Date Orig. Entry: Sep.9,1912
	Date of Birth: Age: 6	Birth Place: ----	Full Name of Mother: Johannah Kirkham	Name of Father: Daniel Kirkham	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Johannah Kirkham	Date issued: June 6,1968	Date Orig. Entry: ---
	Date of Birth: Mar.6,1906	Birth Place: Ashton, Idaho	Full Name of Mother: Johannah Kirkham	Name of Father: Daniel Kirkham	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

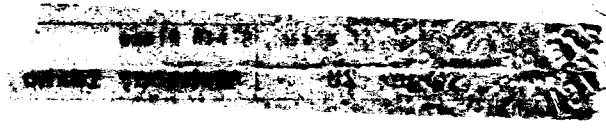
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	May 23, 1973

FORM BH 56067

5-15-68

MAY 24 1973



141-119-044-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE73-352

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WILLIAM THEODORE ADAMS
2. Date Of Birth: (month) June (day) 19 (year) 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Washington; b. City or Town of Birth: Council

FATHER

6. Full Name of Father: James Wesley Adams
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Anna Maude Adams
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William Theodore Adams
11. Present Address of Registrant: Idaho City Stage Boise Ida.

NOTARY (Seal)

Subscribed and sworn to before me on Feb. 27 1973

12. Signature of Notary: Barry L. Marcus
13. Notary Commission expires: 6/8 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Census Report
By whom issued and signed: US Dept. of Commerce Bureau of the Census
Date Issued: Mar.10,1973
Date Orig. Entry: April 15,1910
Date of Birth: Age 3 yrs
Birth Place: Idaho
Full Name of Mother: Anna M. Adams
Name of Father: James W. Adams

SUPPORTING RECORD 2.

Type of Document: Baptismal Certificate
By whom issued and signed: Sacred Heart Church, Lapwai, Idaho-John Harrington-Pastor
Date Issued: -----
Date Orig. Entry: Baptized April 26,1914
Date of Birth: June 19,1906
Birth Place: Council, Idaho
Full Name of Mother: A. M. Adams
Name of Father: J. W. Adams

SUPPORTING RECORD 3.

Type of Document: United States Navy Discharge
By whom issued and signed: United States Navy- P W. McCord-Disbursing Off.
Date Issued: Separation Jan.2,1931
Date Orig. Entry: Induction date Jan.3,1927
Date of Birth: June 19,1906
Birth Place: Idaho
Full Name of Mother: ------
Name of Father: --------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Sue Lowe
Date Filed: June 6, 1973

FORM BH 56067

1 CP pd rec #10456

2-7-73 gml

Marcus - Atty for Adams

JUN 6 1973

796-228-033-714

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE73-428

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gertrude P. Porter Gifford
2. Date Of Birth (month) (day) (year): March 28 1906
3. Color or Race: white
4. Sex: Female
5. Place of Birth a. County: Rexburg, Madison
b. City or Town of Birth: Rexburg Idaho

FATHER

6. Full Name of Father: Arthur Porter Jr.
7. State or Country of Father's Birth: New Zealand (Auckland)

MOTHER

8. Full Maiden Name of Mother: Gertrude Elizabeth Paull.
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gertrude Gifford
11. Present Address of Registrant: Ashton, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 7/3[illegible] 1973

12. Signature of Notary: [illegible] Hansen

13. Notary Commission expires 7/31 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Aunt Age 80 yrs.	Emily Porter Heath	July 2,1973	--------
	Date of Birth / **Birth Place**	**Full Name of Mother** / **Father**	**Name of Father** / **Mother** (Porter)	
	Mar.28,1906 / Rexburg, Idaho	Arthur Porter ,Jr.	Gertrude Elizabeth Paull	
SUPPORTING RECORD 2.	Church Record	LDS Church	-------	Baptized Feb.6,1915
	Mar.28,1906 / Rexburg,Idaho	Gertrude Elizabeth Paull	Arthur Porter, Jr.	
SUPPORTING RECORD 3.	Certified Photocopy of School Census Report Yr. 1915	State of Idaho-Madison County Dist. #1 Rexburg,Idaho	June 18,1973	Census of Sept.1915
	Age 9 yrs / -----	-------	ArthurJ.Porter	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Sue Lowe	July 9, 1973

FORM BH 56067

JUL 1 0 1973

259-103-041-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-469

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William James Berger		2. Date Of Birth (month) March (day) 3 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Victor, Teton, Idaho * b. City or Town of Birth: Victor, Teton, Idaho
FATHER	6. Full Name of Father: James Henry Berger Providence, Utah		7. State or Country of Father's Birth: Providence, Utah
MOTHER	8. Full Maiden Name of Mother: Edith Odessa Parsons		9. State or Country of Mother's Birth: Newton, Cache County, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William James Berger	11. Present Address of Registrant: 263 Steiner Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 23 1973	12. Signature of Notary: Don R. Moore	13. Notary Commission expires: October 19 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend of Parents & resident of Victor	By whom issued and signed: J.D.Lauritzen Age: 78	Date issued: rec'd Aug. 2, 1973	Date Orig. Entry: ----
	Date of Birth: Mar.3,1906 / Birth Place: Victor, Idaho Teton County	Full Name of Mother: Edith Odessa Berger (Parsons)	Name of Father: James Henry Berger	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Blessing (Duplicate)	By whom issued and signed: LDS Church, Victor Ward J.Cyril Hamblin, Clerk	Date issued: dup. issued June 28,1956	Date Orig. Entry: blessed March 21,1906
	Date of Birth: Mar.3,1906 / Birth Place: Victor, Idaho Fremont County*	Full Name of Mother: Edith O. Parsons	Name of Father: James H. Berger	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #186,212	By whom issued and signed: Beneficial Life Insurance Co.	Date issued: ---	Date Orig. Entry: Sept.20,1938
	Date of Birth: Mar.3,1906 / Birth Place: Victor, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

*Teton County was organized from part of Madison County in 1915, and Madison was organized from part of Fremont in 1914.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	August 2, 1973

FORM BH 56067

AUG 3 1973

853-121-010-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-512

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RALPH EMMETT HELM		2. Date Of Birth (month) April (day) 21 (year) 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Coltman Bonneville; b. City or Town of Birth: (mail Idaho Falls - Idaho
FATHER	6. Full Name of Father: Frank Irving Helm		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Louisa Wilson		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ralph Emmett Helm	11. I ... rant 13
NOTARY (Seal)	Subscribed and sworn to before me on: August 1 1973	12. Signature of Notary: Margaret G. Wood	13. Notary Commission expires: June 15 1977

Ralph ~~& Eula Dee~~ Helm
1393 E 4705 S
Salt Lake City, Utah
84117

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Record of Membership	By whom issued and signed: LDS Church, The Presiding Bishop's Office, Salt Lake City	Date issued: June 2, 1969	Date Orig. Entry: baptized Aug. 16, 1916
	Date of Birth: Apr. 21, 1906 — Birth Place: Coltman, Idaho Bonneville County	Full Name of Mother: Eliza Lyda Wilson	Name of Father: Frank Helm	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister (at least ten years older)	By whom issued and signed: Dollie D. Anderson	Date issued: May 29, 1969	Date Orig. Entry: ----
	Date of Birth: Apr. 21, 1906 — Birth Place: Bonneville County Coltman, Idaho	Full Name of Mother: Mary Louisa Wilson	Name of Father: Frank Irving Helm	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #219297	Date issued: ---	Date Orig. Entry: child born Jan. 29, 1934
	Date of Birth: Age: 27 — Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	August 23, 1973

FORM BH 56067 ICP Adm #20537 (rt) 7-1-73 gml

AUG 24 1973

859-214-025-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-621

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rose Margareth Anne Herzog
2. Date Of Birth (month) 12 (day) 14 (year) 1906
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Ferdinand Idaho
b. City or Town of Birth: Ferdinand

FATHER

6. Full Name of Father: Joseph Herzog
7. State or Country of Father's Birth: Minnesota

MOTHER

8. Full Maiden Name of Mother: Rose Sarbacher
9. State or Country of Mother's Birth: Minnesota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sister Mary Consolata, Herzog
11. Present Address of Registrant: St. Gertrude's Convent Cottonwood Idaho

NOTARY (Seal)

Subscribed and sworn to before me on August 23 1973

12. Signature of Notary: Sister M. Nachtsheim OSB
13. Notary Commission expires: Dec. 11th 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding hospital records	St.Mary's Hospital,Cottonwood, ID,Sr.Mary Mildred,RRA	Aug.24,1973	June 16,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.14,1906	Ferdinand, Idaho	Rose Sarbacher	Joseph Herzog

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Certificate of Baptism- page 4 of register	Church of Assumption B.M.V., Ferdinand,ID,Rev.A.Aufunpolk	---	baptized Dec.17,1906

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.14,1906	----	Rose Sarbacher	Joseph Herzog

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Rose M. Herzog	Sep.18,1973	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.14,1906	Ferdinand,Idaho Idaho County	Rose Sarbacher Herzog	Joseph Herzog

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

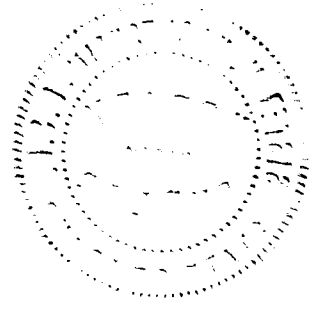
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	October 17,1973

FORM BH 56067

8-23-73

OCT 1 8 1973



213-111-035-597

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-633

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Eugene Baldeck			2. Date Of Birth (month) Sept. (day) 11 (year) 1906	
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Lewiston	
FATHER	6. Full Name of Father: Eugene Baldeck			7. State or Country of Father's Birth: Alsace Lorraine, France	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Nigg			9. State or Country of Mother's Birth: Davenport, Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Joseph E Baldeck M.D.	11. Present Address of Registrant: 1118-3rd Street Lewiston, Id.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 26, 1973		12. Signature of Notary: T.J. Cunningham F. J. CUNNINGHAM	13. Notary Commission expires: January 11, 1977	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital record of own birth		By whom issued and signed: St.Joseph's Hospital,Beth Boyer,Med.Rec.,Lewiston,ID	Date Issued: Sep.10,1973	Date Orig. Entry: Sep.11,1906
	Date of Birth: Sep.11,1906	Birth Place: St.Joseph's Hosp. Lewiston,Idaho	Full Name of Mother: Elizabeth Nigg	Name of Father: Eugene Baldeck	
SUPPORTING RECORD 2.	Type of Document: Duplicate of Certificate of Baptism		By whom issued and signed: Church of St. Stanislaus, Lewiston,ID,John J.O'Hara,Asst.Pastor	Date Issued: Oct.6,1973	Date Orig. Entry: baptized Sept.20,1906
	Date of Birth: Sep.11,1906	Birth Place: Lewiston, Idaho	Full Name of Mother: Elizabeth Nigg	Name of Father: Eugene Baldeck	
SUPPORTING RECORD 3.	Type of Document: certified copy of County Register of Births		By whom issued and signed: Nez Perce County Recorder's Office,ID,Page 53,T.J.Costello,Att.Physician	Date Issued: Sep.12,1973	Date Orig. Entry: -----
	Date of Birth: Sep.11,1906	Birth Place: Lewiston,Idaho	Full Name of Mother: ---	Name of Father: Eugene Baldeck	

QUALIFYING INFORMATION

Affidavit by friend of family at time of birth, Genevieve Ward Lynch (Age:76) signed 9/17/73 gives Dr.Joseph Eugene Baldeck born September 11, 1906 in Lewiston, Idaho to Eugene Joseph Baldeck and Elizabeth Baldeck.

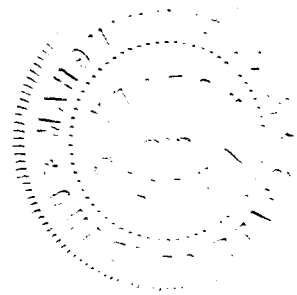
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	October 17,1973

FORM BH 56067

OCT 18 1973



214-106-025-462

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-645

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frank Joseph Baune			2. Date Of Birth (month) 9 (day) 6 (year) 1906	
	3. Color or Race: Wh-	4. Sex: M	5. Place of Birth: a. County Idaho	b. City or Town of Birth: Cottonwood	
FATHER	6. Full Name of Father: Anton Baune			7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Catherine Dose			9. State or Country of Mother's Birth: Nabraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Frank Baune	11. Present Address of Registrant: Sun River, Montana	
NOTARY (Seal)	Subscribed and sworn to before me on 10/15-73 19___		12. Signature of Notary: Mrs. Cecelia Martin	13. Notary Commission expires: Mother in Law 19___	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage License & Certificate #2897	By whom issued and signed: Chouteau County, Montana	Date Issued: June 20,1973	Date Orig. Entry: Sept.14,1934	
	Date of Birth: Age: 28	Birth Place: Cottonwood, Idaho	Full Name of Mother: Kathrine Dozer	Name of Father: Antone Baune	
SUPPORTING RECORD 2.	Type of Document: Certified copy of voter's registration - #2412	By whom issued and signed: Chouteau County, Montana	Date Issued: June20,1973	Date Orig. Entry: Dec.14,1937	
	Date of Birth: Sept.6,1906	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: J.M.Verhoeven,Pastor from page 6, #40,Cottonwood,ID	Date Issued: Aug.23,1934	Date Orig. Entry: baptized Sept.9,1906	
	Date of Birth: Sept.6,1906	Birth Place: ----	Full Name of Mother: Catherine Dose	Name of Father: Anton Baune	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Ulick	Evidence reviewed by: Glenda Larson	Date Filed: November 6,1973

FORM BH 56067

10-4-73

NOV 7 1973

155-217-031-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-730

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Charlotte Jenkins	2. Date Of Birth (month) Feb (day) 17 (year) 1906
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Nezperce Idaho	b. City or Town of Birth: Nezperce
FATHER	6. Full Name of Father: Henery Eward Jenkins	7. State or Country of Father's Birth: Fairmont Minnisota
MOTHER	8. Full Maiden Name of Mother: Maude Bowman	9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Charlotte Jenkins; 11. Postal Address of Registrant: 3375 E. Sahara sp 215
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 5, 1973	12. Signature of Notary: Mrs Larry Kras; Rose M. Carvelli; 13. Notary Commission expires:

Notary Public - State of Nevada
CLARK COUNTY
ROSE M. CARVELLI
My Commission Expires Dec. 5, 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Joint School Dist. #304, Kamiah, ID, Phyllis Bovey, Clk. bd. Trustees	Date Issued: 8/31/73	Date Orig. Entry: Sept. 1914
	Date of Birth: AGE: 8; Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record Nez Perce County, Idaho	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Oct. 1, 1973	Date Orig. Entry: Apr. 15, 1910
	Date of Birth: AGE: 4; Birth Place: Idaho	Full Name of Mother: Maude Jenkins	Name of Father: Henery Jenkins	
SUPPORTING RECORD 3.	Type of Document: Affidavit by paternal aunt	By whom issued and signed: Elma V. Jenkins	Date issued: Nov. 14, 1973	Date Orig. Entry: ---
	Date of Birth: Feb. 17, 1906; Birth Place: Nezperce, Idaho	Full Name of Mother: Maude Jenkins	Name of Father: Henery Edward Jenkins	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	DEC 12 1973

FORM BH 56067

DEC 21 1973

433-118-029-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-754

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Joseph Hardy McCown
2. Date of Birth (month) (day) (year): July 18, 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Latah
b. City or Town of Birth: (rural Potlatch-mail Palouse,WA)

FATHER

6. Full Name of Father: John Hardy McCown
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Frankie Jane Jones
9. State or Country of Mother's Birth: North Carolina

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Joseph H. McCown
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on 12/18 1973

12. Signature of Notary: A S Planton
13. Notary Commission expires 1-10 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance policy 11-399-168	New York Life Ins. Co.	---	Mar.12,1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 18,1906	Latah County, Idaho	Frankie J. McCown	John H. McCown

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of school census records	Latah County, Idaho County Clerk's Office	Oct.10,1973	Sept.11,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 13	----	----	J. H. McCown

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of application for membership	Lodge #249, Moscow, B.P.O.E.	---	Feb. 25, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 18,1906	Potlatch, Latah County, Idaho	---	----

QUALIFYING INFORMATION

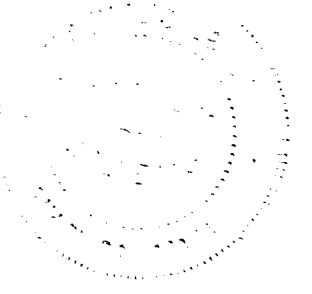
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	DEC 26 1973

FORM BH 56067

DEC 2 7 1973



75-411-036-551

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-078

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William E. Peabody
2. Date Of Birth (month) October (day) 11 (year) 1906
3. Color or Race: Cau.
4. Sex: Male
5. Place of Birth a. County: Malad, Idaho
b. City or Town of Birth: Malad, Idaho

FATHER

6. Full Name of Father: Isaac Peabody
7. State or Country of Father's Birth: Malad, Oneida, Idaho

MOTHER

8. Full Maiden Name of Mother: Alice K. Evans
9. State or Country of Mother's Birth: Malad, Oneida Co. Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William E. Peabody
11. Present Address of Registrant: 735 N 400 W Malad, Idaho 83252

NOTARY (Seal)

Subscribed and sworn to before me on February 8 19 74

12. Signature of ~~Notary~~: Colen P. Sweetwood Jr.
13. Notary Commission expires: Clerk of the district court 19 ____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of Certificate of Baptism and Confirmation	LDS Church, Malad, Idaho. J. Parry, Clerk	orig. dated Apr. 6, 1916	baptized July 3, 1915
	Date of Birth: Oct. 11, 1906 — Birth Place: Malad, Idaho Oneida County	Full Name of Mother: Alice K. Evans	Name of Father: Isaac Peabody	
SUPPORTING RECORD 2.	Affidavit by aunt	Charlotte K. Evans (Age:80)	Feb. 9, 1974	---
	Date of Birth: Oct. 11, 1906 — Birth Place: Malad, Idaho Oneida County	Full Name of Mother: Alice K. Evans	Name of Father: Isaac Peabody	
SUPPORTING RECORD 3.	photocopy of application for insurance policy	Gem State Mutual Life Assoc Inc., Pocatello, Idaho	June 11, 1948	June. 1, 1948
	Date of Birth: Oct. 11, 1906 — Birth Place: Malad, Idaho	Full Name of Mother: Alice K. Peabody	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Glenda Larson
Date Filed: FEB 21 1974

FORM BH 56067

FEB 22 1974

557-105-010-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-094

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LEO ENGLIS
2. Date Of Birth (month) March (day) 5 (year) 1906
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Idaho / Bonneville; b. City or Town of Birth: Swan Valley

FATHER

6. Full Name of Father: Charles Englis
7. State or Country of Father's Birth: Pioche, Lincoln County, Nevada

MOTHER

8. Full Maiden Name of Mother: Alice Bithel
9. State or Country of Mother's Birth: Richmond, Cache Co. Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leo Englis
11. Present Address of Registrant: 311 E 13th Street, Idaho Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on February 7 1974
12. Signature of Notary: Emmett E. Gallup
13. Notary Commission expires: ~~February 7~~ June 7 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of hospital certificate of own child's birth	Idaho Falls LDS Hospital, Idaho, J.O.Mellor, M.D.	---	child born Jan.31,1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.5,1906	Swan Valley, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of marriage license affidavit	Bonneville County, Idaho	Nov.7,1973	Oct.3,1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
AGE: 29	----	----	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Certificate of Baptism and Confirmation	LDS Church, Idaho Falls 2nd Ward, Matthew Howe, Clerk	----	baptized April 24,1957

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.5,1906	Swan Valley, Idaho Bonneville County	Alice Bethel	Charles Englis

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	FEB 27 1974

FORM BH 56067

9-19-72

FEB 27 1974

753-11-032-959

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-095

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lloyd Jackson Peck			2. Date Of Birth (month) (day) (year): June 11 1906	
	3. Color or Race: Cauc	4. Sex: M	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Shoshone	
FATHER	6. Full Name of Father: Warren Jackson Peck			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Marietta Ivie			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lloyd Jackson Peck	11. Present Address of Registrant: 771 W.Galloway,Weiser,Id.	
NOTARY (Seal)	Subscribed and sworn to before me on: February 27 19 74		12. Signature of Notary: Elizabeth Coulter	13. Notary Commission expires: March 1 19 77	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Lodge Membership Record		By whom issued and signed: Ind. Order of Odd Fellows	Date Issued: Sept.24,1946	Date Orig. Entry: Sept.24,1946
	Date of Birth: Jun 11,1906	Birth Place: Shoshone, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #216437		By whom issued and signed: Benevicial Life Ins. Co.	Date Issued: Aug. 26,41	Date Orig. Entry: Aug.21,1941
	Date of Birth: Jun.11,1906	Birth Place: Shoshone, Idaho	Full Name of Mother: --------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother Age 77		By whom issued and signed: Louis Peck	Date Issued: Feb.26,1974	Date Orig. Entry: ---------
	Date of Birth: Jun.11,1906	Birth Place: Shoshone, Idaho	Full Name of Mother: Marietta Ivie Peck	Name of Father: Warren Jackson Peck	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Feb.27,1974

FORM BH 56067

FEB 27 1974

495-22-001-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-142

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ione Marie Minger			2. Date Of Birth (month) Sept. (day) 21 (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Adolph Philip Minger			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Dinah Eliza Brown			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mrs. Ione Marie Smith	11. Present Address of Registrant: 604 East Ave. A. Jerome, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 26 1974		12. Signature of Notary: "Sue" Nora Lowe	13. Notary Commission expires: Sept. 18 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother Age 79yrs	By whom issued and signed: Benjamin H. Minger	Date Issued: Mar.18, 1974	Date Orig. Entry: ----------
	Date of Birth: Sept. 21, 1906	Birth Place: Boise, Idaho	Full Name of Mother: Dinah Eliza Brown Minger	Name of Father: Adolph Philip Minger
SUPPORTING RECORD 2.	Type of Document: Insurance Policy # 3,862,720	By whom issued and signed: The Mutual Life Insurance Co. of New York David Huston-Pres.	Date Issued: Sept.2,1927	Date Orig. Entry: ----------
	Date of Birth: Sept 21,1906	Birth Place: Boise, Idaho	Full Name of Mother: ------- Eliza D. Minger	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: Family Bible	By whom issued and signed: Family	Date Issued: -----	Date Orig. Entry: Obviously Old
	Date of Birth: Sept 21,1906	Birth Place: -------	Full Name of Mother: --------	Name of Father: ---------
QUALIFYING INFORMATION				

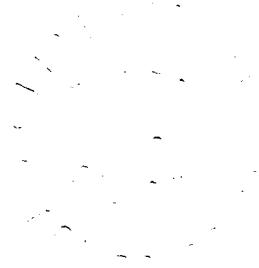
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	"Sue"Nora Lowe	March 26, 1974

FORM BH 56067

MAR 2 6 1974



255--206-005-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-205

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Agnes Kenyon			2. Date Of Birth (month) (day) (year): March 6, 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County:	b. City or Town of Birth: Forest
FATHER	6. Full Name of Father: James Kenyon			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Mary Fitzpatrick			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: M Agnes Hanley		11. Present Address of Registrant: 8322 Kendrick Idaho 83530
NOTARY (Seal)	Subscribed and sworn to before me on: April 12 1974	12. Signature of Notary: Janet E. Wagner		13. Notary Commission expires: 12-6 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: St.Joseph's Hospital,Lewiston, ID, Jeanette Johnston,Med.Rec.	Date Issued: Mar.22, 1974	Date Orig. Entry: Mar.28,1965	
	Date of Birth: Mar.6,1906	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of naturalization #43126	By whom issued and signed: Dept.Commerce & Labor,U.S.A. Nez Perce County, ID	Date Issued: ---	Date Orig. Entry: Feb.6,1909	
	Date of Birth: Age: 2	Birth Place: ------	Full Name of Mother: Mary Kenyon	Name of Father: James Kenyon	
SUPPORTING RECORD 3.	Type of Document: Petition for membership	By whom issued and signed: Rebekah Lodge,Clarkston,WA, Lodge #125	Date Issued: Sep.21,1936	Date Orig. Entry: June 17,1936	
	Date of Birth: Mar.6,1906	Birth Place: Forest, Idaho Nez Perce County	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Hick	Evidence reviewed by: gml Glenda Larson	Date Filed: APR 2[illegible] 1974

FORM BH 56067

APR 2 3 1974

815-123-030-075

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-215

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Morton Spencer Havemann
2. Date Of Birth (month) (day) (year): September 23, 1906
3. Color or Race: WHITE
4. Sex: Male
5. Place of Birth a. County: Lemhi
   b. City or Town of Birth: Salmon

FATHER

6. Full Name of Father: Frank Henry Havemann
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Mildred Mary Spencer
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Morton S. Havemann M.D.
11. Present Address of Registrant: 2292 BELDING DR. PALM SPRINGS, CALIF.

NOTARY (Seal) — EVELYN C. BARAS, NOTARY PUBLIC — CALIFORNIA, PRINCIPAL OFFICE IN RIVERSIDE COUNTY, My Commission Expires Jan. 31, 1976

Subscribed and sworn to before me on April 25 1974

12. Signature of Notary: Evelyn C. Baras
13. Notary Commission expires: Jan. 31 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Statement regarding school records
By whom issued and signed: Lemhi County, Idaho County Recorder's Office
Date Issued: Mar. 14, 1974
Date Orig. Entry: 1926

Date of Birth: Sept., 1906
Birth Place: ---
Full Name of Mother: Mildred Havemann
Name of Father: Frank Havemann

SUPPORTING RECORD 2.

Type of Document: Affidavit by parents
By whom issued and signed: Frank H. Havemann and Mildred Spencer Havemann
Date Issued: Sep. 13, 1935
Date Orig. Entry: ---

Date of Birth: Sep. 23, 1906
Birth Place: Salmon, Idaho Lemhi County
Full Name of Mother: Mildred Spencer Havemann
Name of Father: Frank H. Havemann

SUPPORTING RECORD 3.

Type of Document: Affidavit by widow of attending physician
By whom issued and signed: Nora T. Whitwell, Widow of W.C. Whitwell, M.D., Salmon, Idaho
Date Issued: Sep. 14, 1935
Date Orig. Entry: --- book of records page 332

Date of Birth: Sep. 23, 1906 7:30 p.m.
Birth Place: ---*
Full Name of Mother: ---
Name of Father: Frank Haveman(n)

QUALIFYING INFORMATION

*place of birth not actually stated, but Mrs. Whitwell stated that Dr. Whitwell practiced in Lemhi County, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Glenda Larson
Date Filed: APR 24 1974

FORM BH 56067

TO 447 C

(Individual)

TI

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE } SS.

On April 15, 1974 before me, the undersigned, a Notary Public in and for said State, personally appeared Morton S. Havemann, known to me to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same.

WITNESS my hand and official seal.

Signature Evelyn C. Baras

Evelyn C. Baras
Name (Typed or Printed)

OFFICIAL SEAL
EVELYN C. BARAS
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Expires Jan. 31, 1976

(This area for official notarial seal)

STAPLE HERE

APR 2 4 1974

694-231-004-655

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-223

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Widmer
2. Date Of Birth (month) (day) (year): March 31 1906
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Bear Lake County
b. City or Town of Birth: Montpelier Idaho

FATHER

6. Full Name of Father: Rudolph John Widmer
7. State or Country of Father's Birth: Bern Switzerland

MOTHER

8. Full Maiden Name of Mother: Annie Mary Wenger
9. State or Country of Mother's Birth: Bern Switzerland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret Widmer
11. Present Address of Registrant: Geneva Idaho

NOTARY (Seal)

Subscribed and sworn to before me on April 16 19 74

12. Signature of Notary: Norma Lee Nelson
13. Notary Commission expires: December 23 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Certificate of Blessing	Geneva Ward, Homer J.Teuscher, Clerk, LDS Church	orig.dated Nov.18,1973	blessed May 6,1906

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.31,1906	Montpelier,Idaho Bear Lake County	Annie Mary Wenger	Rudolph John Widmer

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding film filed at Bear Lake Branch Gen.Lib.	(pg.45) "A Record of Women attended in labor by Mrs.Frances Elizabeth Bridges	Apr.15,1974	-at birth- of Montpelier,ID

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 31,1906	----	Mary Widmer	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement from film #2401,pg 12 of Montpelier Stake records	Record of Members,Cert.#160 baptized by David J.Sutton	Apr.15,1974	baptized Aug.2,1914

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.31,1906	Montpelier,Idaho	Annie Mary Wenger	Rudolph Widmer

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gl Glenda Larson	APR 26 1974

FORM BH 56067

APR 2 9 1974

893-205-010-289

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-317

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harriet Anna Hill			2. Date Of Birth (month) July (day) 5 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ucon, Bonneville	b. City or Town of Birth: Ucon	
FATHER	6. Full Name of Father: Samuel Hill			7. State or Country of Father's Birth: Croyden, Cambs. England	
MOTHER	8. Full Maiden Name of Mother: Harriet Ann Byram			9. State or Country of Mother's Birth: Southwick, Durham, England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Harriet A. Clayton	11. Present Address of Registrant: P.O. Box 87 Ucon, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 4 1974		12. Signature of Notary: Alene M. Hill	13. Notary Commission expires: June 25 1975	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #364466	Date Issued: ---	Date Orig. Entry: child born Nov.26,1942
	Date of Birth: Age: 36	Birth Place: Ucon, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: LDS church certificate of birth		By whom issued and signed: Bingham Stake, Willow Creek Ward,Members, #10384,pg.8	Date Issued: Apr.20,1970	Date Orig. Entry: Oct.7,1906
	Date of Birth: July 5,1906	Birth Place: Willow Creek,Ida. Bingham County	Full Name of Mother: Harriet Ann Hill	Name of Father: Samuel Hill	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person present at time of birth		By whom issued and signed: S. A. Hill	Date Issued: June 10,1974	Date Orig. Entry: ---
	Date of Birth: July 5,1906	Birth Place: Willow Creek LDS Ward near Ucon,Ida.	Full Name of Mother: Harriet Ann Byram Hill	Name of Father: Samuel Hill	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: JUN 18 1974

FORM BH 56067

JUN 19 1974

112-209-029-564

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-366

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Martha Margarita (Jabbora) Jabbour
2. Date Of Birth (month) 9 (day) 9 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Latah; b. City or Town of Birth: Moscow Idaho

FATHER

6. Full Name of Father: Kerr Allah Jabbour
7. State or Country of Father's Birth: Lebanon

MOTHER

8. Full Maiden Name of Mother: Marian Vomtalla
9. State or Country of Mother's Birth: Lebanon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Martha (Jabbora) Jabbour
11. Present Address of Registrant: 514 S Gilmon St

NOTARY (Seal)

Subscribed and sworn to before me on July 12 19 74

12. Signature of Notary: Mildred W. Robinson
13. Notary Commission expires: 3-1 19 76

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Baptismal Certificate	Roman Catholic Church	July 5,1974	Baptized Mar.29,1907
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept.9,1906 / Moscow, Idaho	Marian Vomtalla	Kerr Allah Jabbour	
SUPPORTING RECORD 2.	Type of Document (at time of birth) Affidavit by friend of family	By whom issued and signed Bertha Furnish age 88	Date Issued Jly 11,1974	Date Orig. Entry
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept.9,1906 / Moscow, Idaho	Marian Vomtalla	Kerr Allah Jabbour	
SUPPORTING RECORD 3.	Type of Document School Record	By whom issued and signed Sister Ursula-Ursuline Academy	Date Issued July 1974	Date Orig. Entry graduated 1925
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept.9,1912 / -------	-------	-------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

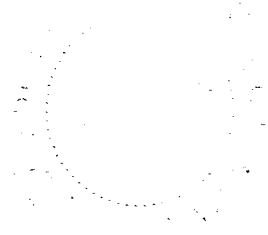
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	July 22, 1974

FORM BH 56067

4-17-74

JUL 22 1974



291-222-028-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-106

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vada Rosa Braman
2. Date Of Birth (month) (day) (year): August 22 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Rathdrum , Idaho
b. City or Town of Birth: Lakecreek

FATHER

6. Full Name of Father: William Clayton Braman
7. State or Country of Father's Birth: Ohio, U.S.A.

MOTHER

8. Full Maiden Name of Mother: Mary Ann (Moore) Braman
9. State or Country of Mother's Birth: Greenwich , Scotland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vada B. Shreeve
11. Present Address of Registrant: 111 N. 37th. Ave., Yakima Wash 98902

NOTARY (Seal)

Subscribed and sworn to before me on: March 27 19 73
12. Signature of Notary: Michael J. McL...
13. Notary Commission expires: May 1 19 74

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by older brother living at home at time of birth	Lawrence Z. Braman Age:77	Mar.15,1973	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.22,1906	Lakecreek,Idaho	Mary Ann (Moore) Braman	William Clayton Braman

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of Family Record	Family records	---	Appears old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.22,1906	Lakecreek,Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of Life Insurance Application	National Liberty Life Valley Forge, Pennsylvania	---	Aug. 20,1968

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.22,1906	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

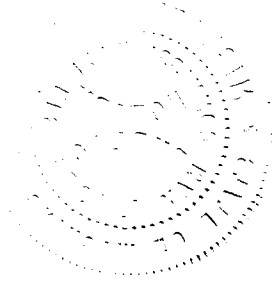
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Margaret Davis	Feb. 13, 1975

FORM BH 56067

11-29-72

Shrock (nee Braman)

FEB 25 1975



692-14-033-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-149

REGISTRANT (Person who is the subject of this record)

1. Registrant's Full Name at Birth: Joseph Harold Fikstad
2. Date of Birth (month) (day) (year): May 14, 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: b. City or Town of Birth: Rexburg

FATHER

6. Full Name of Father: John Henry Fikstad
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Annie Ricks
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Joseph Harold Fikstad
11. Present Address of Registrant: 2310 MANGRUM PL. OCEANSIDE CALIF.

NOTARY (seal)

Subscribed and sworn to before me on: January 22 1975

12. Signature of Notary: Virginia L Page
13. Notary Commission expires: April 17 1977

OFFICIAL SEAL
VIRGINIA L. PAGE
NOTARY PUBLIC-CALIFORNIA
SAN DIEGO COUNTY
My Commission Expires Apr. 17, 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record Lyman Prect., Fremont, Co., Idaho	U.S. Department of Commerce o Bureau of the Census	Apr. 27, 1971	April 15, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 3	Idaho	Annie Fickstead	John H. Fickstead

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Membership in Elks Lodge Oceanside, CA.	Benevolent & Protective Order of Elks Lodge #1561	---	Oct. 8, 1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
14 May 1906	Rexburg, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of Hospital Record	Tri-City Hospital Oceanside, California	---	June 15, 1964

Date of Birth	Birth Place	Full Name of Mother	Name of Father
5/14/06	Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Margaret Davis	MAR 4 1975

FORM BH 56067

MAR 5 1975

962-205-033-662

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-524

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Mae Robison		2. Date Of Birth (month) March (day) 5th (year) 1906
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: At home; b. City or Town of Birth: Lyman Idaho
FATHER	6. Full Name of Father: Heber C. Robison		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sophia Foss		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva M. Young	11. Present Address of Registrant: 717 So. 10th Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 28 1975	12. Signature of Notary: Stanley Crowley	13. Notary Commission expires: Sept 1 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Record	Date issued: 8/29/75	Date Orig. Entry: ---
	Date of Birth: Mar. 5, 1906 / Birth Place: Lyman, Idaho	Full Name of Mother: Sophia Foss	Name of Father: Heber C. Robison	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Sister who was born 9/12/93	By whom issued and signed: Edna R. Crowley 82 years.	Date issued: 8/29/75	Date Orig. Entry: ---
	Date of Birth: Mar.5, 1906 / Birth Place: Lyman, Idaho	Full Name of Mother: Sophia Foss Robison	Name of Father: Heber C. Robison	
SUPPORTING RECORD 3.	Type of Document: Marriage License Affidavit	By whom issued and signed: State of Idaho, Bonneville	Date issued: 8/28/75	Date Orig. Entry: 5/8/26
	Date of Birth: 20 years. / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	SEP 3 1975

FORM BH 56067

8-5-75

SEP 4 1975

819-123-221-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-587

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ERSEL BRONSON HARRIS			2. Date Of Birth (month) APRIL (day) 23 (year) 1906	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: FAIRVIEW, FRANKLIN	b. City or Town of Birth: FAIRVIEW, IDAHO	
FATHER	6. Full Name of Father: WILLIAM LEWIS HARRIS			7. State or Country of Father's Birth: FAIRVIEW FRANKLIN CO. IDAHO	
MOTHER	8. Full Maiden Name of Mother: CHARLOTTE LOVINA BRONSON			9. State or Country of Mother's Birth: FAIRVIEW FRANKLIN CO. IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ersel Bronson Harris	11. Present Address of Registrant: 443 EAST CENTER LOGAN, UTAH	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 24th 1975		12. Signature of Notary: Adonia J. Dennis	13. Notary Commission expires: 10-16 1978	

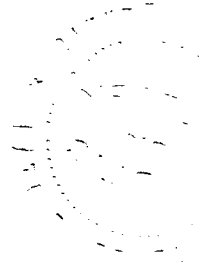
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Howard Lloyd, Ward Record Logan, Utah	Date Issued: 20 Sep. 75	Date Orig. Entry: Blessed 10 June 1906	
	Date of Birth: 23 Apr. 1906	Birth Place: Fairview	Full Name of Mother: Charlotte Lovisa Bronson	Name of Father: William Harris	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: Howard Lloyd, Ward Record Logan, Utah	Date Issued: 20 Sep. 75	Date Orig. Entry: Baptised 23 Apr. 1914	
	Date of Birth: 23 Apr.1906	Birth Place: Fairview	Full Name of Mother: Charlotte Lovisa Bronson	Name of Father: William Harris	
SUPPORTING RECORD 3.	Type of Document: Ow n Child's birth certificate	By whom issued and signed: State of Idaho #259090	Date Issued: 12/31/38	Date Orig. Entry: child born 9/13/37	
	Date of Birth: 32 years.	Birth Place: Fairview	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: SEP 29 1975

FORM BH 56067

SEP 2 9 1975



619-228-006-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-611

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Alder Ward
2. Date Of Birth (month) (day) (year): November 28 1906
3. Color or Race: Caucasian
4. Sex: F.
5. Place of Birth a. County: ~~Iona, Idaho~~ Bingham
b. City or Town of Birth: Iona, Idaho

FATHER

6. Full Name of Father: William Alday Ward
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Daisy Florence Binnington
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Alder Ward Marlowe
11. Present Address of Registrant: 554 E 1864 So Orem, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: Oct 8 1975
12. Signature of Notary: Annette S. Stelling
13. Notary Commission expires: 10-2 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	LDS Church	------	Blessed Jan. 6, 1907
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Nov. 28, 1906 Iona, Idaho	Daisy Binnington	William A. Ward	
SUPPORTING RECORD 2.	Own child's birth certificate	State of Washington #228	10/10/75	child born Apr. 10, 1933
	Age 26 / Idaho.	---	---	
SUPPORTING RECORD 3.	Hospital record	Vancouver Memorial Hospital	10/9/75	Mar. 9, 1940
	Age 33 / ---	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulick	sl Margaret Davis	OCT 14 1975

FORM BH 56067

(cp Pd Rec. # 19424 (10-9-75)

10-3-75

OCT 14 1975

231-215-022-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-664

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Maurine Stalker
2. Date Of Birth: (month) November (day) 15 (year) 1906
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Idaho Fremont; b. City or Town of Birth: Marysville

FATHER

6. Full Name of Father: Joseph B. Stalker
7. State or Country of Father's Birth: Franklin, Idaho

MOTHER

8. Full Maiden Name of Mother: Mahetable Seely
9. State or Country of Mother's Birth: Mount Pleasant, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Maurine Stalker Carlson
11. Present Address of Registrant: Rt. 4 Box 274, Idaho Falls, Idaho 83401

NOTARY (Seal)

Subscribed and sworn to before me on: November 10, 1975
12. Signature of Notary: Robert L. Larson
13. Notary Commission expires: 9-3-1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father	By whom issued and signed: Joseph B. Stalker	Date Issued: 23 Mar.55	Date Orig. Entry: ---
	Date of Birth: Nov.15,1906 / Birth Place: Marysville	Full Name of Mother: ---	Name of Father: Joseph B. Stalker	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: First Presbyterian Church	Date Issued: Apr.1,1955	Date Orig. Entry: Baptised 3 May 1931
	Date of Birth: Nov.15,1906 / Birth Place: Marysville	Full Name of Mother: Amelia Mahetable Seeley	Name of Father: Joseph Barnes Stalker	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: LDS Hospital, Idaho Falls	Date Issued: 11/17/75	Date Orig. Entry: child born Dec.11,1940
	Date of Birth: Nov.15,1906 / Birth Place: Marysville	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	NOV 17 1975

FORM BH 56067

NOV 17 1975

345-22-010-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-156

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vernie Inez Lundberg		2. Date Of Birth (month) Sept (day) 22 (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth (Home) (County): Idaho Falls Ida Bonneville	b. City or Town of Birth: Idaho Falls Ida
FATHER	6. Full Name of Father: John Carle Lundberg		7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: Julia Ann Wilhelmina Johnson		9. State or Country of Mother's Birth: Galesburg Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vernie L Preston	11. Present Address of Registrant: 5131 Vista Springs Rd S	
NOTARY (Seal)	Subscribed and sworn to before me on: November 13 19 75	12. Signature of Notary: Marie O. Balgaard	13. Notary Commission expires: My Commission Expires March 16, 1979 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #M9530449	By whom issued and signed: The National Life and Acc. Nashville, Tennessee	Date Issued: 11/26/28	Date Orig. Entry: 11/26/28
	Date of Birth: 23yr.next birthday.	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: Bureau of the Census U.S. Dept. of Commerce	Date Issued: 12/15/75	Date Orig. Entry: 1/1/20
	Date of Birth: Age 13	Birth Place: Idaho.	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Application for Social Security # 545-54-9939	By whom issued and signed: Social Security Administration	Date Issued: 10/22/56	Date Orig. Entry: 10/18/56
	Date of Birth: 22 Sept. 06	Birth Place: Idaho Falls	Full Name of Mother: Julia Ann Johnson	Name of Father: John Carl Lundberg
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: md Margaret Davis	Date Filed: MAR 16 1976

FORM BH 56067

10-7-75

MAR 1 6 1976

369-103-033-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76--198

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gerald Leland Larsen
2. Date Of Birth (month) Feb. (day) 3 (year) 1906
3. Color or Race: white
4. Sex: M
5. Place of Birth a. County: Salem
b. City or Town of Birth: Salem, Idaho

FATHER

6. Full Name of Father: Alma Benjamen Larsen
7. State or Country of Father's Birth: Hyrum, Utah

MOTHER

8. Full Maiden Name of Mother: Lydia Evelyn Hales
9. State or Country of Mother's Birth: Bountiful, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gerald L. Larsen
11. Present Address of Registrant: Rte #2 Rexburg, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 3-22 1976

12. Signature of Notary: Billy W Jasa
13. Notary Commission expires 10-1 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Ordination	L. D. S. Church	Ordained Mar.17,1918	Baptized Mar. 1914

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.3,1906	Salem, Idaho	Lydia Hales	Alma B. Larsen

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Membership	L. D. S. Church	Sept.28,1925	Blessed May 6, 1906

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 3,1906	Salem, Idaho	Lydia Hales	Alma B. Larsen

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #324750	3/29/76	child born 10/8/41

Date of Birth	Birth Place	Full Name of Mother	Name of Father
35 yrs.	Salem, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

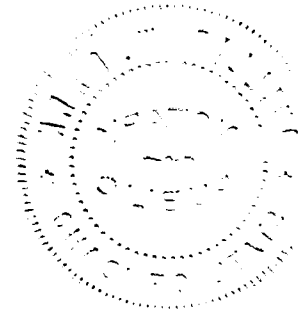
State Registrar: Janet M. Welch
Evidence reviewed by: fc Margaret Davis
Date Filed: MAR 29 1976

FORM BH 56067

rp pd RC#7906

3-17-76

MAR 2 9 1976



239-106-026-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-442

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John Spencer Stibal
2. Date Of Birth (month) (day) (year): May 6 1906
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Roberts Jefferson
b. City or Town of Birth: Roberts Idaho

FATHER

6. Full Name of Father: William Stibal
7. State or Country of Father's Birth: Nebraska U S A

MOTHER

8. Full Maiden Name of Mother: Bessie Strnad
9. State or Country of Mother's Birth: Czechoslovakia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John Spencer Stibal
11. Present Address of Registrant: 440 Emery Lane Idaho Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: August 17 19 76
12. Signature of Notary: Gayle Hart
13. Notary Commission expires: September 1 19 77

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage Lincese	State of Utah	Aug.9,1976	July29,1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 29	---	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own childs birth certificate	State of Idaho	Jul.21,1976	child born May10,1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 30	Roberts, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
life insurance applicationn	The Central State Life In. CO	Feb.23,1928	Feb.18,1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May6,1906	Roberts, Idaho	Bessie Stibal	---

QUALIFYING INFORMATION

Census report of 1910 lists his father as William Stibal and his mother as Bessis Stibal.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook lc	August 30, 1976

FORM BH 56067

ICP Pd MC # 00073

7/27/76

Shelf

AUG 3 1 1976

281-224-044-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-475

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Sadie Shannon		2. Date Of Birth (month) 3 (day) 24 (year) 1906
	3. Color or Race: W.	4. Sex: F	5. Place of Birth a. County: Weiser b. City or Town of Birth: Idaho
FATHER	6. Full Name of Father: Thomas S. Shannon		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sadie B. Bain		9. State or Country of Mother's Birth: Wyoming
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel S. Chitwood	11. Present Address of Registrant: 1212 7th St No. Nampa Ida
NOTARY (Seal)	Subscribed and sworn to before me on: August 16 1965	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate		By whom issued and signed: State of Idaho	Date Issued: Aug. 23, 1965	Date Orig. Entry: child born Sept. 11, 1925
	Date of Birth: age 19	Birth Place: Weiser, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: application for a marriage license		By whom issued and signed: State of Idaho	Date Issued: Jan. 28, 1971	Date Orig. Entry: July 03, 1924
	Date of Birth: Mar. 24, 1906	Birth Place: --	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: affidavit by sister age 73		By whom issued and signed: Myrtle A. Shannon	Date Issued: Aug. 16, 1965	Date Orig. Entry: --
	Date of Birth: Mar. 24, 1906	Birth Place: Weiser, Idaho	Full Name of Mother: Sadie B. Bain	Name of Father: Thomas S. Shannon	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	Sept. 16, 1976

FORM BH 56067

SEP 1 7 1976

652-121-006-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-225

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LELAND DANIEL WEBSTER			2. Date Of Birth (month) Oct. (day) 21 (year) 1906
	3. Color or Race: Caucasian	4. Sex: Male	5. Place of Birth: Idaho, U.S.A. a. County: Bingham	b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: Lewis P. Webster			7. State or Country of Father's Birth: U.S.A.
MOTHER	8. Full Maiden Name of Mother: Mary Jane Jones			9. State or Country of Mother's Birth: U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: X Leland Daniel Webster	11. Present Address of Registrant: 7736 Lilac Lane, Santa Susana, Calif. 93063
NOTARY (Seal)	Subscribed and sworn to before me on May 4 1977		12. Signature of Notary: Helen J. Hanson	13. Notary Commission expires: Mar 2 1980

OFFICIAL SEAL
HELEN J. HANSON
NOTARY PUBLIC - CALIFORNIA
VENTURA COUNTY
My comm. expires MAR 2, 1980

1199 Los Angeles Ave., Simi Valley, CA 93065

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance application		By whom issued and signed: Boston, MA American Mutual Liability	Date issued: May12,1977	Date Orig. Entry: Dec,22,1938
	Date of Birth: Oct.21,1906	Birth Place: Blackfoot, ID	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Employment record		By whom issued and signed: California Uniroyal Tire Co., Los Angeles	Date issued: Apr.19,1977	Date Orig. Entry: May27,1931
	Date of Birth: Oct.21,1906	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Church record		By whom issued and signed: D. R. Larson, Ward Clerk, Sandy, Utah, LDS Church	Date issued: May12,1977	Date Orig. Entry: June17,1940
	Date of Birth: Oct.21,1906	Birth Place: Blackfoot, Idaho	Full Name of Mother: Mary J. Jones	Name of Father: Lewis P. Webster	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	MAY 12 1977

FORM BH 56067 10 #20096 4-11

Webster

MAY 13 1977

364-226-001-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-325

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Anna Compton
2. Date Of Birth: March 26 1906
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Charles Ford Compton
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Mary Caroline Davidson
9. State or Country of Mother's Birth: Virginia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret C. Ames
11. Present Address of Registrant: 221 East 10th Jerome Idaho

NOTARY (Seal)

Subscribed and sworn to before me on July 8 1977

12. Signature of Notary: Margaret D. Davis
13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	original Family record	Davidson Family Record Book	1954	1947
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.26,1906 / ------	Mary Caroline Davidson	Charles Ford Compton	
SUPPORTING RECORD 2.	Own child's birth certificate	on file Idaho #286078	on file	child born May13,1939
	Age: 33 / Boise, Idaho	------	--------	
SUPPORTING RECORD 3.	Insurance application	Mutual Benefit Health and Accident Association,Omaha	Apr.27,1934	Apr.26,1934
	Mar.26,1906 / Boise, Idaho	---------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: JUL 08 1977

FORM BH 56067

JUL 8 1977

795-212-022-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-371

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nita Green		2. Date Of Birth (month) Sept (day) 12 (year) 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Jefferson (formerly Fremont) b. City or Town of Birth: Menan, Idaho
FATHER	6. Full Name of Father: Gilbert Marchant Green		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Eva Ballantyne		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Nita Green Jorgensen	11. Present Address of Registrant: 370 Tall Ave Rigby Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 1 1977	12. Signature of Notary: [signature]	13. Notary Commission expires: 8-31 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: on file Idaho #273977	Date issued: on file	Date Orig. Entry: child born Oct.21,1938
	Date of Birth: age: 32	Birth Place: Menan, Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother, age 89		By whom issued and signed: Eva B. Green	Date issued: Sept.20,1972	Date Orig. Entry: Sep.20,1972
	Date of Birth: Sep.12,1906	Birth Place: Menan, Idaho	Full Name of Mother: Eva Ballantyne	Name of Father: Gilbert Marchant Green	
SUPPORTING RECORD 3.	Type of Document: Church birth certificate		By whom issued and signed: LDS Church	Date issued: Apr.26,1965	Date Orig. Entry: June11,1907
	Date of Birth: Sep.12,1906	Birth Place: Menan, Idaho	Full Name of Mother: Eva Ballantyne	Name of Father: G.M. Green	
QUALIFYING INFORMATION					

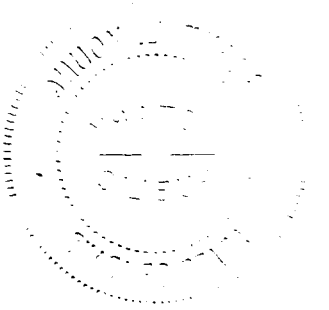
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	AUG 05 1977

FORM BH 56067 100 pk # 3072

AUG 8 1977



313-103-022-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-375

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Aldon Tall		2. Date Of Birth (month) October (day) 3 (year) 1906
	3. Color or Race	4. Sex: male	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Lewisville
FATHER	6. Full Name of Father: William A. Tall		7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: Belle Kinghorn		9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Aldon Tall	11. Present Address of Registrant: 227 North Hale Rigby Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 3 1977	12. Signature of Notary: Pat Anderson	13. Notary Commission expires: 3-26 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church certificate of birth		By whom issued and signed: LDS Church	Date issued: May27,1969	Date Orig. Entry: Jan.20,1907
	Date of Birth: Oct.3,1906	Birth Place: Lewisville,ID	Full Name of Mother: Belle Kinghorn	Name of Father: William A. Tall	
SUPPORTING RECORD 2.	Type of Document: Federal Census report, 1910		By whom issued and signed: U.S. Department of Commerce	Date issued: June6,1977	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 3	Birth Place: Idaho	Full Name of Mother: Belle Tall	Name of Father: William A. Tall	
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin, age 87		By whom issued and signed: James Frank Kinghorn	Date issued: Apr.27,1977	Date Orig. Entry: Apr.27,1977
	Date of Birth: Oct.3,1906	Birth Place: Lewisville, ID	Full Name of Mother: Belle Kinghorn Tall	Name of Father: William A. Tall	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	AUG 08 1977

FORM BH 56067 10C # 3[illegible]

Tall

AUG 9 1977

417-226-035-697

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-324

REGISTRANT (Person whose Birth is being registered)	**1. Registrant's Full Name at Birth** ORA RAMEY MAGRATH			**2. Date Of Birth** (month) (day) (year) JULY 26, 1906
	3. Color or Race WHITE	**4. Sex** FEMALE	**5. Place of Birth** a. County NEZPERCE	b. City or Town of Birth ILO (NOW, CRAIGMONT)
FATHER	**6. Full Name of Father** RICHARD HERBERT MAGRATH			**7. State or Country of Father's Birth** ONTARIO, CANADA
MOTHER	**8. Full Maiden Name of Mother** JESSIE WIGGINS			**9. State or Country of Mother's Birth** ONTARIO, CANADA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	**10. Signature of Registrant** Ora Shearer		**11. Present Address of Registrant** 4384 WATER STREET PINCONNING, MICH. 48650
NOTARY (Seal)	Subscribed and sworn to before me on DECEMBER 7, 19 77	**12. Signature of Notary** Jeanene J. Keating		**13. Notary Commission expires** NOTARY PUBLIC STATE OF FLORIDA at LARGE MY COMMISSION EXPIRES APRIL 13,1979 BONDED THRU MAYNARD BONDING AGENCY

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	**Type of Document** Marriage license	**By whom issued and signed** Bay County, Michigan		**Date Issued** Dec.18,1971	**Date Orig. Entry** Dec.18,1971
	Date of Birth July26,1906	**Birth Place** Ilo, Idaho	**Full Name of Mother** Janette Wiggans	**Name of Father** Richard Margrath	
SUPPORTING RECORD 2.	**Type of Document** Notarized statement about family bible	**By whom issued and signed** J.I. Magrath, age84 Jeanine J. Keating,Notary		**Date Issued** Dec.7,1977	**Date Orig. Entry** original obviously old
	Date of Birth July26,1906	**Birth Place** ------	**Full Name of Mother** --------	**Name of Father** Richard Magrath	
SUPPORTING RECORD 3.	**Type of Document** Hospital record, Bay City, MI	**By whom issued and signed** Bay Osteopathic Hospital		**Date Issued** Jan.6,1978	**Date Orig. Entry** July27,1973
	Date of Birth July26,1906	**Birth Place** ------	**Full Name of Mother** ----------	**Name of Father** ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar Janet M. Wick	**Evidence reviewed by** Colleen Cunningham cc	**Date Filed** AUG 0 9 1978

FORM BH 56067

10-25-77

doc file

AUG 1 0 1978

314-225-031-258

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-368

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothy Mary Lauby
2. Date Of Birth (month) (day) (year): 8 25 1906
3. Color or Race: Cau.
4. Sex: F
5. Place of Birth a. County: Lewis
b. City or Town of Birth: Nezperce, Idaho

FATHER

6. Full Name of Father: John Bernard Lauby
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Mary Kehlhofer (Kelenhofer)
9. State or Country of Mother's Birth: unknown (Sept. 29, 1882)

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Dorothy M. Sucks
11. Present Address of Registrant: Nezperce, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on August 31 19 78
12. Signature of Notary: Michael D. Nasko
13. Notary Commission expires: perpetual 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Marriage record	Lewis County, Idaho	Aug.31,1978	June9,1928
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 21 / Nezperce, ID	---------	---------	
SUPPORTING RECORD 2.	Affidavit by relative, born1884	Mrs. Pete(Dorothy Bogner) Lauby	Sep.2,1978	Sep.2,1978
	Aug.25,1906 / Nezperce, Idaho	Mary Kelenhofer Lauby	J.B. Lauby	
SUPPORTING RECORD 3.	Certificate of baptism	Roman Catholic Church	May23,1970	baptized Aug.26,1906
	Aug.25,1906 / Nezperce, Idaho	Mary Kehlhofer	J.B. Lauby	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: SEP 07 1978

FORM BH 56067

8-11-76

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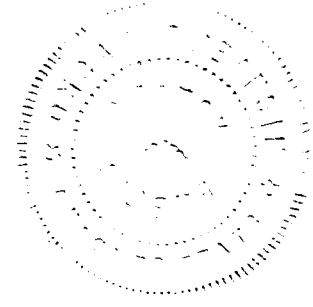
SEP 07 1978



666-217-001-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 78-409

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ida May Wood
2. Date Of Birth (month) June (day) 17 (year) 1906
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Ada
b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: George M. Wood
7. State or Country of Father's Birth: New York

MOTHER

8. Full Maiden Name of Mother: Elizabeth [illegible] Getchiel
9. State or Country of Mother's Birth: Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ida May Breshears
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on October 4 1978

12. Signature of Notary: Florence Curtright
13. Notary Commission expires: Lifetime 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Bible Record	Family	-----	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jun.17,1906	Boise, Idaho	Elizabeth L. Wood	George M. Wood

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Arthur Hays, Teacher	-----	Sept9, 1912 to Apr.30,1913

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 6	Idaho	------	-------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	on file - Idaho # 245635	-----	child born July 23,1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 30	Boise, Idaho	--------	-------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	October 4, 1978

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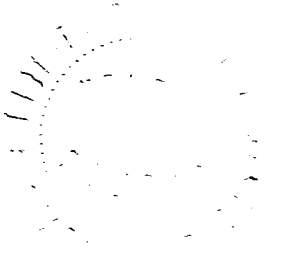
FORM BH 56067



DECEASED

251-122-006-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-094

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Vernal Seamons			2. Date Of Birth (month) October (day) 22 (year) 1906
	3. Color or Race: W	4. Sex: male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Coltman
FATHER	6. Full Name of Father: George David Seamons			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Susan Mette Wardle			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Vernal Seamons		11. Present Address of Registrant: 109 W Center - Hyde Park, Ut
NOTARY (Seal)	Subscribed and sworn to before me on: 8 March 1979	12. Signature of Notary: Helen C. Lamb		13. Notary Commission expires: 22 May 1981

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date Issued: Oct.27,1914	Date Orig. Entry: baptized Oct.27,1914
	Date of Birth: Oct.22,1906 / Birth Place: Coltman, Idaho	Full Name of Mother: Susan Mette Wardle	Name of Father: George David Seamons	
SUPPORTING RECORD 2.	Type of Document: Certificate of ordination	By whom issued and signed: LDS Church	Date Issued: Jan.27,1918	Date Orig. Entry: ordained Jan.27,1918
	Date of Birth: Oct.22,1906 / Birth Place: Coltman, Idaho	Full Name of Mother: Susan Mette Wardle	Name of Father: George David Seamons	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Utah	Date Issued: Oct.5,1978	Date Orig. Entry: child born Nov.8,1933
	Date of Birth: Age: 27 / Birth Place: Coltman, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	MAR 15 1979

FORM BH 56067

251-122-619

2-28-79

Seamens

MAR 1 6 1979

434-228-0042-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-164

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mattie Mc Master		2. Date Of Birth (month) Dec (day) 28 (year) 1906
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Twin Falls b. City or Town of Birth: Twin Falls, Idaho
FATHER	6. Full Name of Father: John Noble Mc Master		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Martha Ann Barnes		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mattie Hansen	11. Present Address of Registrant: Stanley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 16 1977	12. Signature of Notary: Helen Porterfield	13. Notary Commission expires: March 1 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho #235684	Date Issued: on file	Date Orig. Entry: child born Aug.12,1935
	Date of Birth: Age: 28	Birth Place: Twin Falls, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister, born 1890		By whom issued and signed: Hallie E. Jansen	Date Issued: May16,1977	Date Orig. Entry: May16,1977
	Date of Birth: Dec.28,1906	Birth Place: Twin Falls, ID	Full Name of Mother: Martha Ann Barnes	Name of Father: John Noble McMaster	
SUPPORTING RECORD 3.	Type of Document: School census report, Idaho		By whom issued and signed: School District #411, Twin Falls	Date Issued: May10,1979	Date Orig. Entry: Sep.1925
	Date of Birth: Dec.28,1906	Birth Place: ----------	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	MAY 10 1979

FORM BH 56067

MAY 10 1979

769-208-043-412

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-240

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jenni Emelia Poro
2. Date Of Birth (month) July (day) 8 (year) 1906
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: McCall Idaho Valley
b. City or Town of Birth: McCall

FATHER

6. Full Name of Father: Edward Poro
7. State or Country of Father's Birth: Finland

MOTHER

8. Full Maiden Name of Mother: Maria Palo Maki
9. State or Country of Mother's Birth: Finland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jean E. Jarvis
11. Present Address of Registrant: 5230 Cobble Creek Rd Hallday Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 4-16 1979

12. Signature of Notary: Florence Curtright
13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Utah Application for Nurse's license	Department of Registration	May29,1929	May29,1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July8,1906	McCall, ID	----------	----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of baptism	Lutheran Church	Aug.31,1906 baptized Aug.28,1906	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July8,1906	Long Valley County, Idaho	Marian	Edward Poron

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by person present	Mrs. Ethel Erickson, age97	June18,1979	June18,1979

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July8,1906	McCall, ID	Edward Poro	Maria Palomaki

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wisk
Evidence reviewed by: cc Colleen Cunningham
Date Filed: JUN 28 1979

FORM BH 56067

ICC # 10327

4-16-79

JUN 29 1979

355-221-010-853

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-060

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lila Virginia Lee			2. Date Of Birth (month) September (day) 21 (year) 1906
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Ammon
FATHER	6. Full Name of Father: Niels S. Lee			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: Lena Francis Helmandollar			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lila V. Bunyan		11. Present Address of Registrant: Ucon Idaho Box 264
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 20 1980	12. Signature of Notary: Lena Kingham		13. Notary Commission expires: Sept 20 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin, age 83	By whom issued and signed: Wilmer Lee	Date Issued: Feb.5,1980	Date Orig. Entry: Feb.5,1980
	Date of Birth: Sep.21,1906 / Birth Place: Ammon, Idaho	Full Name of Mother: Lena Francis Helmandollar Lee	Name of Father: Niels S. Lee	
SUPPORTING RECORD 2.	Type of Document: Church record	By whom issued and signed: LDS Church	Date Issued: Feb.19,1980	Date Orig. Entry: Mar.3,1907
	Date of Birth: Sep.21,1906 / Birth Place: Ammon, ID	Full Name of Mother: Lena Francis Helmandollar	Name of Father: blessed Nels S. Lee	
SUPPORTING RECORD 3.	Type of Document: Insurance record	By whom issued and signed: Prudential Ins. Co. of America	Date Issued: Mar.23,1962	Date Orig. Entry: Mar.23,1962
	Date of Birth: Sep.21,1906 / Birth Place: ----------	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

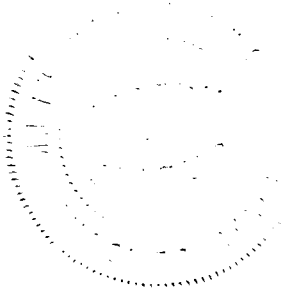
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham cc	FEB 26 1980

FORM BH 56067

FEB 27 1980



759-209-003-659

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 81-194

OFFICIAL SEAL ROBERTA L. YOUNG NOTARY PUBLIC-CALIFORNIA PRINCIPAL OFFICE IN LOS ANGELES COUNTY My Commission Expires May 25, 1981
10001 E. Artesia Blvd. Bellflower, CA 90706

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Ida Perkins
2. Date Of Birth: (month) 9 (day) 9 (year) 1906
3. Color or Race: Cau.
4. Sex: F
5. Place of Birth: a. County: Idaho Bannock; b. City or Town of Birth: Chesterfield

FATHER

6. Full Name of Father: Jasper William Perkins
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Ruth Ferrin
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ida Burk
11. Present Address of Registrant: 5818 Hazelbrook

NOTARY'S SEAL

Subscribed and sworn to before me on: APRIL 9 1981
12. Signature of Notary: Roberta L. Young
13. Notary Commission expires: MARCH 25 1981

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of birth	L. D. S. Church	Mar.28,1955	Recorded Nov.14,1906
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept.9,1906 / Chesterfield	Ruth Ferrin	Jasper W. Perkins	
SUPPORTING RECORD 2.	Affidavit by sister age 85	Areta Perkins Rigby	Mar.6,1981	------
	Sept.9,1906 / Chesterfield	Ruth Ferrin	Jasper W. Perkins	
SUPPORTING RECORD 3.	Certificate of Marriage	Weber County, Utah	Oct.25,1923	Oct.25,1923
	Age 17 / Chesterfield	-------	-------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, RN	Florence Curtright	June 12, 1981

FORM BH 56067

5-23-79

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JUN 1 6 1981

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238-101-021-789

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-294

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leland Erastus Schvaneveldt			2. Date Of Birth (month) (day) (year): June 1, 1906
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Cedarville
FATHER	6. Full Name of Father: Erastus Schvaneveldt			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Hannah May Phillips			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leland Erastus Schvaneveldt		11. Present Address of Registrant: Weston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 3, 1982	12. Signature of Notary: [illegible]		13. Notary Commission expires: April 19 84

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Deacon Certificate of Ordination	By whom issued and signed: LDS Church	Date Issued: Nov.30,1919	Date Orig. Entry: Baptized Aug.1,1915
	Date of Birth: June 1, 1906 / Birth Place: Cedarville, Ida.	Full Name of Mother: May H. Phillips	Name of Father: Erastus Schvaneveldt	
SUPPORTING RECORD 2.	Type of Document: Certif. of Ordination-Teacher	By whom issued and signed: LDS Church	Date Issued: July4,1923	Date Orig. Entry: ----
	Date of Birth: June 1, 1906 / Birth Place: Cedarville, Ida.	Full Name of Mother: May Phillips	Name of Father: Erastus Schvaneveldt	
SUPPORTING RECORD 3.	Type of Document: Application for insurance	By whom issued and signed: National Public Service Ins.	Date Issued: July21, 1967	Date Orig. Entry: July 21,1967
	Date of Birth: June 1, 1906 / Birth Place: Idaho	Full Name of Mother: -------	Name of Father: - --------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

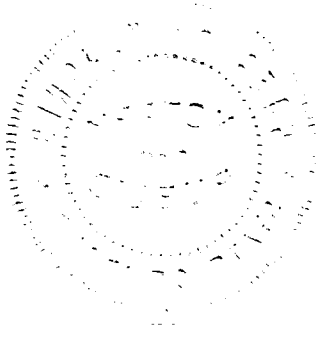
State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	DEC 15 1982

FORM BH 56067

11-15-82

Schraneveldt

DEC 15 1982



253-231-022-435

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-31

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rula Beck			2. Date Of Birth (month) 10 (day) 31 (year) 1906	
	3. Color or Race: Caucasian	4. Sex: F	5. Place of Birth a. County: Fremont	b. City or Town of Birth: ~~Merida~~ Rexburg Id	
FATHER	6. Full Name of Father: Alma Edward Beck			7. State or Country of Father's Birth: Newton Utah	
MOTHER	8. Full Maiden Name of Mother: Mary Tressa McNeil			9. State or Country of Mother's Birth: Rexburg Id	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rula Johnson		11. Present Address of Registrant: Box 202 Wendell, Id.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 18 1983	12. Signature of Notary: Teresa L. Cleverly		13. Notary Commission expires: April 3 1985	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certif.	By whom issued and signed: State of Idaho#195377		Date Issued: child born Aug.29,1931	Date Orig. Entry: child born Aug. 29, 1931
	Date of Birth: age 24yrs	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Church membership record	By whom issued and signed: LDS Church		Date Issued: Baptized Jan.2,1915	Date Orig. Entry: ----
	Date of Birth: Oct. 31,1906	Birth Place: Idaho	Full Name of Mother: Mary Teressa McNiel	Name of Father: Alma Edward Beck	
SUPPORTING RECORD 3.	Type of Document: Application for Insurance	By whom issued and signed: Pennsylvania Life Ins. Co.		Date Issued: ----	Date Orig. Entry: Dec. 28, 1961
	Date of Birth: Oct. 31,1906	Birth Place: Rexburg, Idaho	Full Name of Mother: ------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	TC Linda Adamson	Feb. 2, 1983

FORM BH 56067

1-18-83

FEB 2 1983

68-219-006-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-122

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Hila M. Boyce			2. Date Of Birth (month) (day) (year): January 19, 1906
	3. Color or Race	4. Sex: female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Shelley
FATHER	6. Full Name of Father: George G. Boyce			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Nellie May Thomas			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hila M Boyce Madison		11. Present Address of Registrant: 727 E Linn
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 8 1982	12. Signature of Notary: Loane Nathan		13. Notary Commission expires: 1-27 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend age 87yrs	By whom issued and signed: Eliza VaMeryl Hamilton		Date Issued: Septq15,1982	Date Orig. Entry: ----
	Date of Birth: Jan.19,1906	Birth Place: Shelley, Idaho	Full Name of Mother: Nellie Thomas	Name of Father: George Boyce	
SUPPORTING RECORD 2.	Type of Document: Church record	By whom issued and signed: Garen A. Hale, Ward Clerk LDS Church, Shelley, Idaho		Date Issued: Sept.15,1982	Date Orig. Entry: ----
	Date of Birth: Jan.19,1906	Birth Place: Shelley, Idaho	Full Name of Mother: Nellie Mae Thomas	Name of Father: George Boyce	
SUPPORTING RECORD 3.	Type of Document: Archive record(family)	By whom issued and signed: family members		Date Issued: Dec.12,1964	Date Orig. Entry: Dec. 14, 1925
	Date of Birth: Jan.19,1906	Birth Place: Shelley, Idaho	Full Name of Mother: Nellie May Thomas	Name of Father: George Boyce	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	MAY 3 1983

FORM BH 56067

1 COPY PH 1019

9-30-82

Anderson

MAY 3 1983

893-215-022-745

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-200

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Polly Evelyn Gunnell Hill		2. Date Of Birth (month) 2 (day) 15 (year) 1906
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Driggs (Darby Ward)
FATHER	6. Full Name of Father: Daniel LeRoy M. Hill		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Printha Ellen Gunnell		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn Hill Bronchley	11. Present Address of Registrant: 173 E. 2 N. Wellsville Cache Co. Utah
NOTARY (Seal)	Subscribed and sworn to before me on: May 13 1983	12. Signature of Notary: [signature]	13. Notary Commission expires: Aug 23 1986

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church membership record		By whom issued and signed: LDS Church	Date issued: Dec.15, 1979	Date Orig. Entry: June 26, 1929
	Date of Birth: Feb.15,1906	Birth Place: Driggs, Idaho	Full Name of Mother: Printha Ellen Gunnell	Name of Father: Daniel Leroy Munjar Hill	
SUPPORTING RECORD 2.	Type of Document: Copy of Ward record		By whom issued and signed: Wellsville Ward	Date issued: May 1982	Date Orig. Entry: Baptized Apr.4,1914
	Date of Birth: Feb.15,1906	Birth Place: Driggs, Idaho	Full Name of Mother: Printha Gunnell	Name of Father: Daniel Hill	
SUPPORTING RECORD 3.	Type of Document: Affidavit by older sister 88 yrs		By whom issued and signed: Emma E. Hill Hunter	Date issued: July 29,1983	Date Orig. Entry: ----
	Date of Birth: Feb.15,1906	Birth Place: Driggs, Idaho	Full Name of Mother: Printha Ellen Gunnell	Name of Father: Daniel L. M. Hill	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	AUG 2 1983

FORM BH 56067 1-13-83 NM

Brenchley

AUG 2 1983

553·125·004·255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 85-102

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rasmus Peter Keetch Nelson
2. Date Of Birth (month) (day) (year): Feb. 25 1906
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: St. Charles Bear Lake
b. City or Town of Birth: St. Charles, Bear Lake, Idaho

FATHER

6. Full Name of Father: Rasmus Peter Nelson
7. State or Country of Father's Birth: St. Charles, Bear Lake, Idaho

MOTHER

8. Full Maiden Name of Mother: Anna G. Keetch
9. State or Country of Mother's Birth: St. Charles, Bear Lake, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rasmus K Nelson
11. Present Address of Registrant: 498 Jewell Ct.

NOTARY (Seal)

Subscribed and sworn to before me on Rasmus K Nelson 19__

12. Signature of Notary: Stephen Costello
13. Notary Commission expires: OCT. 3 19 87

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy Family Record Book	Family	------	original old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.25,1906	St. Charles, Id	Anna G. Keetch	Rasmus Peter Nelson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	L. D. S. Church	Mar.4,1906	Blessed Mar. 4, 1906

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.25,1906	St. Charles, ID	Anna G. Keetch	Rasmus Peter Nelson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	on file - Idaho # 57-259	-----	Child born Jan.15,1957

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 50	St. Charles	-------	---------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Lee Briggs, R.N.	Florence Curtright	June 17,1985

FORM BH 56067 Film Cert # 32525

4-8-55

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho 22-127-025-952

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE87-012

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JOHN O. ASKER
2. Date Of Birth (month) (day) (year): APRIL 27, 1906
3. Color or Race: WHITE
4. Sex: Male
5. Place of Birth a. County: Winona, Idaho
b. City or Town of Birth: Winona Idaho

FATHER

6. Full Name of Father: OSCAR ASKER
7. State or Country of Father's Birth: Idaho U.S.A.

MOTHER

8. Full Maiden Name of Mother: BELLE REKDAHL
9. State or Country of Mother's Birth: IDAHO - LEWIS County

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John Asker
11. Present Address of Registrant: 401-So. Hall St. Dayton Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: October 6 1986
12. Signature of Notary: Teresa L. Cleverly
13. Notary Commission expires: April 3 1991

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by parents	Oscar Asker & Belle Rekdahl	June 26,1946	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.27,1906	Winona, Idaho	Belle Rekedahl	Oscar Asker

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own sons's birth certificate	State of Idaho #164397	child born July 18,1928	child born July 18, 1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age:22yrs	Grangeville, ID	---	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Aff. for Social Sec. number	Social Security Administration	Jan9,1987	Jan,8,1952

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.27,1906	Winona, Idaho	Belle Rekdahl	Oscar Asker

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

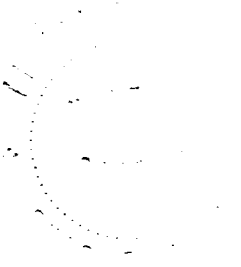
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bea Briggs, R.N.	tc Teresa L. Cleverly	JAN 26 1987

FORM BH 56067 #6pd#26583

10-6-86

JAN 26 1987



Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE92-076

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Florence Wetter			2. Date Of Birth (month) December (day) 24, (year) 1906	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Moscow, Idaho Latah	b. City or Town of Birth: Moscow, Idaho	
FATHER	6. Full Name of Father: Victor Wetter			7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: Anna Anderson			9. State or Country of Mother's Birth: Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Florence Wetter Reese		11. Present Address of Registrant: 1502 Acheson St. San Diego, CA.	
NOTARY (Seal)	Subscribed and sworn to before me on: October 7 1992	12. Signature of Notary: Elsie Costa		13. Notary Commission Expires: OFFICIAL SEAL ELSIE COSTA Notary Public-California SAN DIEGO COUNTY My Comm. Exp. March 27, 1995	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: U S Census Recrod	By whom issued and signed: US Census Bureau Washington D C		Date Issued: Sept.9,1992	Date Orig. Entry: April 15, 1910
	Date of Birth: age: 3yrs	Birth Place: Idaho	Full Name of Mother: Ana Wetter	Name of Father: Victor Wetter	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Los Angeles Co., California		Date Issued: June16,1933	Date Orig. Entry: June 16, 1933
	Date of Birth: age:26yrs	Birth Place: Idaho	Full Name of Mother: Anna Anderson	Name of Father: Victor Wetter	
SUPPORTING RECORD 3.	Type of Document: Church Record	By whom issued and signed: First Lutheran Church Moscow, Idaho		Date Issued: Sept.24,1992	Date Orig. Entry: 2 May 28, 1913
	Date of Birth: Dec.24,1906	Birth Place: Moscow, Idaho	Full Name of Mother: Anna Elizabeth Wetter	Name of Father: Victor Wetter	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Richard W. Blair	Teresa L Cleverly	OCT 8 1992

FORM HW 0610

$8 pd# 78715

8-2097

Reese (author)

OCT 9 1992

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE96-026

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MAY LOUISE LOWE
2. Date Of Birth (month) 5 (day) 13 (year) 1906
3. Color or Race: WH
4. Sex: F
5. Place of Birth a. County: Cambridge - Bannock
b. City or Town of Birth: Cambridge, Idaho

FATHER

6. Full Name of Father: James Wilson Lowe
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: May Newbold
9. State or Country of Mother's Birth: Smithfield Ut

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lorine Sawyer
11. Present Address of Registrant: 1054 EVERETT Pocatello, Id 83201

NOTARY (Seal)

Subscribed and sworn to before me on: April 5 1996

12. Signature of Notary: State of Idaho County of Bannock — Starla Prescott
13. Notary Commission expires: 10-22 1999

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	Elder George T. Hyde LDS Church	Blessed July 1,1906	Blessed July 1, 1906
	Date of Birth May13,1906 / **Birth Place** Downey, Idaho	**Full Name of Mother** May Newbold	**Name of Father** James E. Lowe	
SUPPORTING RECORD 2.	Certificate of Baptism	LDS Church, Cambridge Ward	Baptized July 4,1915	Baptized July 4, 1915
	Date of Birth May13,1906 / **Birth Place** Cambridge, Idaho	**Full Name of Mother** May Newbold	**Name of Father** James E. Lowe	
SUPPORTING RECORD 3.	Hospital Summary Card	Bannock Memorial Hosp. Pocatello, Idaho	Mar.5,1978	July 9, 1958
	Date of Birth May13,1906 / **Birth Place** Downey, Idaho	**Full Name of Mother** ----	**Name of Father** ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

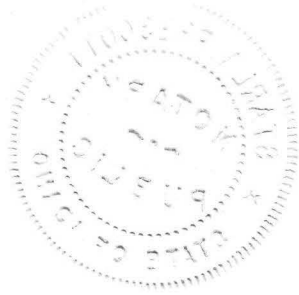
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Jane A. Smith
Evidence reviewed by: tlc Teresa L. Cleverly
Date Filed: MAY 16 1996

FORM HW 0610

$8.00 #249771

3-21-96

Swartz

MAY 16 1996